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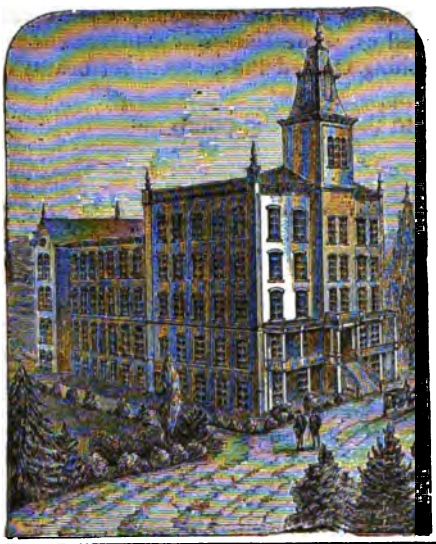

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The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion, and all affections arising from derangements of the stomach, such as Headache, Heartburn, etc., is well known. Its use must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable, and unobjectionable form in our Gelatine-coated Pills.

EXTRACT CANABIS INDICA, ¼ gr. $1.25 per 100.

This important extract is manufactured in our own laboratory, and the pills, when cut, exhibit in a marked manner, the distinctive color, taste, and odor of the freshly-made extract. We copy from the U. S. Dispensatory the following: "In morbid states of the system it (*Ext. Cannab. Indic.*) has been found to cause sleep, to allay spasms, to compose nervous inquietude, and to relieve pains: it differs from opium in not diminishing the appetite, checking the secretions, or constipating the bowels." "The complaints in which it has been specially recommended are neuralgia, gout, rheumatism, tetanus, hydrophobia, epidemic cholera, convulsions, chorea, hysteria, mental depression, delirium tremens, insanity, and uterine hemorrhage."

For doses, see U. S. Dispensatory.

SALICIN, 2½ and 5 grs.....$2.50 and $4.50 per 100.

Salicin is becoming more and more favorably known in the treatment of rheumatic affections; also as a tonic and antiperiodic, and is best exhibited in our Gelatine coated Pills.

In acute rheumatism, Salicin has been found very efficacious, and, according to *The Lancet*, "not less certain than Quinine, for ague." It has also been claimed, in large doses, to be an absolute specific in ulcerative choroiditis.

COCA EXTRACT, 1 gr. (McKesson & Robbins') $2.00 per 100.

The extract used in these pills is manufactured in our labaratory from fresh leaves. Coca is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish, and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration accompanying its use is said not to be followed by any depressing effects.

Dose, 1 to 4.

JABORANDI EXTRACT, 3 grs..$3.00 per 100. (Made of McKesson and Robbins' Extract.)

These pills present a much better form of administering this powerful diaphoretic and sialagogue than any of the liquid preparations. Valuable in rheumatism and syphilitic troubles of long standing. Dose, 1 to 3.

SANDAL-WOOD EXTRACT, 1 and 2 grs. $2.00 and $3.00 per 100.

These pills contain both the oil and resin existing in sandal-wood, are believed to be superior to the oil alone, and are more convenient of administration. The extract is manufactured from the wood, in our laboratory.

SALICYLIC ACID with SULPHATE MORPHIA, ...$1.25 and $2.00 per 100.

Two sizes containing 2½ and 5 grains Salicylic Acid, united with 1-12 and ¼ grain Sul. Morphia respectively. Strongly recommended in Rheumatism, both acute and chronic.

QUINIDIA SULPH., 1, 2 and 3 grs., .80, $1.50, and $2.20 per 100.

CERIUM, OXALATE, 1 gr.. .... 1.00 per 100.

ALOIN, 1 gr..... 1.50 per 100.

SULPHIDE CALCIUM, 1-10 gr... 75 per 100.

CITRATE CAFFEIA, 1 gr..... 4.00 per 100.

FERROCYANIDE IRON, 3 grs.. 60 per 100.

DIALYSED IRON (Merck's scales) 2 grs. $1.25 per 100.

VALERIANATE of AMMONIUM, 1 gr. $1.00 per 100.

MONOBROMATED CAMPHOR, 2 and 3 grs. $1.50 and $2. per 100.

It is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething: Hysteria, Headache from over study or nervousness, and Nymphomania. Dose, 3 to 4 grains.

ERGOTIN PILLS, 3 grs.....$2.00 per 100.

We manufacture our Ergotin with great care from the best quality of fresh selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of official fluid extract. The value of Ergotin in the place of the crude drug and the fluid preparations is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in gynecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. Dose, 1 to 3.

We offer our Ergotin, prepared specially for hypodermic use in one ounce bottles, $1.50 per oz.

PHOSPHORUS, 1-100, 1-50, 1-20, 1-12 gr. $1.00 per 100.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent Physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, 1-50, 1-60, and 1-100 gr. ... .$1.25 per 100.

PHOSPHORUS COMPOUND AND IRON, $1.25 per 100.

Price Lists and Samples furnished upon application. Private formulas of 3,000 or more pills made and coated to order.

McKESSON & ROBBINS,

Wholesale Druggists and Manufacturing Chemists, 91 Fulton St., New York.

NOTE. In reply to inquiries in regard to CHANGE IN COLOR of our SULPHATE OF QUININE PILLS, we beg to state that the change is due to our using WHITE QUININE instead of UNBLEACHED, as formerly. With the purchase of our Patent for making GELATINE-COATED PILLS, there came into our hands the formula for using UNBLEACHED QUININE, which has been mostly imported, of the guaranteed standard of 90% Sulphate of Quinine, and the custom has been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine. This change to White has been made to avoid misrepresentation.

Respectfully,

McKESSON & ROBBINS.

See Advertisement of McKESSON & ROBBINS' GRANULES, Gelatine-Coated, see No. 373, Page 1262.

To Physicians—An ENTIRELY NEW and IMPORTANT REMEDY for CONSUMPTION.

PHILLIPS' "PALATABLE"

COD LIVER OIL

IN COMBINATION WITH

PHOSPHO-NUTRITINE

(A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES).

This article is offered to the Medical Profession as HAVING ESPECIAL ADVANTAGES OVER ANY AND ALL OF THE COD LIVER OIL PREPARATIONS for the cure of CONSUMPTION, EMACIATION, COUGHS and all PULMONARY COMPLAINTS. The vast importance of the PHOSPHO-NUTRITINE will be perceived in giving to this preparation the HIGHLY-NUTRITIOUS and TONIC properties of the PHOSPHATES exactly as nature provides them, greater NOURISHING, STIMULATING and BUILDING POWER being thereby added, and which not only renders it PALATABLE, LIMPID and EASY OF ASSIMILATION, but ENTIRELY REMOVES ALL NAUSEOUS TASTE AND SMELL, and, unlike any other Cod Liver Oil Compound, is miscible with, and should be taken in water. ITS TASTE IS ACCEPTABLE TO THE MOST SENSITIVE and DELICATE STOMACH.

Prepared only by CHAS. H. PHILLIPS, Manufacturing Chemist.

Explanatory Circular mailed on application.

(P. O. Box 4,517), 2 and 4 Platt Street, New York

E. H. SARGENT & CO.,

125 State Street, CHICAGO.

WHOLESALE AND RETAIL DEALERS IN

SURGICAL INSTRUMENTS,

GALVANIC BATTERIES, DEFORMITY APPARATUS,

Elastic Stockings, Bandages, Trusses, Etc.

PHYSICIANS' SUPPLIES OF ALL KINDS.

INTERNATIONAL EXHIBITION AWARDS TO

Hance Brothers & White, Philadelphia.

In addition to the testimonials from eminent medical practitioners, which it has been our good fortune to present from time to time to the physicians and pharmaceutists of the country, we have now the pleasure of announcing **THREE AWARDS** from the Centennial Exhibition, as follows: One for the **Pharmaceutical and Chemical Products** of our house. One for **Hance's Drug Mill** (*the only premium given for Drug Mills*). One for **Hance's Non-Wasting, Percolating and Filtering Apparatus.**

The flattering verdict pronounced upon our exhibit by the medical and pharmaceutical visitors to the International Exhibition being confirmed by the *Bureau of Awards*, justifies the confidence that our efforts to supply *reliable preparations* are appreciated; and will certainly stimulate us to fresh exertions to maintain the reputation which we have established. Our highest ambition has been to secure the honor of being known as the manufacturers of THOROUGHLY RELIABLE PREPARATIONS, and our patrons may rest assured that no endeavor will be spared in our determination to deserve this confidence.

HANCE BROTHERS & WHITE, Pharmaceutical Chemists,

Catalogue of our manufactures mailed upon application.

Office:—Callowhill Street, Cor. of Marshall, Philadelphia.

PHOSPHORUS PILLS—PRICE REDUCED.

Believing that the present demand for Sugar-Coated Pills of Phosphorus and its combinations will justify a reduction of the price, Messrs. Allaire Woodward & Co. have modified their list on these pills, as follows:

Phosphorus,	1-100 gr. per 100	- - -	**40c.**
"	1-50 " "	- -	**40c.**
"	1-25 " "	- - -	**40c.**
Phosphorus Comp'd,	Phosphorus, 1-100 gr.; Ext. Nux. Vom., ½ "		**50c.**
"	**and Nux. Vom.**	Phosphorus, 1-50 "; Ext. Nux. Vom., ½ "	**50c.**
"	**Iron & Nx. Vm.**	Phosphorus, 1-100 "; Vallet's Mass 1 "; Ext. Nux. Vom. ½ "	**60c.**
Phos., Iron & Quinine,	Phosphorus, 1-100 gr.; Vallet's Mass, 1 "; Quinia Sul., 1 "		——
Phos., Iron, Nux & Quin.,	Phosphorus, 1-100 "; Vallet's Mass. 1 "; Ext. Nux. Vom. ½ "; Quinine, Sul., 1 "		——
Phosphide Zinc,	1-2 gr. per 100	- -	**$1 25**
"	1-4 " "	- -	**80**
"	1-8 " "	- -	**60**
"	**and Nux, each 1-8 gr.**	-	**60**
"	**Nux & Ext. Can'bis Ind. ea. 1-8 gr.**		**65**

The manufacturers feel confident that by their mode of manipulating the mass, *less of the objectionable effects* will be experienced by the patient, and *better results* obtained than by the use of any similar goods in the market. *Pills will be mailed to any part of the world upon receipt of list price.* Complete lists of Sugar-Coated Pills, Fluid and Solid Extracts mailed upon application.

ALLAIRE WOODWARD & CO., Peoria, Ill.

In corresponding with Advertisers please mention **The Medical Record.**

Pneumatic Aspiration

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these needles into almost every part of the body; into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges; and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

Fig. 68.

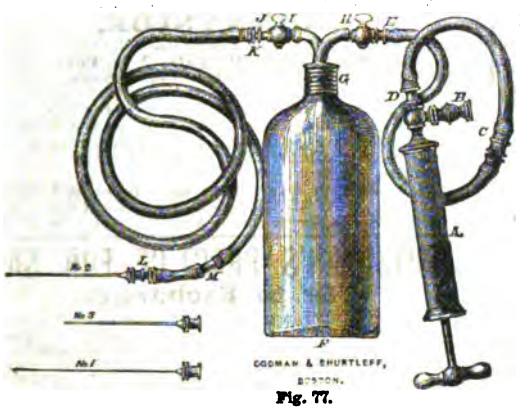


Fig. 77.

Fig. 78.

The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to draw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in the Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS

No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw-cap; three steel, gold plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions..... $18 00

No. 2. The same, without receiver, and with rubber stopper (see Fig. 78), to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions, 16 00

No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, Tubes, etc., in case..... $14 00

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 6 00

The foregoing are the product of our own factory, and are warranted in every respect.

Also, **Dieulafoy on Pneumatic Aspiration,** post-paid, by mail, on receipt of..... 3 40

☞ *Full description on application.*

An Illustrated Catalogue of Surgical Instruments, also a New Pamphlet on Atomization of Liquids, with description of Improved Apparatus and Formulæ of Remedies successfully employed, will be forwarded, post-paid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments,

13 and 15 Tremont Street, Boston.

N.B.—See our other Advertisement in alternate numbers of the RECORD.

EASTERN DISPENSARY——VACCINE DEPARTMENT.

PURE BOVINE (ANIMAL) VIRUS.

This Virus is the result of a continued reproduction from the famed Beaugency stock, propagated under our own immediate supervision at Pearl River, N. Y. It is furnished at the following reasonable

SCALE OF PRICES:

One Quill Slip,	**$ .25**	**Fluid in Capillary Tube,**	**$1.00**
Seven Slips,	**1.00**	**Three Tubes,**	**2.00**

N.B.—Each tube will vaccinate from five to ten persons.

Concrete Vesicle—i. e., Crust or Scab, $1.00 to $3.00, according to size.

HUMANIZED VACCINE VIRUS constantly on hand, as heretofore, at same rates as above.

We guarantee success with 95 per cent. of Quill Slips, and, if used with due care and within one week of reception, will duplicate all failures. AUGUSTUS W. WEISMANN, *Chair. Vac. Com.*

Address, **S. S. BOCERT, M.D., Eastern Dispensary,**
57 Essex Street, Station B, New York City.

THE PRIVATE INSTITUTION FOR

FEEBLE-MINDED YOUTH,

AT BARRE, MASS.,
Established June 1848,

Offers to parents and guardians, superior facilities for the improvement of this class of persons, and the comforts of an elegant country home.

A few cases of *Insanity*, of mild type, have always been received.

JNO. BROWN, M.D., *Superintendent*

SUNNYSIDE.

A PRIVATE MEDICAL HOME FOR NERVOUS INVALIDS.
Washington Heights, New York.

This Home, unsurpassed for its beauty of location and surroundings, and with handsomely furnished apartments, receives a limited number of cases of either sex, of *Mental* and *Nervous Diseases, Dipsomania* and *Opium Habit*, and offers to such patients all the attentions, comforts and attractiveness of a home, together with medical treatment. Applications may be made either by mail or personally at 152d St., bet. 10th Ave. and Boulevard.

Twelve trains daily from Hudson River Depot, 30th St. and 10th Avenue. DR. EDWARD C. MANN, M.D., late Medical Superintendent N. Y. State Emigrant Insane Asylum. DR. WM. H. B. POST.

The American Journal of Obstetrics

AND

DISEASES OF WOMEN AND CHILDREN.

EDITED BY - - - - - - - - - PAUL F. MUNDE, M.D.

Subscription Price, $5.00 a Year.

To Subscribers of The Medical Record

FOR FOUR DOLLARS A YEAR.

PHYSICIAN'S PRACTICE FOR SALE
Or to Exchange.

A Physician, located in a rapidly growing city, within an hour of San Francisco, Cal., would exchange with one having an equal practice in New York or vicinity, or would exchange for six months on trial. Business worth $6,000 per annum; house and furniture worth $12,000. Inquiries may be made of GEO. F. SHRADY, M.D., Editor of "Medical Record," or by addressing "MEDICAL EXCHANGE," care FRANK J. FRENCH, Esq., No. 528 California St., San Francisco, Cal.

The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped

to fit the mouth of the womb, with openings for the secretions to pass out, and which can be sent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic, adapt themselves to all the varying positions of the body, and perform the service of the ligaments of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading Physicians with never-failing success, even in the most difficult cases.

Price—to Physicians, $8.00; to Patients, $12.00

Instruments sent by mail, at our risk, on receipt of price, with 16 cents added for postage; or by express C. O. D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER CO., 296 West Lake Street, Chicago, Ill.

Our valuable pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

TRADE MARK.

MELLIN'S FOOD

For Infants and Invalids,

— FOR THE —

Healthful Rearing of Hand-fed Children & the Preservation of Infant Life

AND FOR THE NOURISHMENT OF INVALIDS WHO CANNOT DIGEST ORDINARY FOOD.

Price, $1.00 per Bottle. Trial Size, 60 cents. For Sale by Druggists.

MELLIN'S FOOD IS **ENTIRELY SOLUBLE** AND **NOT FARINACEOUS.**

We will furnish a sample of Mellin's Food free to any physician who may desire to try it in his practice. Send for a pamphlet on "Infants' Food," etc., containing Analysis, Testimonials, etc.

PREPARED ONLY BY G. MELLIN, LONDON.

T. METCALF & CO., 39 Tremont St., Boston, Sole Agents for the United States.

In corresponding with Advertisers please mention **The Medical Record.**

PURE COD-LIVER OIL.

Manufactured on the Sea-Shore by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the Livers, consequently, are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy Livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat—too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. PARKER, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. HAYS, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

COD-LIVER OIL, with IODINE, PHOSPHORUS, and BROMINE.—This combination represents Phosphorus, Bromine, Iodine, and Cod-Liver Oil in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

COD-LIVER OIL, with PHOSPHATE OF LIME.—This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

COD-LIVER OIL, with LACTO-PHOSPHATE OF LIME.

IODO-FERRATED COD-LIVER OIL.—This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil

JUNIPER TAR SOAP.—Highly recommended by the celebrated ERASMUS WILSON, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians.

FLUID EXTRACT COCA.

NERVINE, STIMULANT. USED IN PERU and BOLIVA as a MASTICATORY.

This Extract contains the entire properties of the leaf of the **Erythroxylon Coca.**

COCA WINE.

This Wine has been successfully used in France as a **tonic,** and found very desirable where a more mild effect of the Coca than the Fluid Extract was desired.

SOLUTION FERROUS CHLORIDE.

This Solution of Iron is the lowest form of Chloride. It is much less Styptic in taste than Tr. Iron Chloride, consequently pleasanter to the patient; is much more easily assimilated by weak and irritable stomachs.

Knowing how difficult it is to introduce into the blood, in a proper form, a sufficient quantity of iron to be beneficial, we have manufactured and introduce the **Ferrous Chloride** as being easily absorbed and acting with much efficacy, even when given in small doses.

RELIABLE ANIMAL VACCINE.

The undersigned respectfully announces that he has discontinued the practice of furnishing Vaccine *at his residence.*
This Animal Vaccine can be obtained at CASWELL, HAZARD & Co's., Broadway, cor. 24th Street.

FRANK P. FOSTER, M.D.

We have an arrangement with Dr. Foster by which we receive this Vaccine ***fresh daily.***
By this arrangement all supplied by us is ***absolutely fresh.***
We can furnish it in any quantity desired, either by express, or by mail, if remittance is made to cover postage.
Dr. Foster's Animal Vaccine is the only kind that may be said to have the unqualified indorsement of the medical profession of New York

QUILL SLIPS (half quill, charged on convex surface, at square-cut end),	$0.25
CAPILLARY TUBES, ...	2.00

SURGICAL INSTRUMENT DEPARTMENT,

Under the direction and personal supervision of **W. F. FORD,** Instrument Maker to St. Luke's, Mt. Sinai, New York State Woman's Hospitals, Bellevue, and all the other New York City Hospitals,

MANUFACTURERS, IMPORTERS, WHOLESALE AND RETAIL DEALERS IN

Surgical, Dental, Orthopædic Instruments, Catheters, Trusses, Supporters, Silk Stockings, Ear Trumpets, Splints, Anatomical Preparations, Local Anæsthesia Apparatus, Laryngoscopes, Ophthalmoscopes, Hypodermic Syringes, Axilla Thermometers, Etc., Etc.

PROF. LISTER'S ANTISEPTIC DRESSING.

PREPARED BY US.

We also have direct from Edinburgh Professor Lister's entire Antiseptic Dressing, consisting of Antiseptic Gauze, Mackintosh Cloth, Protection Silk, Carbolised Ligatures, and Spray Producers for Dr. Lister's method.

☞ Special attention given to the Manufacture of Instruments to *order*, in exact accordance with patterns furnished by Surgeons and Physicians.

☞ If desired, Mr. Ford will give his personal attention to the application of Trusses and Appliances for building up the human frame

CASWELL, HAZARD & CO.,

DRUGGISTS & CHEMISTS,

Factory, 159 & 161 W. 29th St. Broadway, corner 24th St., New York.

See our Advertisement of MENSMAN'S PEPTONIZED BEEF TONIC, page 14.

A NEW HYPODERMIC SYRINGE.

Manufactured and Patented December 2d, 1873, by J. LEITER, Vienna.

F. G. OTTO & SONS

Successors to

OTTO & REYNDERS,

64 Chatham Street

NEW YORK,

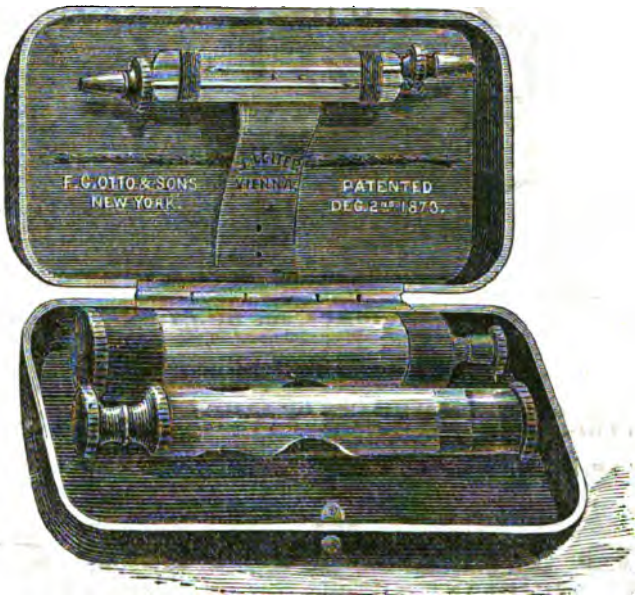
SOLE AGENTS

AND

Assignees

FOR THE

UNITED STATES.



MANUFACTURERS

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IMPORTERS

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SURGICAL

AND

ORTHOPEDICAL

INSTRUMENTS,

Anatomical Preparations,

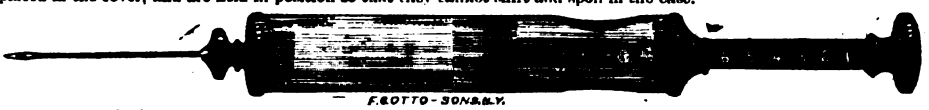
SKELETONS, &c.

Trusses, Abdominal Supporters, Elastic Stockings, &c., &c.

No instrument is used as often as the Hypodermic Syringe, and consequently they frequently get out of order. To furnish to the profession an instrument which can easily be kept in good working order, and which can be easily repaired, is our object of describing the following:

The instrument has two canulas of steel, either gilt or nickel-plated; will not oxidize; they are tempered, and have an easily-introduced lance-shaped point, which can be easily sharpened. The diameter of the canula is ¼ mm.

The Syringe is contained in a neat Hard Rubber case, the lower part of which holds the Syringe, and a vial of 5 grammes' capacity. The needles are placed in the cover, and are held in position so that they cannot shift and spoil in the case.



The advantages these Syringes possess over others may be briefly summoned as follows:

The construction of the cylinder out of hard rubber or glass, and the simple manner in which the different parts can be attached to another.

The construction of the stopple and the method of filling.

The manner in which the canulas are held in the case.

Dr. GAILLARD T. THOMAS, after examining the above instrument, pronounced the same to be one of the best improvements made in instruments since years.

Dr. G. R. PATTON, Lake City, Minn., writes: The Hypodermic Syringe came while I was away; I am pleased with it beyond expression.

PRICES.

The syringe with glass cylinder	$5 00
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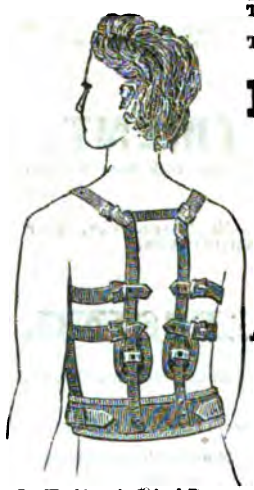

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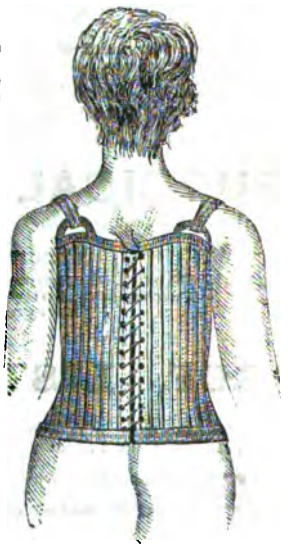

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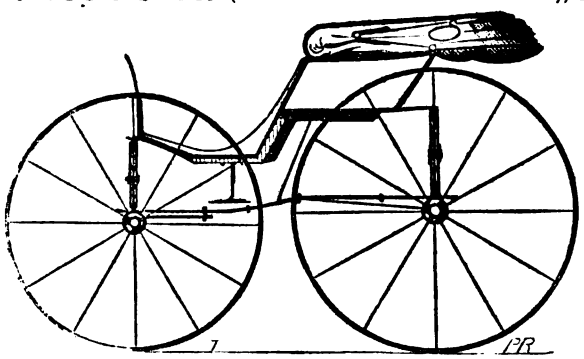

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PERFECT, PERMANENT, PALATABLE.

FORMULA.—50 per cent. Pure Cod-Liver Oil, 6 grains of Hypophosphite of Lime, 3 grains of Hypophosphite of Soda to a fluid ounce.

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These Pearls supply a long felt want in the administration of this powerful remedial agent. A finely blown glass bulb is filled with a given quantity of the Amyl, each 2, 3, 5 and 8 drops, the glass is then drawn out and hermetically sealed. The patient who shall inhale it carries the Pearls in a little box, and at the approach of premonitory symptoms crushes one in a handkerchief and inhales the medicine: the glass is so very thin that the patient runs no danger whatever of wounding himself. The great advantage of this new contrivance is in the rapidity with which a correct dose of the Nitrite of Amyl can be administered by the patient himself, and in all cases of Asthma, Angina Pectoris, Epilepsy, or other diseases where this is essential, these glass Pearls form as yet the best known method of applying it.

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THE MEDICAL RECORD.

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Original Lectures.

FRACTURE OF THE SHAFT OF THE FEMUR IN CHILDREN.

A LECTURE DELIVERED IN BELLEVUE HOSPITAL,

BY FRANK H. HAMILTON, M.D.

(Reported for THE MEDICAL RECORD.)

GENTLEMEN:—Having in my last lecture spoken of the fractures of the shaft of the femur in adults, I now come to speak of fractures of the shaft of the femur in children; that is to say, in persons under twelve or thirteen years of age.

In reference to the pathology of these accidents as occurring in adults or children, there are several points of difference. In adults the fractures are almost always oblique—very oblique; the line of fracture is relatively smooth, and the fragments overlap very much; while in children the fractures are often nearly transverse, denticulated, and not unfrequently, especially in very young children, only partially separated and not at all overlapped—in short, they are apt to partake more or less of the character of a "green stick" fracture. If overlapping occurs, it is usually to a limited extent, because the muscles have so much less power to cause displacement in this direction. The fragments are bent or thrown out of line easily, but there is little or no displacement in the line of the axis of the bone.

With these facts before us, we shall understand that the indications of treatment differ considerably in the case of the adult and of the child. Surgical writers have not sufficiently considered these differences, but they have generally said, or left it to be inferred, that the same plan of treatment was applicable to both, and that the prognosis did not differ essentially. I do not think so. The indications are, in fact, in some sense reversed. For while in adults the first and most difficult indication is to overcome the shortening occasioned by the obliquity of the fracture and the powerful action of the fully developed muscles, and the second is to keep the limb in line—here, in the case of children, the first and most difficult indication is to keep the limb in line, and the second is to overcome the action of the muscles, or this second indication may not be present at all.

Let us look at the usual modes of treatment of broken thighs in children, and see whether they are suited to these changed conditions.

The *double-inclined plane*, the thigh being flexed upon the body, shortens the already very short limb, and in many cases the plane of the splint does not support or take hold of the upper fragment at all. These fractures in children are generally near the middle; but even when they occur lower down, the space between the fracture and the groin is too short to allow the thigh-piece of the splint to give adequate support. All the lateral or coaptative splints are subject to the same objection in children, especially when the limb is flexed. I have tried these machines often in my earlier experience, and they gave me infinite trouble and disgust; they had to be readjusted daily, and if I got a good result it was a mere matter of accident.

The *plaster-of-paris* dressing, in which we put the limb always in the straight position, has also serious objections, especially in the case of infants. In proportion as the child is younger, the danger of strangulating the tissues and causing gangrene is greater; indeed, it is in children that most of these terrible accidents have happened from tight bandages. Their tissues are soft and yielding, and bandages of any kind, whether made of dry rollers, plaster-of-paris, paste-bandages, or anything else, applied with sufficient tightness to support the bones (which lie deep under these soft tissues), will be liable to cut off the venous or arterial circulation. The veins and arteries will feel the pressure before the bones do. For this reason they cannot be applied with sufficient firmness to give the requisite support. Besides this they are liable to the same objection, as in the case of adults, that the limb will shrink, and they will soon be loose and have to be renewed. They soon become soiled in the groin by the urine, and they become fouled by the fæces. Nor can any amount of ingenuity and care generally prevent this. The urine gets under the splint and causes excoriations of the delicate skin, and the little sufferers are in torment until it is removed.

The *straight position, with short side or coaptation splints, and the single long side splint, with pulleys and weights*, or such an apparatus as we have found best for adults, fails again in the case of infants and children. Imagine an infant three or four years of age, in an apparatus of this sort, with his left thigh broken. His right thigh and leg are free, and he can and will put it where he pleases. He will throw it over his broken leg, draw up his foot and roll himself over, and thrash about constantly, for there is nothing to prevent it, and this is the nature of a child. In doing this the fragments are constantly disturbed and a vicious union is likely to occur.

I believe we have found a better method than either of these—a remedy for most or all of these evils, in the apparatus which you now see before you, and which is the result of my own experience, aided by the occasional suggestions of my pupils.

This child with a fracture of the right femur is dressed as follows:

Dr. Hamilton's method.—Here are two long side splints, each about four inches wide and half an inch thick, extending from within two or three inches of the axillæ to four or five inches beyond the bottom of the feet. At the lower extremity these are united by a cross-bar, of such a length that when the splints are pressed against the sides of the body, they—the splints—shall be separated from each other farther at their lower than their upper extremities, by two or three inches. This is an arrangement suggested to me first by Dr. Frank H. Bosworth, while he was my house-surgeon, to prevent in some measure the child from wetting the dressings, by keeping the legs a little more asunder.

The two long side splints must be well padded to fit all the inequalities of the sides of the body and limbs. Thus prepared, this double splint is laid

upon the bed enclosing the body and legs of the child. The sound limb is now secured by successive turns of the roller, from the foot to the groin, to the corresponding long splint. Then the broken thigh is extended to its proper length, and the corresponding foot and leg are secured by a roller to the long side splint. It is better to do this before applying the short or coaptation splints to the thigh. Indeed, I sometimes omit these latter for a few days, or until the little patient has recovered in some measure from the bruises and swelling which is apt to accompany the fracture; but I will suppose you have found it proper to proceed at once to apply the coaptation splints, as they are applied in this case.

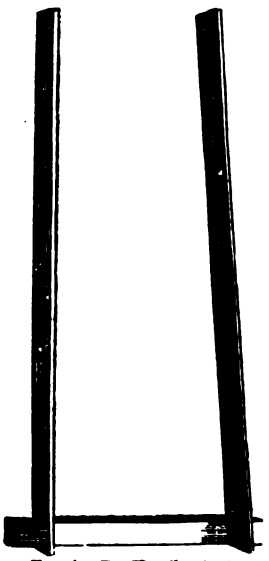


FIG. 1.—Dr. Hamilton's double thigh splint, for children.—*From Treatise on Surgery.*

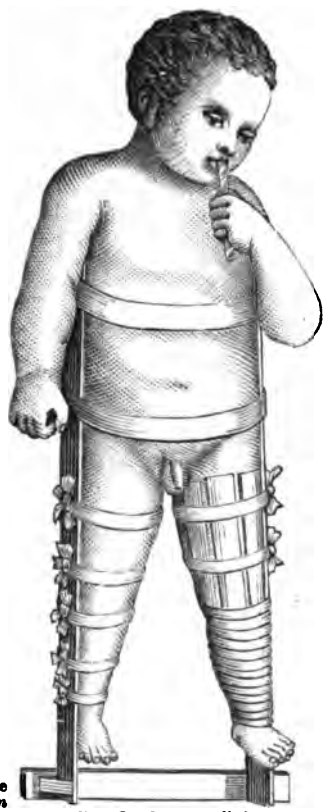


FIG. 2.—Same applied.

The coaptation splints, three of them, may be made of binders' board, thin pieces of wood—a shingle, for example, or of cloth felt, such as I have used during the last few months a good deal. This is not the felt made of woollen, of which I have spoken in my Treatise on Fractures, nor is it the felt manufactured from wool; but it is a material used by hatters to make the rims of a certain class of summer hats. It is made of cotton cloth, four or six thicknesses, and gum shellac.

I find it at the manufacturer's, Mr. J. M. Holley, No. 77 Greene St., in this city, already made, and it costs about two or three dollars a square yard, according to the thickness. It is capable of being moulded a little more than pasteboard, under the application of heat. For many purposes I like it very much.

The top splint, or front splint, must extend from the groin to half an inch from the patella. It never should touch the patella. The outside splint should extend from the top of the trochanter major to the external condyle, or lower if the fracture is low down, and the inside splint from the groin or near the groin to the internal condyle. Under each splint of felt or binders' board lay a piece of sheet lint a trifle larger than the splint, or a piece of woollen cloth. In the case of very young children I omit to sew a cover upon these splints, because they are apt to get soiled and need to be changed often. You have prepared three splints, one for the front, and one for each side; but you must not omit the fourth splint, which is the back splint. This must be firmer, wider, and longer than the others, and must be made of heavy sole-leather or of wood, or, if anything else is used, it must be firm. The limb is to rest on this as a sort of bed, and it ought to extend from just below the tuber ischii to three or four inches below the knee. It should be carefully padded to fit the inequalities of the limb, and covered with cotton cloth to keep the padding in place, and to fasten the circular bands to it. The upper end, for three or four inches, or more, may be covered with oiled silk. Now stitch the centre of six or seven strips of cotton cloth, each about one inch in width, to the back of this fourth splint, and put all the splints in their proper places, bring the strips to the front and tie them in bow knots, over the front splint. Do not include in these strips the long side splint. If you do there will be danger, when the body sinks upon the bed, that the thigh will bend at the point of fracture. In both my work on General Surgery and in my Treatise on Fractures, the broken thigh is shown as bound to the long side splint. A later experience has taught me that it is not always well to do so.

It remains for you, gentlemen, to pass a broad band around the body, near the top of the long side splints (including the splints), and another broad band under the nates, leaving a hole for defecation. The upper band keeps the child in the recumbent position, and supports his back when he is taken up. The lower one only supports the nates and thigh when he is taken up, and if fastened on each side (stitched) to the long splints, it need not pass in front of the body. You may have to change this occasionally.

For many cases the apparatus is now complete; but in most cases it is safer to employ a perineal band, carefully made, soft and flat, and which may be passed through either perineum—it is not very material which—and made fast to the top of the corresponding long splint. For this purpose you can fold a two-inch roller longitudinally, inclosing, where it passes through the perineum and under the nates, about six folds of paper, with a little cotton batting on the side to be laid against the skin. Stitch this properly, and before laying it against the perineum, protect the parts with a strip of sheet lint. The object of the folded paper is to prevent it from crumpling and making a sharp cord. This perineal band is to be kept only moderately tight, and may be loosened and changed as often as you please. I repeat that sometimes it is not needed.

You have now an arrangement by which you can keep the broken limb in a straight line and quiet, and in which you can remove the patient at any moment, and change the bed. You can, if you choose, take him out of doors.

In children five or six years of age, or older, if necessary, you can add to this extension by a pulley and weight, using about three pounds for a child of four years, and one additional pound for each additional year of life.

I have taken a great deal of pains, gentlemen, to

describe all the details of this dressing, because upon these details, in a great measure, your success will depend; and I repeat that, of all the various means I have tried, none have served me so well as this, and I have used this very often for a long time. My friends have been uniformly pleased with it, so far as I am informed, and Mr. Erichsen told me when in New York that it was used very satisfactorily in some of the London hospitals.

Don't omit, gentlemen, to look daily after the back splint, and see that it is in place.

Fortunately, these bones unite quickly (generally in three or four weeks); but it is prudent to keep on the apparatus five or six weeks, and not even then to allow the child to walk. If you follow my directions carefully, and take the proper pains—looking after your patient daily—you will always get straight legs, and in most cases there will be no perceptible shortening, and what little may occur will never cause the slightest halt in the gait. This has been my uniform experience since I began to use this dressing, and I have used it now for more than twenty years.

NOTE.—Dr. K. of this city has just informed me that he had occasion a short time since to assist Dr. W. in dressing a simple fracture of the thigh in a child three years old. The plaster-of-paris dressing was applied in the usual manner, and when removed, at the end of four weeks, the bone was found united, with a shortening of two and a half inches, and very crooked. During these four weeks it had been once removed and reapplied.

I venture to say that, with the plan of treatment described in my lecture, such a result would have been impossible. Indeed, I might almost say that such a result would have been impossible with any other plan of treatment than the plaster, or such as would conceal from the surgeon a knowledge of what was transpiring.

Original Communications.

THORACENTESIS.

By CHARLES W. PACKARD, M.D.,

ATTENDING PHYSICIAN TO ST. LUKE'S HOSPITAL, N. Y.

THE operation of thoracentesis that now comes to us as something almost new, is as old as the time of Hippocrates; but it is only recently that it has been practised to any considerable extent. In fact, until Laennec's discovery of auscultation, it was impossible in a given case to determine the existence of fluid in the chest; and probably the operative procedure, before his day, consisted merely in opening into an effusion that was already pointing externally. About 1840, Trousseau brought the operation fairly before the medical world, and practised it in a large number of cases, and with a good degree of success; but the general voice of the profession on the Continent and in America united in denouncing it as dangerous and unwarrantable.

It was reserved for two American physicians to devise and perfect the present accepted operation of thoracentesis by aspiration. Dr. Henry I. Bowditch, of Boston, writes: "In 1850 occurred my first case, in which Dr. Morrill Wyman used the exploring trocar and canula with suction-pump attached, and which I immediately saw was the apparatus I had long sought for. That apparatus I have modified somewhat, so as to make it, I think, more convenient; but the principle of the instrument remains as suggested by Dr. Wyman." Twenty years after this date, Dr. Bowditch says, "I have tapped at least 250 times on 155 persons." Trousseau used a simple trocar, and made no special effort to keep air from entering the pleural cavity, while Bowditch's operation is an *aspiration*. As the results of this new operation have become known, it has grown in professional favor, until it is now accorded its place among the potent instrumentalities for the saving of health and life.

The following cases may serve as an illustration of some of the conditions under which the operation is indicated:

In April, 1869, I saw Mrs. ——, aged 48, who had been suffering from a pleuritis of the left side for about ten days, when she was suddenly seized with dyspnœa. The physician in attendance had diagnosticated the presence of an effusion some days before, but the patient had not been oppressed by it, and no special anxiety was felt in the case until the sudden attack of dyspnœa, accompanied with great anxiety.

She declared that she was dying, and so impressed her husband with this belief, that, although he was a very phlegmatic man, he would hardly wait to tell me that she had "a pleurisy, with water on the chest," and that he wanted me to see her with the doctor immediately. Putting a Bowditch's trocar in my pocket, I reached the patient within half an hour from the coming on of the seizure. She appeared to be dying. Her whole aspect was that of a *dying woman*. She was livid, cold, covered with sweat, gasping for breath; her pupils were dilated, and she was half unconscious from carbonic acid poisoning. I verily believe that she was in the article of death, as one is who is nearly drowned, but who may be rescued if instantly brought out of the water and into the air. Here was a woman drowning—not from being in water, but from having water in her; and, to continue the paradox, she was to be rescued, not by taking her out of the water, but by taking the water out of her!

The left pleural cavity seemed to be full of fluid; the indication for treatment was plain, and the necessity most urgent and instant. In a moment a trocar was thrust into the pleural cavity, in the axillary line, and between the sixth and seventh ribs. The patient did not seem to feel the puncture; but, as the serum flowed away, she began to regain her color, and before the operation was completed, she moved herself in her chair from her half-reclining posture, and sat bolt upright. Her pulse had returned, and her respirations grew regular and easy. The heart had been pushed over to the right side by the accumulated fluid, and as this was drawn off, it was interesting to watch the reducing dislocation, and also to follow the re-expanding lung. After 104 oz. had been removed, the instrument was withdrawn, and the patient expressed herself as being entirely relieved; and, in the reaction of feeling, she was almost jocose over her escape from impending death. The whole scene was to me most dramatic. In a recent letter to Dr. Bowditch, I narrated this case, and in reply he says: "As I look back now, and under the light of your case, I regret that I did not plunge a trocar into the side of a little child who had just ceased to breathe, and then restore the patient by artificial respiration." There seems to be no reason why such an effort at resuscitation may not be successful. After drowning, we try by artificial respiration to restore life, if we think there is a spark left that may happily kindle; and why not after drowning from pleuritic effusion of recent standing, where the lung has not been long compressed, and where adhesions have not had time to grow strong enough to hinder the ready expansion of the lung directly it feels the pressure of the inspired air? We can readily see how an intense pleuritis of long standing may cause an effusion and

exudation so great as to completely compress and tie up the lung, so that it cannot expand; but even then the withdrawal of the fluid may enable the heart to resume its normal position, and so straighten out the twists in the large blood-vessels. The mere dislocation of the heart must more or less impede the free passage of blood through its chambers and through the large vessels directly connected with it, and this fact, no doubt, offers an explanation of some of the cases of fatal syncope in pleurisy with large effusion. In this connection, it is well to remember that patients show a varying degree of tolerance in bearing cardiac displacements, as they do in bearing pleuritic effusions. I recall the case of a man who was steward of a vessel, and who had an enormous effusion on the left side. His heart was pushed over and upward until it beat at the third rib and on the line of the right nipple; and yet he had no dyspnœa to speak of, and was able to do his work. He refused to be aspirated, and walked away to resume his duties on shipboard. I warned him that he was in danger, but he felt so well he would not believe it. Experience has shown that no one is safe from a sudden and fatal syncope who is suffering from a pleurisy with effusion. I knew a young physician who was convalescent from pleurisy; the effusion was abating, the fever had left, and he felt so well that he insisted on exerting himself so far as to walk to the carriage that was to take him for a drive. He reached the carriage, but in trying to get in he faltered, and was dead before he could be carried into the house. An autopsy was made, but nothing disclosed except a moderately large effusion. How thorough the examination was I do not know, nor whether the heart and large vessels were examined *in situ*. Among the causes of sudden death as a result of large effusion, no doubt the displacement of the heart and pressure upon the large blood-vessels stand first. The normal axis of the heart may be so changed by the pressure as to have the apex point away to the right and upward towards the axilla. In such a case, all of the large vessels entering and leaving the heart must become so twisted as to more or less interfere with the direct currents of blood; and this may be disastrous in two ways. In the first place, the blood passing from the heart to the lungs to be aërated, is received and aërated almost entirely by one lung, the affected lung being so compressed that very little, if any, air enters the air-cells; and its blood-vessels are also so compressed that almost no blood finds its way through them. As a result, the sound lung has to do double duty, and deal with twice as much blood as it was equipped to do; hence, it becomes overtaxed and congested, and the patient is in constant danger of the supervention of œdema from congestion in the sound lung. The above state of things must always exist whenever there is enough effusion to compress the lung to any considerable extent. Now, add to this disturbed circulation in the sound lung another disturbed circulation in the large blood-vessels, so that the blood is sent to and received from the lung imperfectly and irregularly, and it is easy to see how vastly the danger of œdema is multiplied, and œdema of the sound lung under such circumstances may be a fatal complication, and is not unfrequently the direct cause of death.

But not only is there danger of death from œdema, but of fatal syncope from cutting off the current of blood on its way to the heart, and so imperfectly filling that organ with blood. Fraentzel states that the ascending vena cava, particularly "where it perforates the central tendon of the diaphragm to reach the pericardium, and where it is firmly attached to the margins of the quadrilateral foramen, may through the displacement of the heart suffer an almost rectangular twist." This author quotes several autopsies in which he has observed this condition. They all occurred in left-sided effusions, for reasons that are sufficiently apparent. These facts carry with them the practical lesson that patients with effusion must be kept from exertion or sudden movements of the body, which might drive the diaphragm upward, and thus still further compress the already twisted ascending vena cava, and so suddenly shut off the supply of blood to the heart.

The following case presents a somewhat rare history:

Margaret M., aged 24, Pa., married, of very stout habit, was admitted to St. Luke's Hospital, July 8, 1875, and gave the following history: she had enjoyed good health until six weeks before admission, when she was taken with a severe cold, accompanied with fever, cough, and pain in the right side. A physician visited her, and after examination said she had "a severe bronchitis." He continued in occasional attendance for three weeks, during most of which time she was so weak as to stay in bed; besides which, it "put her out of breath to move about." Suddenly, one night, and three weeks before she entered the hospital, she was seized with agonizing pain in the affected side, and instantly became unable to breathe. The family were summoned, and she was believed to be dying. She became cyanotic, but gradually the urgency of her symptoms subsided, and she was brought to the hospital. When I saw her she was evidently in a bad way. Her pulse was 125, R. 40, T. 105°. She was moderately cyanotic, and was constantly expectorating pus, pure and simple, and in immense quantities. It came up more as a regurgitation than as an expectoration, and in quantity amounted to pints—two or three—in twenty-four hours. It filled her bronchial tubes so fast that she was constantly coughing in order to free them, so that she could breathe. She had been discharging pus in this way for several days, and the constant necessity for expectoration had forbidden her to sleep day or night, and she dared not lie down for fear of suffocation. On inspection the right side was seen to be distinctly bulging and was somewhat œdematous, and she presented all the well-known signs of effusion. There could also be no doubt that this effusion was purulent; nor, considering the amount of pus expectorated, that somewhere there existed an open communication between this collection of pus and the bronchial tubes. It was also evident that the connection was a free one, for she pumped up the pus as if from a well.

On July 12th I passed the needle of a hypodermic syringe between the eighth and ninth ribs, on a line with the angle of the scapula, but got no fluid, owing to the thickness of the chest-wall. I then punctured at the same spot with a Bowditch's trocar, and drew off sixty-four oz. of laudable pus, thick, and of a greenish tinge; suddenly the pus stopped flowing, and air was pumped out instead. Upon putting my ear to the chest, I heard air rushing from the lung into the pleural cavity with a roaring and loud noise, which ceased as soon as the pleural cavity was filled with air. By my operation I had relieved my patient of more than a quart of pus, but air had taken its place, and she had a pneumopyothorax instead of a simple pyothorax. The air in the pleural cavity proved, however, to be a much quieter tenant than the pus, and for three days the patient was almost entirely relieved from her distressing and constant cough and expectoration. This gave her an opportunity to sleep,

and she also took some food with relish. On the morning of the fourth day the cough and expectoration had begun again, and were as great as ever. I had already determined that any further mere aspiration would be useless; for although by this operation she could be relieved of a part of the pus, still it could not all be pumped out, and the residue would soon become ichorous from contact with air in the pleural cavity, and prove an added source of irritation, and perhaps of septicæmia. In accordance with this view, and with the concurrence of my colleague, Dr. Jas. R. Leaming, who saw the case with me, I proceeded to make a free incision through the chest-wall, between the sixth and seventh ribs and in the axillary line. This location was selected because we judged that here the adhesions were less abundant than at the posterior part of the chest. After freezing the skin with ether-spray, I made an incision about 3½ inches long (it must be remembered that the patient was very fat), that carried me down to the intercostal muscles, through which I plunged a large-sized trocar; no pus followed. When withdrawing the stylet, I passed a probe through the canula and felt a thick carpeting of false membrane that the trocar had failed to penetrate. I then reintroduced the stylet and thrust the instrument deeper in, by a quick movement that served to drive it fairly into the collection of fluid. Pus now flowed freely, but the patient was seized with such a terrific fit of coughing that I withdrew the hard canula, and passed a large-sized soft rubber catheter in its place. Through this the pleural cavity was washed out with a weak solution of carbolic acid, and the catheter was retained in situ for forty-eight hours. The immediate result of the operation was to give almost entire relief from the cough. The pulse, temperature and respiration came down at once, and the patient was in a comfortable condition. The amount of pus secreted grew rapidly less, and on the fifth day after operation I found the house physician vainly trying to introduce the catheter in order to wash out the pleural cavity. On placing my ear to the chest the reason was apparent; the lung had expanded, and I heard a vesicular murmur clear to the base of the chest. The pleural surfaces, being thickly coated with tenacious and sticky exudation, were just in condition to fuse together and thus gum the expanded lung to its now normal position. I suppose that by this process the pleural cavity was nearly or quite obliterated. At any rate, no more pus was discharged, and at the end of two weeks the external incision had healed, and the patient was well. I think it is not claiming too much to say that she was *cured* by the operation. It is evident that at the beginning of her disease an error in diagnosis was made, and that an early thoracentesis might have saved her from pneumothorax and subsequent empyema. I believe the course of her disease to have been, first, a pleuritis with effusion that increased until, by pressure on the pulmonary pleura, some spot became necrosed and gave way, thus allowing air from the lung to find its way into the sero-fibrinous effusion, which then quickly degenerated into pus. It is probable also that the perforation in the pleura was over the lower part of the lung, and that as the pus was drawn off, it uncovered the aperture and allowed air from the lung to suddenly rush into the pleural cavity with the roaring noise already referred to. The pneumothorax was cured by the fibrinous exudation plastering up the rent in the pleura.

During the past year I have met with another instructive case of empyema, in a child seven years old, where, a few days after an aspiration of nine ounces of pus, a communication was formed between the pleural cavity and a bronchial tube, through which the empyema emptied itself. I had already notified the parents that another aspiration would be necessary, and that eventually a permanent opening in the chest-wall might be required. At this time the child had long been very ill with pain and hectic, accompanied with a most harassing cough, without expectoration. Suddenly, pus was expectorated in large quantities—two teacupfuls during a night; the cough, pain, and fever abated, and at the end of a week were entirely gone; the lung re-expanded, and the patient had cured herself. There was no evidence of pneumothorax. Indeed, it by no means follows that it is even most likely that the emptying of an empyema in this way will be accompanied with entrance of air into the pleural cavity. The pus oozes through the rent in the pulmonary pleura and finds its way through the pulmonary tissue, keeping its passage-ways to the bronchial tubes closed against the entrance of air by a series of little traps, kept constantly filled by the thick and on-moving pus.

The following history is one of empyema treated by aspiration and then by free incision, with subsequent washing out of the pleural cavity:

John H. D., aged 28, was admitted to hospital, April 8, 1876, under the care of Dr. Leaming. He stated that he had been very ill for about two months. Upon examination Dr. Leaming found a large effusion in the left pleural cavity, and aspirated on the following day, removing 72 oz. of laudable pus. The patient was much relieved by the operation, but the pus re-accumulated, and when I took the service, May 1st, three weeks after the aspiration, the side was again filled with pus; and it was thought best to make a permanent opening into the pleural cavity. An incision was accordingly made on a line with the angle of the scapula, and between the eighth and ninth ribs. No trocar was used, but the scalpel was carried directly through the intercostal space, making an opening about two inches in length. The pus spurted out and continued flowing until 100 oz. were evacuated. A piece of rubber tubing was then passed into the pleural cavity and secured in position by passing a thread through it, and then securing the thread to the skin by adhesive strips, and over this a large wad of oakum was placed to catch the discharges. The cavity was injected daily with a weak carbolized solution. Day by day the discharge of pus grew less, until it amounted to only one or two ounces in twenty-four hours. Still, however, for weeks the lung refused to expand, but remained bound by adhesions to the upper vertebral region, until it seemed as if it were imprisoned for life, when one day air was heard entering a few of the air-cells, enough to furnish a doubtful vesicular murmur; this increased until there was no longer any doubt, and at the end of another month expansion was almost entirely accomplished. The side, which had begun to fall in, filled out again, and the man considered himself well.

In both the cases treated by incision as above narrated, alarming symptoms occurred several days after operation, and when everything seemed to be going on well. In the case of the woman, the pulse suddenly ran up to 160, with other accompanying symptoms of collapse. In the man the condition was not so startling. In both, however, a more thorough washing out of the pleural cavity gave prompt relief, and rendered it probable that the injection had failed to reach some pockets in the false membranes that held offensive pus, which was poisoning the general system. Pus lying in the warm cavity of the pleura

and exposed to the air may rapidly decompose and thus become a source of irritation and septic influence. Hence, at the earliest indication that this change has taken place, it is essential that the pleural cavity be disinfected and washed out. This is easily done by turning the patient on the side, so that the incision is uppermost, and then allowing a stream of weak disinfecting fluid, at the temperature of the body, to slowly flow into the cavity. If the pus remains sweet in the early stages of treatment, I see no advantage in the use of injections; and it is reported that sudden death has followed their employment, though these instances must be rare. Later on, they may be made to afford a needed astringent or stimulant to the secreting surfaces.

In the operation by puncture, Dr. Bowditch advises that we "operate in the back, between the eighth and ninth, or ninth and tenth ribs, below the scapula, on a line with its lower angle. I auscultate the healthy side, and always tap at least two inches above the lowest point at which the murmur can be heard. Generally, I think between the eighth and ninth ribs is the best spot."

With this precaution the liver and diaphragm are not likely to be wounded. The trocar should be pushed in by a quick movement, and far enough to pass it through any false membrane that may happen to be deposited over the site selected for operation. The chest-walls are thinnest at the angle of the ribs, and here also the intercostal spaces are widest. Sometimes this latter consideration is of importance. In two cases where I have tapped, it was very difficult to insinuate the trocar between the ribs, which were drawn close together—in one case, I suppose by a contraction of the intercostal muscles, and in the other from a shrinking of the chest-wall. In the latter case I used the finest needle belonging to the aspirator, and entered it between the ribs with difficulty. This patient, a very nervous child, was under the influence of ether. As a rule, I should be opposed to the use of an anesthetic. For mere puncture—in an adult—it is entirely unnecessary, for the pain is almost nothing; and in the operation by incision, local anesthesia can be used. The administration of ether involves more or less struggling on the part of the patient, and it also hinders due aëration of the blood; and blood charged with carbonic acid is liable to coagulate and cause a thrombosis. Add to this danger of heart-clot, the already existing disturbed circulation through the heart and large vessels connected with it, and we have abundant reason to dread the effect of an anesthetic. The inhalation of ether must also cause a degree of congestion in the sound lung, and thus favor a state of œdema, which is a grave complication.

It still seems to be an open question whether the admission of pure air into the pleural cavity causes purulent inflammation. Air charged with infective germs certainly produces this result, as is seen in the case of a pneumothorax resulting from a necrosed spot in the visceral pleura, and where decomposed tissue-elements become an abundant source of infection; but a small quantity of air admitted during operation is not likely to have any ill effect, as has been proved in repeated instances where this accident has occurred. At the same time, common prudence would dictate that every precaution should be taken against the admission of air that, for aught we know, *may* carry with it infecting germs, and thus change a simple exudation into pus. For the operation by puncture, the best apparatus that I have seen is Bowditch's trocar with Davidson's syringe attached. The trocar is so small that it is readily pushed through the intercostal space, and yet its calibre is large enough to allow even thick fluids to readily flow through, while the syringe affords all the suction power that is needed or safe. As compared with Dieulafoy's aspirator, its operation is somewhat slow; but this is rather an advantage than otherwise, for it gives the displaced organs a little needed time in which to accommodate themselves to removal of the fluid that sustains them in their abnormal position. A *sudden* taking away of this support and removal of accustomed pressure upon the large blood-vessels involves danger of syncope.

As the fluid is withdrawn the lung descends and may come to press directly upon the end of the instrument. The visceral pleura rises and falls with the lung in respiration, and in this way is rubbed against the end of the canula. In such a case I conceive that harm may be done if the suction is so strong as to draw a portion of the pleura into the canula, which will then act like a mechanical leech, and so bruise tissues already lowered in vitality. If, instead of the smooth canula, the sharp lance-pointed *needle* of the aspirator has been employed, it is difficult to see how injury can be avoided. The cutting point of the needle is so sharp that slight pressure will cause it to penetrate not only the serous membrane, but also the lung itself, and as this viscus rises and falls upon the needle, its delicate tissues must sustain damage. In the case of the child already narrated, and where the ribs were so close together that I was obliged to use the small needle, and where a few days after aspiration pus was discharged through a perforation in the lung, I strongly suspect that this result was brought about by using the needle instead of the trocar.

The amount of fluid to be withdrawn must be regulated by each case for itself. Except in one instance, I took all I could get; in that case, after removing about 20 oz., the patient felt great oppression and constriction of the chest, and I desisted, thinking that perhaps a too rapid expansion of the lung might injure its delicate texture. Coincident with the introduction of the trocar, violent coughing usually takes place, that is variously accounted for. It is not unlikely that the wound of the costal pleura occasions it, and that the pulmonary pleura is also irritated by being stretched over the re-expanding lung. If the effusion is recent, the lung re-expands at once upon withdrawing the fluid that compressed it. If, however, time has been given for the formation of tough and strong false membrane, it may be tied up so that it cannot get free for a long time, or, as sometimes happens, not at all. In such a case the vacuum left below will be removed by the shrinking of the chest-wall upon that side, which will enclose a useless lung; and it is not necessary to speak of the constant peril in which a person lives who is deprived of half his breathing power. Here is a cogent reason for the early removal of a sero-fibrinous exudation. While it is entirely true that in the great majority of such cases nature brings about a cure, it is equally true that in many cases she does not; but leaves the lung permanently disabled; and in a crippled state, its circulation impeded, and more or less denied its natural stimulant of atmospheric air; the lung is in a most favorable condition to take on disease and run into a fatal phthisis.

It therefore becomes a serious question in any case, when the ordinary internal remedies have failed to bring about absorption, whether operative interference for the removal of the fluid is not called for. The time for interference must differ with differing cases.

A latent pleuritic effusion the result of a low grade of inflammatory action, and containing, very little fibrine, while all the more likely to degenerate into pus, will not make many or strong adhesions, and in this respect may be safely left for many weeks; but an acute pleurisy is a different thing, and I think that three weeks is the outside limit of safety against the formation of permanent and disastrous adhesions. In such a case, by drawing off even a part of the fluid, we diminish pressure upon the absorbents, and allow the lung to expand and to break the still tender bands of exudation that are threatening to permanently disable it.

Allow such a case to go a few weeks longer, and what were once tender, though perhaps thick exudations, have become as tough as wet chamois skin, and not very unlike in appearance. This too is becoming, or has become organized, and is an adventitious tissue, supplied with blood-vessels of its own, and past any hope of absorption. Interlacing bands run between the costal and pulmonary pleura, and if, by good fortune, a partial re-expansion is finally accomplished, it is after months or years of time, and at an expense of suffering and weakness of body that it is our duty to prevent.

In the case of an *empyema*, the demand for an operation is imperative, although even here it must be admitted that in certain rare instances nature is reported to have been able to dispose of the purulent fluid by absorption, and unassisted.

It is almost certain, however, that such a case, if left alone, will go on to a fatal issue, worn out by pain, and slowly consumed by hectic; or, unhappily, the patient may live long enough to become the subject of a thoracentesis by slow natural processes, by which the pus finds its way through the chest-wall, and imperfectly discharges itself through a fistulous opening. By the time this has been accomplished, the condition of the interior of the chest has become such that little can be hoped from this or any effort to completely relieve the cavity of its contained pus. If an attempt is made to enlarge the fistulous opening, it will be found that the pleural cavity is not only lined with false membrane, but that it appears to be almost filled with it. The membranous and organized bands or partitions, like guy-ropes running across from chest-wall to lung, and from lung to diaphragm, while hindering the expansion of the chest, also hinder the free discharge of the pus pocketed between them; so that a free opening at the most favorable site may fail to do more than empty that one of the loculi that it has directly encroached upon. So that, in fact, we have to deal not only with the external and accessible fistulous canal, but with many others opening into it that are internal and beyond the reach of operation. An attempt should be made to forestall this condition by an early tapping. By removing the fluid, we give the lung room to expand and thus break away from the plastic adhesions that are not yet strong enough to hold it, and it is among the possibilities that no re-accumulation of pus may take place. In such exceptionally favored cases it is supposed that the residual pus undergoes a fatty change, and is then reabsorbed. If repeated operations are necessary, it becomes a question whether aspiration should not give place to the operation by incision.

If the secretion of pus is steadily decreasing, and the constitutional disturbance is moderate, and especially in a young subject, we have reason to hope for an ultimate cure by aspiration. If, on the other hand, the pain and constitutional irritation continue severe, and the pus rapidly reaccumulates, I think there is no question that the pleural cavity should be opened by an incision large enough to admit of a ready evacuation of its contents, and of the manipulations necessary in washing it out, if the pus should prove to be of an irritating quality. This, of course, permits the free access of air to the thickened and inflamed serous membrane, but no harm results. May it not be that, so far as the contact with air produces any effect, it is beneficial by acting as a stimulant to the pyogenic surfaces. However this may be, the effect of the operation, so far as I have had opportunity to observe it, has been to diminish the amount of pus secreted, thus at once lessening the drain upon the system. The pain in the chest, which is often severe, is mitigated or entirely relieved, the cough abates, and under these improved conditions the patient is enabled to obtain natural sleep and to take food with increased appetite. Meanwhile, the lung is afforded room to expand, until, by its increasing bulk, it fills the cavity. It is obvious that the rate of this expansion will mainly depend upon the greater or less resistance offered by the adhesions, and to some degree also upon the inspiratory vigor of the patient.

135 East 56th St.

LARGE MYXOMATOUS TUMOR OF BUTTOCKS—REMOVAL AND RECOVERY.

By L. L. COMSTOCK, M.D.,

CHARLESTON, WEST VIRGINIA.

The following case is presented on account of the great size of the tumor, its general character, its peculiar situation, and the rather remarkable absence of hemorrhage during the operation:

Mrs. Y. Age 38. Married. Four children, youngest 4, oldest, 11. Was married twelve years ago.

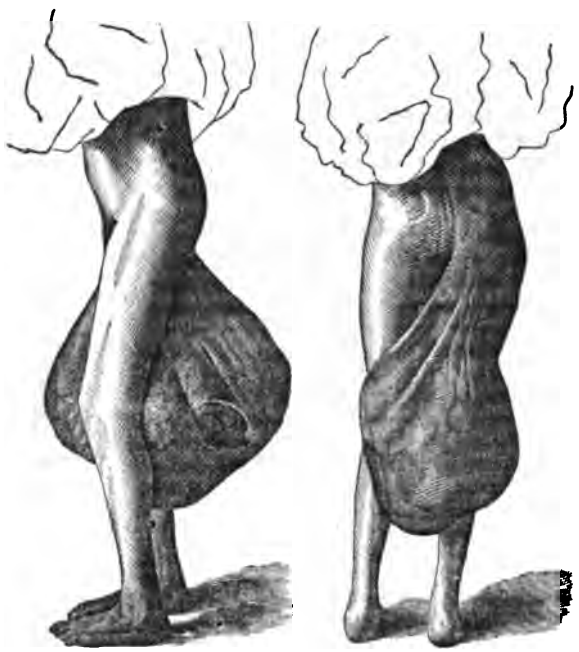
About fourteen years since was thrown from her horse, striking violently on her buttocks, leaving the right side somewhat painful and tender on pressure. About a year after this fall she discovered a small tumor issuing from between or through glutei muscles. This she could push back so that it would entirely disappear, but would speedily return on removal of pressure. Because of this one of her many doctors treated it for hernia. The tumor at this time, she said, was "right where I sit." At the time of her marriage it was about as large as a duck's egg, and had ceased to be either painful or tender on pressure. Very soon after marriage her husband discovered that something was wrong, and thinking himself imposed upon, returned her to the parental roof, but upon being convinced that it was the natural result of matrimony, or some other equally innocent cause, took her back to his own home a happier, if not a wiser man.

She soon became pregnant, and during this first pregnancy she thought the tumor grew more rapidly than ever before or since. From this time up to the time of removal, she thinks the growth of the tumor has been pretty uniform, though I am told it was nearly as large when her last child was born as now. This child was delivered with some difficulty, but was born alive. About this time a physician, being curious to know what the tumor contained, thrust a knife into it about eight inches; there was but small discharge—blood and bloody water—producing no pain whatever.

On July 1st, was called, in company with Dr. Parks, of Kanawha Salines, and Drs. Ewing and Carr, of Charleston, to see and remove the tumor—of which I had heard much, but had never seen—the patient declaring she would rather die than carry it any longer.

I found her sitting on a small bed, appearing somewhat careworn, and thin in flesh, but otherwise in perfect health; was of healthy parentage, and we had no reason to think that she had had syphilis. Had been regular in her menses until within the past three months; and she thought she was pregnant. As she sat, the tumor projected on both sides of right leg, extending nearly down to her feet. It was purplish in color. Skin generally smooth. The hair follicles, by constant tensions of the skin, were one and a fourth inch apart. In some places there were sharp depressions in the skin. As the tumor lay, a jar of the bed set it all in a quiver, like thin jelly. In some of the softer parts, or where the skin was the thinnest or softest, it felt as if filled with water.

Where it came against her legs most, and on under side, the skin seemed very thick—was almost perfectly devoid of sensation. She would slap it with her hand and pinch it without pain. In walking she reached down and grasped it as the fashionable lady does her train, and in this way she walked about considerably. She sat down upon it as if a cushion, throwing out her legs horizontally before her. She handled and pushed it about as if a perfectly foreign body, its size and weight being apparently the only inconvenience it gave her. About five years ago it ulcerated on its inferior and anterior surface, and has



discharged more or less ever since. Sometimes the discharge was pus from the ulcer, and at times a watery fluid. When the discharge was free it seemed to diminish in size. The ulcer was circular in form and about five inches in diameter. The tumor became pendulous soon after it emerged from muscles.

I took the following measurements as she sat: Circumference, three feet eleven inches. The upper portion extended above the general outline, and around it in this diagonal direction it was four feet three inches. The neck, not close to body, was one foot ten inches. Standing on her feet, the tumor hanging quite or nearly its whole weight—she could stand but a short time without support—it measured as follows: From point of origin to pubic bone, five feet; circumference, largest portion, four feet two inches, the neck being extended by weight of tumor; line drawn tightly, was one foot five inches.

While standing, the arms were drawn down on side of tumor four inches from her body. The right labia was also drawn down for some inches, forming a connection with the skin, a portion of the covering of the tumor being perceptible only from its color and smoother surface.

Etherizing our patient, we placed her on right side, flexing leg on thigh and thigh on abdomen. Made incision about four inches below anus—which brought a free flow of venous blood, more than in the whole operation besides, as only once or twice was there a spirt of arterial blood, which was stopped without ligature or even torsion. Beneath the skin in this place I found a thick, tough fascia. I made an incision in this, then pushed through it a tough, grayish or bluish-white substance, very soft, but firm, and not easily broken down.

After making opening in the skin and fascia large enough to introduce my hand, I could with but little trouble separate the contents of tumor from skin, which I did for six or eight inches. Withdrawing my hand, the skin was carefully divided, and in this way I worked my way around to the point of beginning. Then with my hand and the handle of my scalpel I dissected the jelly-like mass from the body, dividing only some muscular bands thrown down, or loops of muscle brought down, for the support of tumor, but the skin seemed to be the principal support, portions of which was over an inch thick, and quite firm.

Expecting retraction of the skin, I left a stump, and after removal of tumor it was a hollow one, about four inches long. We sponged it out with carbolic acid, and closed it up with sutures. It healed generally by first intention, and without an untoward symptom.

We divided the tumor, and found it to be uniform in composition, as above described. On division there oozed from the cut surface a clear fluid, but slightly colored with blood, and not, or but slightly, viscid. The question arises, from whence did it receive its nutrition? Probably through a multitude of small vessels situated in the skin, which retracted immediately on division. The vitality was low, as may be seen from the lack of any effort of the ulcer on its surface to heal. From its almost entire freedom from sensation, we infer that its supply of nerves was very small indeed. Its weight was forty-seven and one-half (47½) pounds. No microscopical examination of the tumor was made.

Oct. 25th.—I visited Mrs. Y. She had just returned from a visit to her father, about seven miles distant. The first three she had ridden on horseback, last four walked, showing but little fatigue. She was much improved in her general appearance and flesh, and had entirely lost her careworn look. Complained only of pain and weakness in back and hips. The wound, save a very small portion over gluteus, was smoothly healed up. The skin over this portion had, as we expected, retracted to about the general surface; but not so in front, leaving at this point quite a tumor, but which we hope will diminish somewhat. It now extends to about seven inches below pubic bone, having the same appearance as before removal, only not so large. The labia are still to be seen, much as before removal of tumor. Over the hips and back the skin has the appearance of that on the belly of a multiparous woman.

Reports of Hospitals.

BELLEVUE HOSPITAL.

NOTES OF PRACTICE AND PECULIARITIES OF TREATMENT.

COMPOUND COMMINUTED FRACTURE OF THE FEMUR IN ITS UPPER PORTION—NON-UNION—PLASTER-OF-PARIS DRESSING—TREATMENT BY BUCK'S EXTENSION.

At the time this man was admitted to the hospital he was suffering severely from shock. The appearance of the limb suggested amputation. The wound was dressed according to Lister's method, Buck's extension apparatus applied (adhesive plaster, weight, and pulley), and on the following morning the condition of the patient was so good that it was determined to make an effort to save the limb. From the 15th of September until the 30th of November, the extension apparatus was worn, the wound was kept clean and dressed with carbolized dressings, and the general condition of the patient continued very favorable. At the end of that time the dressing for the fracture was removed, when it was found that union of the bone was not firm. A plaster-of-Paris splint was then applied, embracing the foot, leg, and the thigh to the perineum. It was applied for the purpose of securing a firm union of the bone. It was said that, if the patient could get up and move about, a condition of affairs would be established which favored perfect union. The patient could roll about in his bed, and expressed himself as feeling much more comfortable than when wearing the extension apparatus. A fenestrum was cut in the splint, so that the wound could be easily exposed to view.

The plaster-of-Paris dressing for fracture of the thigh was not recommended by the visiting surgeon, however, unless experience had been had in its application, and the patient was where he could be closely watched.

A CASE OF DOUBLE PLEURISY—SUCCESSFUL AND UNSUCCESSFUL ASPIRATION.

Double pleurisy is a rare disease. The history of the case was clear, and so well borne out by physical examination of the chest, that it is believed to be worthy of mention. Four months ago a negress, æt. 32, who was in her usual health, was taken with a chill, which was followed by severe "stitching" pain in the left side. The severe pain continued three or four hours, then gradually subsided; but more or less pain was present during the succeeding week. At the end of that time she was seized with pain in the right side, which was of a less severe character than that in the left side. During the week between the development of the pain in the left and in the right sides, the patient suffered very much from irregular chills. The pain in the sides was followed by a cough; she had vomited or spit up blood at irregular intervals, sometimes as large a quantity as a teacupful, and had lost some flesh.

She was worse about two months ago than at the present examination, and now felt worse than she did in the early part of her sickness.

On physical examination, there were found flatness upon percussion, and absence of all respiratory and voice sounds over the lower portion of the chest, exaggerated respiration over the upper portion, and the line of percussion dulness was distinctly changed by changing the position of the patient. The voice was too feeble to render vocal fremitus of very much importance as a physical sign. The apex-beat was in its normal position. There was no general anasarca or other symptoms which would lead one to suspect that she had kidney or cardiac disease, and the conclusion was reached that the patient had fluid in both pleural cavities, and that it was inflammatory and not dropsical. The patient had little or no present evidence of febrile movement.

Since admission to the hospital, both sides of the chest had been aspirated. From the right side three ounces of clear blood were obtained, and from the left nothing. The patient had been aspirated, however, five times before admission, and twice both blood and serum were drawn off. The fact that she had had irregular chills, sometimes followed by fever, was thought to lead to the suspicion that there was something besides malaria giving rise to them, and the question arose whether she did not have acute empyema at the beginning, and also whether there was not pyæmia behind that. To answer the question required a careful study of the history of the case and its subsequent progress.

TREATMENT OF EPIDIDYMITIS.

A case was seen; it was caused by gonorrhœa, and the following suggestions with reference to treatment were noted:

When a case of gonorrhœa presents itself, make the patient wear a suspensory bandage. It might prevent the occurrence of swelled testicle.

If the epididymitis is seen early, and the pain is severe, make needle punctures in the tunica vaginalis and relieve the hydrocele which causes the pain.

As a rule, it was not advisable to use urethral injections during the acute stage of epididymitis.

When the testicle begins to swell, the urethral discharge commonly ceases, and returns when the swelling subsides. Sedative lotions, fomentations, leeches, and cold may be employed during the acute stage. Rest in bed is important, and usually it is sought by the patient. Leeches, if used, should be applied along the course of the spermatic cord. If applied to the scrotum, they may give rise to troublesome extravasations of blood. A ready method of supporting the testicles, and giving them rest and freedom from pain, is by ordering the patient in bed, and by passing a broad strip of adhesive plaster under the scrotum, and from one thigh to the other.

KARL FREDERICH HEINRICH MARX, the senior of the Medical Faculty of Göttingen, is dead. He was, after the celebrated Weber, the oldest member of the Royal Scientific Society, and was a Knight of the Order of Guelph. The deceased was born at Carlsruhe in 1796, and studied at Heidelberg. He became a professor in Göttingen before he was thirty years old, and celebrated several years ago his fifty-year jubilee.

LECTURES ON HYGIENE IN HOLLAND.—Regular professorships of hygiene will shortly be established in the universities of Holland. Dr. Ludwig Hirt, of Breslau, has been unanimously chosen by the Faculty of the University of Utrecht to fill the new chair in that university. It is not yet known whether this choice will be confirmed by the Dutch Government. There is some reason to think that the government would have been better pleased if the choice of the Faculty had fallen on a native Hollander.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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HOW TO MAKE CONTRIBUTIONS TO MEDICAL JOURNALS MOST AVAILABLE.

For many months past we have been struck with the great quantity of really valuable material which has been published in the different medical journals of the country. There is no doubting the fact that the number of medical writers is markedly increasing, and that, as a whole, their communications are more voluminous and frequent than they have ever been before. Gratifying as this may be as an indication of progress and as a promise for the future, we are convinced that much that is of great practical value to the profession at large is buried either in journals which are inaccessible to the mass of medical readers, or in those volumes of Transactions of State Societies whose circulation is limited to the members of those organizations.

The question which concerns the authors of valuable papers, and the profession at large who wish to benefit by such publications, has reference to the best means which can be adopted to insure the greatest good to all. The latter is obviously accomplished by the widest possible circulation which can be given to the author's views. One of the principal obstacles to this is the obligation which is imposed upon practitioners, all over the country, of supporting their local journals. There would certainly be no objection to the encouragement which such periodicals receive if we were always certain that the end justified the means. Too frequently, however, the journals are mere college organs, and outside the circle of school and strictly local interests their very existence is scarcely known. In some localities so much partisanship is displayed by the supporters of rival sheets that it becomes almost a matter of honor to contribute to their columns all the available material which can be gathered in the neighborhood.

It is not our purpose at present to discuss the benefits which the profession, as a whole, derives from these publications, inasmuch as we might lay ourselves open to the charge of hindering what interested parties might call legitimate enterprise. The main difficulties in the way of real usefulness of these organs is their necessarily limited circulation, and it is with this objection that we have to deal in considering the best interests of many talented medical writers. Of course it would be unwise, impolitic, and, under the circumstances, almost unfair to discourage any effort which is made in the direction of conscientious duty. In the face of such convictions on the part of a large majority of these contributors, any advice to pursue a contrary course would be useless. We have therefore to accept the situation and make the most of it.

The only thing which can be done, under the circumstances, is the publication of abstracts of these papers in the leading journals over the country. The larger the circulation of such a journal, the greater the obligation to publish such abstracts. But the difficulties in the way of doing even this are often insurmountable, and render almost nugatory the best directed efforts. The difficulties of obtaining original articles for the smaller local journals are obviously great, and explain the extreme and unnecessary length of the majority of them. A certain number of pages must be filled, and no other choice is left. As a consequence, the conscientious editor of a journal who desires to obtain everything of possible value from his exchanges, is compelled to wade through an incredible amount of reading before he can accomplish his purpose. Oftentimes this labor is so entirely unproductive that he finds it easy to quiet his conscience by preferring the shorter articles. Although the latter are always more extensively read, it by no means proves that longer articles are not of real value, and should not have equal attention. For the purposes of quotation, however, it is found practically that such attention is so much oftener the exception than the rule, that in the interests of all we are tempted to make a suggestion to the effect that the author of every elaborate article, either in a journal or in the Transactions of his society, should succinctly state at the end of such article the conclusions at which he has arrived. If these are carefully made, the benefits of his observations can be given to the readers of other journals at once, leaving all who may be specially interested to study the line of argument in detail from the original sources. It is impossible to estimate how much good the general adoption of such a plan would accomplish. We speak from a long experience in medical journalism when we say that the secret of prompt and wide-spread quotation rests more upon the terseness of conclusions than the skilful elaboration of the arguments upon which they may be founded.

For purposes of general reading, also, these lengthy journal articles could by such means be more exten-

sively useful. The circumstances which surround every practitioner compel him to economize his time as much as possible. In most instances, if he must read a long article from beginning to end to obtain what may be useful to him, he defers it to the more convenient season, which never comes; whereas if he can get the conclusions at once he is satisfied, and is ready to apply them to the treatment of cases he may have on hand.

In this connection we take the opportunity of saying, *en passant*, that the most taking and widely-quoted articles are those which bear upon points of the treatment of disease. The reasons for this are quite obvious, when we consider that the mass of the readers of medical journals are practitioners who are anxious to learn of every new method, and apply it with the least possible delay. How to cure disease is with them the vital question, and the more effectually medical writers strive to answer it, the better will their labors in the cause of scientific progress be appreciated.

Following out the principle embodied in this article, we would simply state that, in view of the great amount of valuable material scattered throughout the medical journals and the Transactions of medical societies, which may otherwise run to waste, the best means of benefiting authors and readers by a wider dissemination of views in the shape of abstracts in other journals, is the publication of the conclusion at the end of said articles. As this advice applies with equal force to our own contributors, we have had a double purpose in offering it.

MEDICAL AND SURGICAL HISTORY OF THE WAR.

THE annual report of the Surgeon-General of the United States Army, although but a brief pamphlet of eighteen pages, is too decidedly suggestive to be passed with a mere memorandum of contents, particularly as the histories of surgical cases rendered accessible to the general practitioner by the publications of the department form a valuable adjunct to surgical education in this country. A pertinent illustration of this point is furnished by the statement on page 13, that at the end of the fiscal year June 30, 1876, histories of 227,098 surgical cases, and of 40,502 operations had been tabulated. At the same date 4,093 cases had been collected for a report of the surgical cases treated in the army since the publication of circular No. 8, August 17, 1871. To these data the past year has added record of 1,559 cases, making a grand total of 5,652. Of these, injuries to the head and neck include 2,062; injuries to the trunk, 455, and injuries to the extremities, 1,554—the whole involving 311 amputations and 24 excisions. The remaining 1,581 are classified as miscellaneous.

What mainly interests the profession, in view of this rapid accumulation of the classified facts of surgical experience, is the arrangements for continuing the publication of the Medical and Surgical History of the War, of which copies have already become somewhat rare and difficult to obtain. The work of stereotyping the medical volume of Part II. of the Medical History of the War was commenced in January last, under the able supervision of Dr. J. J. Woodward; and up to July 30 about 350 pages had been stereotyped. The volume will be ready for issue probably before the expiration of the present fiscal year—that is, previous to June 30, 1878. The projected second edition of 5,000 copies of the second volume of Part II. of the Medical and Surgical History of the War has been completed under the supervision of Assistant-Surgeon G. A. Otis, and the third volume is now in progress, so that the profession in this country may presently anticipate a fuller supply of those invaluable contributions to the literature of surgery.

As the contributions to medical, surgical, and sanitary science developed by the experience of the war belong to the whole country, and form an essential part of our medical and surgical history, it is perhaps to be regretted that larger editions were not printed in the first instance; for although a fresh demand for stereotyped work can be supplied at any time, delays will necessarily occur in matters depending upon appropriations, and intervals of scarcity can only be provided against by very liberal editions. The current work of the department is valuable, of course, but it cannot enter into competition for value with the vaster experience accumulated by one of the most gigantic wars that the nineteenth century has recorded, the data of which have long since been carefully classified, and should have been made accessible to the general practitioner. Condensations and hand-books have their function for easy and convenient reference, but it is to the official publication that the profession must turn for complete and unedited information; and the Surgeon-General and his coadjutors cannot be too highly complimented for the efficiency with which they are pushing their part of the work.

ALBANY ETHICS, AND HOW TO SUPPRESS QUACKERY.

THE profession has always been interested in the suppression of quackery. It may be a matter of congratulation with some to learn that many of the most prominent medical gentlemen, here and elsewhere, are fighting the quacks with their own weapons and hoisting them with their own petards. The time appears to have arrived when it is necessary to inform the public that there is considerable learning and skill in the regular profession, but which, in consequence of a false and culpable modesty, has never before been brought to notice. Of course, it must be admitted that in allowing our personal horns to be blown, or, what is perhaps more to the purpose, blowing them ourselves, there is a slight risk of being classed with the very quacks which we wish to condemn; but any such action

as would be hazardous to lesser men, is, however, entirely safe, dignified, and justifiable with men of reputation. Under the circumstances, then, it is well that these matters are so entirely in the hands of our seniors, and that there are no chances of the public mistaking the sheep for the goats. There is always something touching and unselfish in the pains which are taken by medical men to set the people right on matters connected with the treatment of diseases. Heretofore, however, professional jealousy has more or less interfered with the development of a true Samaritan spirit, but all barriers are now being broken down for the good cause, and medical gentlemen of the first standing are willing to certify where the most skilled services can be secured.

To Albany has been reserved the proud distinction of taking the initiative in this matter, by establishing a principle that wherever true merit exists among their number, medical men gladly acknowledge it publicly and privately. There is, it is true, somewhat of a mutual admiration society about the affair, but in the present advanced state of public opinion regarding our relations to each other, and the necessity of avoiding professional quarrels, this is of secondary importance to the grand end in view. It would appear that there has been a crying necessity for a well-equipped eye infirmary in that enterprising medical centre, and as that idea evidently originated with a prominent oculist of that place, he very properly asks the indorsement of some of his medical friends. Although the gentlemen cheerfully certify to his skill, and are very willing to have "any use" made of their names, they evidently did not dream of such certificates being published. In fact, this was so contrary to all established usage, that it was beyond their contemplation. But the unexpectedly complimentary character of some of these letters compelled "the gentleman in question" to waive considerations of personal delicacy, sacrifice himself to the higher interests of the institution, and submit copies of these complimentary letters to the board of managers, who publish them in pamphlet form. It is of course unnecessary to say that these reports, calling for pecuniary subscriptions to the institutions, are intended only for medical men. As we are informed that the high opinions of the surgeon's skill, fitness for his position, etc., are from "prominent physicians," nothing more is needed to secure the success of the institution. As the best of reasons are given for "waiving all personal delicacy" on both sides, we have no doubt that all parties are pleased, and that each and every one will work harder than ever in behalf of suffering humanity. For further particulars apply to the office of the Surgeon-in-chief, which is also "the principal office of the body corporate and where all communications should be addressed." Let us in conclusion congratulate our Albany brethren that they can rise so far above ordinary prejudices and unite with such unanimity in dealing such a fatal blow against quackery. One thing more remains to be done, and that is to advertise the infirmary by the year in the daily papers of that city, and with all the certificates attached.

HOSPITAL STEWARDS AND THEIR PAY.

A MOVEMENT understood to have the approval of the Surgeon-General, or at least not opposed by him, has been set on foot with a view to the reorganization of an important department of the medical service of the United States, and will be pressed earnestly upon the attention of Congress this winter. The petition, with a view to raise the standard, rank, and pay of the stewards in the medical department of the army, proposes a division into three classes, with the designation of Medical Stewards, members of the first class to have the rank of Regimental Sergeant-Major, but junior on all occasions of ceremony or command save within the department itself; the second, the rank of Sergeant of the Medical Department, and to be promoted to first class after service of two years; the third, designated as Probationary Stewards, to consist of men selected from the enlisted men of the army, or specially enlisted from civil life. The latter, after a probation of one year to discover their general or special aptitude and competence for the service, may be promoted to second class, but, preliminary to enlistment, must pass an examination in pharmacy, minor surgery, bandaging, dressing, etc., as well as in reading, writing, arithmetic, and general attainments. The stewards petition for a pay of $50 per month, with an increase of $5 per month for each five years of continuous service to stewards of the first class, and the same rations, fuel, quarters, and clothing allowance as are now rendered to hospital stewards. The pay of the second class is rated at $30 per month, and that of the third at thirty cents a day, in addition to their regimental rank and allowances. It is proposed, furthermore, that any steward of the first class who shall have served faithfully for thirty years, shall be entitled to a pension equal to three-fourths of his pay, if incapacitated by wounds, injuries, or disease, provided such incapacity is not in consequence of immoral conduct. The remainder of the document specifies certain necessary but rather immaterial details as to uniform, modes of appointment, and the like, which are of no interest to the non-military reader.

It is stated by those cognizant of the facts that the medical officers of our army enjoy a rank, pay, and consideration superior to those attendant upon the medical service in the great armies of Europe—a position won after many battles and very considerable snubbing. Several attempts have been made correspondingly to improve the standing of hospital stewards, though hitherto without any substantial result. The present attempt embodies the sentiments of the most moderate and thoughtful of the stewards now in

the service, and is heartily indorsed by medical officers, post-surgeons, and directors of military departments, as essential to the efficiency of the service, and to secure really competent men for the positions to be filled? The petition is thus officially representative of the medical as well as of the pharmacal arm of the service, and hence in a form to receive such attention from Congress as no mere petition of stewards in their private capacity could properly command; and as the medical officers who have affixed their signatures are the most competent judges of the necessity for a reorganization, no special inquiry is necessary to intelligent action or earnest advocacy. It may be objected that while the army is on a peace footing, it is not just the time to set about reorganizing such a department, or to talk about increasing the pay of army officers and followers. The increase, however, is very trifling—only sufficient, indeed, to assure a reasonable competition, and hence to secure competent persons for such posts; and as the health and efficiency of the army depend very materially upon the capacity of the medical stewards, the proposal is one that should be acted upon at once, irrespective of the other considerations. Indeed, there is no time like an interval of peace for securing an efficient organization of details that would necessarily be overlooked in attending to major matters, were an untoward event to precipitate a conflict with Mexico—a contingency liable to occur at any moment. Besides, although the duties of a medical steward are arduous and responsible, the pay is ridiculously small, and should be increased as a matter of simple justice.

Reviews and Notices of Books.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by DR. H. VON ZIEMSSEN. Vol. XV. Diseases of the Kidney. By Prof. CARL BARTELS, of Kiel, and Prof. WILHELM EBSTEIN, of Goettingen. Translated by REGINALD SOUTHEY, M.D., Oxon., of London, and ROBERT BERTOLET, M.D., of Philadelphia. ALBERT H. BUCK, M.D., New York, Editor of American edition. William Wood & Co. 1877.

No organ of the body has recived more careful attention from students of medicine than the kidney. Not satisfied with the immense advances that were made by Bright, observers the world over have continued carrying out the most minute and painstaking investigations, both as to the microscopic characters of the different forms of disease and their clinical history. It is fair to say that in the latter particular and in etiology progress has not been so decided as in the matter of pathological anatomy. Even now we find the most diverse ideas ruling as to the relations which the various stages of the so-called Bright's disease hold to one another, though the nature of the minute changes is pretty clear. Nor have we reached definite ideas as to what uræmia is, and the clinical importance of albuminuria and dropsy. Still we are making progress, even if it amounts to little more than showing the inadequacy of old theories. Bartels informs us that from his personal investigations on the blood in marked instances of uræmia he has sometimes found the amount minimal, in one case but 0.01 per cent., so that an excess of urea in the blood could not in that case have been held to cause the symptoms, nor does he think that Frerichs's theory of ammonæmia (the carbonate of ammonia in the blood) can explain all cases, for he has failed to find it present in undoubted uræmia. The third hypothesis of Traube, that two conditions are essential, viz., watery blood and increased blood-pressure, fails in cholera, when uræmic symptoms supervene. The real cause he does not venture to assert with any positiveness, simply regarding the symptoms as "caused by some disorder of the urinary secretion," due sometimes to a disproportion between the production and the elimination of urea. There is a manifest effort to clear up our knowledge of dropsy and albuminuria, which Bright thought were always due to pathological changes taking place in the kidney, and yet we know now, on the one hand, that advanced kidney disease may take place without either, and on the other, that both phenomena may be associated with a normal or but little damaged kidney. Albuminuria, indeed, owes its existence simply to increased blood-pressure, and dropsy to protracted diminution in the secretive pressure. Both conditions are most often met with in diseased kidneys, but they do not either necessarily depend upon a deterioration of the tissue of the organ.

Dropsy, indeed, may be one of the very first symptoms of a kidney affection. The classification which the author has adopted for what has been known as Bright's disease seems to be a move in the right direction, though one which is opposed to German ideas, while more in accordance with results that have been reached in this country.

According to Bartels the common Bright's kidney does not run through three stages, one of hyperæmic swelling, a second of infiltration, and a third of contraction, but all of these conditions may be independent one of the other in their causation. All such affections, including the waxy kidney, he would group under the common name of diffuse diseases. His divisions would be: first, *active* hyperæmia, such as is produced by the application of cantharidal preparations; and *passive*, where there is an obstruction to the circulation, as plugging of the renal veins. Then we have ischæmia of the kidney (the choleraic affection); then acute parenchymatous nephritis, very commonly found in scarlatina, and having the title of acute diffuse nephritis, acute desquamative nephritis (Johnson), hemorrhagic nephritis (Traube), the catarrhal and croupous nephritis of the Germans, albuminous nephritis (Rayer). Next comes chronic parenchymatous nephritis; the second stage of Bright's, the non-desquamative nephritis of Johnson, and the néphrite parenchymateuse profonde of Lecorché, or the "large white kidney." This rarely follows the acute parenchymatous nephritis, and is not the precursor of the contracted kidney. Its origin is insidious. He knows of no case in which the nephritis of diphtheria became chronic, but he does know that it may happen in scarlet fever. The acute form developed by exposure and cold may become chronic, but he believes that long-continued exposure to cold and moisture may bring on the chronic affection without any previous acute attack. The acute parenchymatous nephritis of pregnancy is an affection that may, according to statistics, occur in one out of 186 cases: the chronic affection is more apt to follow than in the other forms of acute nephritis.

Renal cirrhosis, a synonym for renal sclerosis, granu-

lar atrophy of the kidney, contracted kidney, interstitial induration or inflammation, the third stage of Bright's disease, is believed to be due to a pathological process of its own, independent of the diffuse inflammations already described. But this condition is not one of old age, as held by Gull and Sutton, but rather, according to his statistics of thirty-three cases, one that occurs between the ages of thirty and forty. It is four times as frequent in men as in women, and belongs to every class of society.

The process, according to Gull and Sutton, commences about the small vessels, and is described as arterio-capillary fibrosis, and is thought to be merely a symptom of wide-spread disease of the entire arterial system. The exact nature of the renal change is regarded as uncertain.

Waxy degeneration is not an affection of the vessels in the kidney merely, but of the entire system. It is in some way connected with suppurative processes, but almost wholly when the pus becomes exposed to the air; for large purulent collections may be confined and never give rise to the change. This degeneration, strange as it may seem, occurs only in the arteries of the digestive tract, the spleen, the liver, the kidneys, the supra-renal capsules, the lymphatic glands, and the thyroid body. We observe that he says nothing about parenchymatous degeneration of the kidney, a condition which not long ago was thought to describe the kidney in phthisis, phosphorus poisoning, and typhus, but prefers rather to use the word inflammation. It will probably be some time before we shall have these matters cleared up, though we are sorry to lose sight so thoroughly of the word diffuse in the classification given us.

Those who have done much recent work in the histology of the kidney will appreciate the fact that the great majority of kidney troubles are of a strictly diffuse character—that is, it is not merely the epithelial elements that are involved, but the framework of the organ.

Ebstein closes with affections of the pelvis and ureters, perinephritic tissues, renal tumors, parasites, and anomalies, with diseases of renal vessels. Taken as a whole, the book is a most extended treatise on the recent literature of the subject, and gives the present attitude of the questions on renal matters now before us. New material in the way of illustrative cases has been added in abundance.

THE QUESTION OF REST FOR WOMEN DURING MENSTRUATION. The Boylston Prize Essay of Harvard University for 1876. By MARY PUTNAM-JACOBI, M.D., Prof. of Mat. Med. in the Woman's Medical College, New York. New York: G. P. Putnam's Sons. 1877.

THE question which Dr. Putnam-Jacobi has set herself to study in this essay is one which has of late years attracted much attention, both on the part of the medical profession and the general public; and to the former especially, the views of one who, besides her special qualifications for studying this subject, has already won for herself in other fields the name of a ripe student and a conscientious observer, will prove exceedingly interesting. The essay is divided into six sections. In the first the author makes a good point of the fact that the women of the lower classes have in no age or country been absorbed in domestic occupations and the education of children. The trades corporations of the middle ages, in some places at least, included women. In the United States the census of 1870 showed that one-sixth of the entire female population was taking part in the paid industry of the country. Section two is devoted to statistics derived from 268 answers received to a series of questions that were sent to about a thousand women. The tables compiled from these answers are so numerous and complicated that we are afraid the average man will be tempted to skip them bodily. Unfortunately, despite the care and study expended on them, the statistics are of but little value; they are too few in number, and moreover nothing is said about the class or classes of women to whom the circulars were sent.

The third section, which deals with the theory of menstruation, is to our mind the best in the book. The views of all the prominent writers on the subject are alluded to, or described at length, and the arguments in favor of the two theories most generally accepted at the present day are compared and analyzed with consummate skill. The author herself accepts the theory that ovulation and menstruation are distinct and not necessarily coincident processes. She holds that the menstrual flux is the result of degenerative changes in the uterine mucous membrane which has become hypertrophied as a preparation for pregnancy, combined with a plethoric condition of the general system, which was also a preparation for pregnancy. It is the simple climax of a series of consecutive processes perfectly continuous with one another, which began at the termination of the preceding menstruation.

In the next section the author gives the result of a series of investigations of the excretion of urea, the temperature and the pulse, in a small number of women during, before, and after menstruation. These investigations proved that the arterial tension begins to rise after menstruation, and reaches its acme at the next premenstrual period, to fall again during the flow. In all the details evidences were found of a gradual and steady preparation for the menstrual hemorrhage; hence, the idea that normal menstruation can have any tendency to deplete the nutrition or lower the strength, must be discarded. An exhaustive argument is made to prove that the premenstrual plethora is provided for by diversion from the voluntary muscular system, which accounts for the weakness of the muscular system of woman as compared with that of man.

The whole aim of the author is to prove that in normal cases menstruation is a perfectly painless process, and that the loss of blood is provided for beforehand in such a way that it can exert no evil influence on the nutrition of the body. Hence, it follows that neither mental nor bodily rest is necessary during the flux. In cases of painful menstruation, it is true, rest is absolutely necessary; but then there is question of a diseased, and no longer of a perfectly normal process. While, however, denying that woman demands rest during menstruation, the author admits that the female sex is lacking in muscular strength and power of fixed attention, the natural consequence of which is an inability to work as long or as intensely as the male sex. This inherent weakness renders rest necessary for women, but to be effectual the rest must be "at short intervals and lasting for a short time, and not at long intervals and lasting longer."

In conclusion, we will only add that the manner in which the entire subject is treated is most masterly, and that every page in the book gives evidence of great erudition. The greatest fault that we have to find with the essay is that the style in which it is written is too abstruse. It is often difficult to follow the argument, which makes reading it a task, whereas it should be only a pleasure. We welcome it, however, as a most valuable contribution to the literature of menstruation.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, November 28, 1877.

DR. E. G. JANEWAY, PRESIDENT, IN THE CHAIR.

LOCALIZED COLITIS—TRAUMATIC IN ORIGIN—DEATH FROM PERITONITIS.

DR. LOUIS H. SAYRE presented a specimen of intestinal invagination removed from a young gentleman, aged nineteen years, to whom he was called on the previous Tuesday afternoon. The only symptom complained of was a slight pain in the epigastrium. The pulse was 100, and there was no elevation of temperature. He was, however, intensely restless, and continued in that condition two days, when peritonitis suddenly showed itself, from which he quickly sank and died.

On post-mortem examination the abdominal walls were covered with a recent exudation of lymph. There was some slight amount of serum in the peritoneal cavity. At the junction of the transverse and ascending portions of the colon there was a hardened mass, caused by the accumulation of fæces, and the intestinal wall containing it was attached to the lower lobe of the liver evidently by old adhesions. The recent peritonitis had its focus in this point. On inquiring more particularly into the primary cause of this localized inflammation, it was ascertained that three years previously the patient had been struck in the side, that symptoms of inflammation had followed, and that since that time he had suffered more or less from constipation. It appeared that the fatal peritonitis was the third one from which he suffered since the injury. The intestine was invaginated and completely plugged.

DR. L. A. SAYRE remarked that he had seen the case with his son, and had been struck with the extreme restlessness of the patient and the anxious expression of the countenance. Another remarkable point was the absence of any symptoms of peritonitis until a few hours before death. He was of the opinion that the invagination commenced subsequent to the first inflammation following the injury.

DR. JANEWAY called attention to a sacculation in the gut, but no rupture was discoverable.

IN CASES OF SPONTANEOUS GANGRENE SHALL AMPUTATION BE PERFORMED?

DR. SANDS presented a set of specimens illustrating the changes in the arteries in a case of spontaneous gangrene. He first saw the patient, a gentleman aged 49 years, in consultation with Dr. H. T. Hanks, August 15, 1877. He learned that there was a history of repeated attacks of rheumatism, the earliest occurring in the twentieth year, and some of them being attended with cardiac symptoms. During April of this year it was further stated that the patient while in bed became suddenly and completely unconscious, and remained so for a period of three hours. It did not appear certain from the history whether this attack was due to faintness or to cerebral disease, but it was conjectured by Dr. Hanks that the cause of the trouble was an embolus plugging up some of the cerebral vessels. Dr. Hanks saw him August 7th, when he had been suffering for six weeks with pain in the lower extremities, they being most marked in the calves of the leg and most intense in the left limb. August 6th, while absent in the country, the patient noticed a violet discoloration on the fourth toe of the left foot. Becoming alarmed, he repaired to the city and consulted Dr. Hanks, who at once appreciated the fact that the discoloration was an indication of impending gangrene. At that time both lower extremities were carefully examined by Dr. Hanks, who found them exceedingly cold and painful, and with very feeble circulation. No pulsation could be detected in any arteries below the femoral on either side at the apex of Scarpa's space. Four days after the beginning of the gangrene in the left foot a similar spot appeared in a similar place on the right foot. On the 15th, when Dr. S. saw the case, several toes of the left foot and two of the right foot were discolored. The heart had been carefully examined by Dr. H., and found to beat very feebly and with marked irregularity. No murmurs were detected, although they were supposed to exist and to be masked by the feeble action of the heart. When Dr. Sands returned in October from a visit into the country, he was somewhat surprised to learn that the patient still survived. The gangrene had then progressed until it involved the feet on both sides up to the line of the tarso-metatarsal joint. The question of amputation was considered but not advised. A short time previous to his death the patient showed evidences of pneumonia of the right lung.

The autopsy was made by Dr. Satterthwaite, who furnished the following account:

Post-mortem examination.—Body extremely pale in color. Emaciation marked. Rigor mortis of usual degree.

Thoracic cavity.—Heart abnormally large, and externally well supplied with fat. Apex in axillary line; transverse diameter increased; left ventricle considerably hypertrophied; both ventricles dilated; aortic orifice calcified and narrowed; mitral also calcified, and so narrow that the little finger could not pass through it (button-hole aperture). Both ventricles and auricles distended with blood. Pericardial sac contained about three ounces of serous fluid, somewhat darker than usual, but transparent. *Right lung* normal, except for hypostatic congestion in posterior and inferior portions. Post portion of upper lobe adherent to walls of chest by moderately firm adhesions. *Left lung.*—Upper and anterior portion of upper lobe firm and non-aërated. On section, appeared to be the seat of hemorrhagic infarctions of various dates (with surrounding pneumonia). Hypostatic congestion of posterior part of lower lobe, on the inferior surface of which are some shreds of recent lymph. *Pleural cavities* contain an excess of fluid. *Kidneys.*—Right cortex thickened and adherent, and surface in places granular; numerous markings of old and more recent cicatrices. In some can be seen yellow colorations, as if of blood-pigment; in one or two appeared to be a plugging of the vessel (indicative, presumably, of infarctions). Left, in about the same condition. *Splsen.*—Small, contracted, and contains one or more calcific deposits, and showed several cicatrices. *Liver.*—Right lobe appeared fatty; left, thin and marked by a slight unevenness of surface, as if cirrhosis were commencing. Stomach, pancreas, and intestines and genito-urinary apparatus not examined. *Aorta.*—Abdominal aorta marked by atheromatous (fatty, not calcareous) patches throughout its whole extent. Just above the bifurcation an atheromatous ulcer of an irregularly oval shape; the right common iliac thickened by calcific deposits, and ulcerated at points. Occlusion of the left femoral was noticed just below the point where the profunda was given off. From this point downwards the vessel was filled with a firm plug. The

plugging in the right femoral occurred somewhere in the lower part of the vessel before it became the popliteal. Microscopically, it was found that the right lobe of the liver was fatty and pigmented. In the kidney the chief change was in the tubes, where the epithelium was in many places replaced by granular matter.

DR. SANDS thought that the specimen was interesting as showing how very extensive the plugging of the arteries is likely to be when the gangrene is limited in extent, a fact which enables us to adhere to the rule commonly laid down, not to amputate in such cases. He had seen three other cases of spontaneous gangrene, in all of which the question of amputation had arisen, and in which it had been decided in the negative. He had never met with a case of spontaneous gangrene in which either of the arteries of the leg were pervious. He suspected that gangrene did not commence until the obstruction above was considerable in amount and extent. The question had been raised in the case presented that evening, whether the morbid process was one of embolism or thrombosis. It might have been both. It seemed, however, more likely that the process was one of arteritis primarily. He did not know of any case in his own experience of progressing senile gangrene in which amputation had proved successful. He was, however, aware that amputation had been successfully performed high up on the thigh by James, of Exeter, but that was altogether an exceptional case.

DR. J. C. PETERS had seen a case somewhat analogous to the one related by Dr. Sands. The patient was a gentleman seventy-five years of age, who suffered from frequent attacks of gout with cardiac paroxysms. Following one of these attacks there was arterial obstruction in the right leg. The patient died comatose before gangrene was fairly developed. The valves were perfectly sound, and the aorta was remarkably free from atheroma, still there did not seem to be a doubt that there had been a plugging of both the arteries of the brain and of the leg from emboli. No thorough post-mortem was allowed.

DR. WEIR referred to a successful amputation for gangrene performed by Lister's method.

DR. JANEWAY referred to a case of gangrene of both feet occurring in a woman aged thirty years. Her circulation appeared to be good, and there did not seem to be any cause for the trouble. At the autopsy a small thrombus was discovered just above the heart valves, in the aorta, not more than half an inch in length and a quarter of an inch wide. Portions of this were broken off, and caused an obstruction in the lower part of the femoral on both sides. There was a spot of ulceration at the seat of the thrombosis in the aorta.

DR. SANDS referred to a case of gangrene of the leg for which amputation was performed by Dr. Gouley at the knee-joint, and through presumably healthy tissue. The principal feature of the operation was, that no arteries bled; even the popliteal was plugged. Gangrene subsequently appeared in the stump, and the patient died.

DR. SAYRE stated that he had operated upon a case the exact counterpart of Dr. Gouley's, except that the patient recovered. The amputation was by Stephen Smith's method, at the knee-joint.

CARDEN'S AMPUTATION—RELIABILITY OF CATGUT LIGATURE—SECONDARY HEMORRHAGE.

DR. BRIDDON presented a specimen of caries necrotica opening into the knee-joint, and read the following history, for which he was indebted to Francis Huber, House Surgeon to the Colored Home:

W. E. L., æt. 21; S.; waiter; brown skin; admitted March 27, 1877. Family history excellent.

With exception of whooping-cough, patient is not aware of having had any of the other diseases of childhood. Had pleurisy on left side about eight years ago; tertian intermittent fever two years ago; gonorrhœa a year ago. About three years ago he had buboes (the one on right side suppurating.) There is no history of any sore on penis, nor evidence of secondary syphilis. The patient is temperate and regular in his habits, and as a general thing has enjoyed fair health. About a year ago he sprained his left knee. Soon the joint began to swell, and he limped a little in walking. In the morning the knee would be stiff, but upon exercising this would disappear. The swelling in the joint has continued in spite of treatment.

On admission, patient is well nourished; complains of swelling and stiffness of left knee. Upon examination, chronic synovitis is diagnosed.

The appetite is fair; the bowels are constipated; tongue is clean. P., 72; R., 21; T., 99°. Urine amber, acid; 1020; no albumen.

October 15, 1877.—As the patient did not improve under treatment followed, the limb was put up (about six weeks ago) in plaster-of-Paris. A fenestra having been made over the anterior aspect of knee, the exposed surface was anointed with oleate of mercury (five per cent.) every other day. The patient complaining of pain in the part, the dressing was removed, and, upon examination, indistinct fluctuation could be discovered in tissue about the joint, no acute symptoms having been perceived.

October 20th.—As pointing was taking place at one spot, an exploring syringe was introduced, and bloody pus withdrawn. The abscess was then laid open, and a careful digital examination by Dr. Briddon failed to discover any direct communication between the joint and the peri-articular abscess. Very little fluid could now be detected in the joint.

November 3d.—Tissues about the joint are very much swollen; considerable lateral motion is found. Pain excessive on moving the limb. The patient has lost some flesh; his condition is not as good as it was three months ago. Diagnosis, fungous arthritis.

November 7th.—Re-examined to-day by Drs. Briddon and Mason. Find that the patient can bend the knee to some extent; can twist the leg, and bear his weight upon the affected extremity. Very little pain is experienced in the posterior portion of knee, or when the articular surfaces are approximated. Greatest pain is felt in external lateral ligaments. Temperature since the abscess has been opened is more or less elevated. Though no direct communication can be detected between the joint and the abscess, yet when the parts are pressed upon a fluid resembling synovia, tinged with blood, can be made to exude.

November 8th.—Physical examination shows feeble respiratory murmur on both sides (more marked on left side). Voice not especially exalted; moist râles at apex of right lung posteriorly; left lung expanding less perfectly than the right. No change on percussion.

Heart.—A distinct aortic systolic murmur (somewhat harsh in character) is heard on auscultating the heart.

November 10th.—To-day the patient was etherized, and, after further consultation with Drs. Mason and Sabine, Dr. Briddon proceeded to amputate the limb. The operation was done antiseptically, the details insisted upon by Mr. Lister being followed to the letter. The limb was removed above the condyles of the femur,

Carden's operation, with a short posterior flap, being performed. Three arteries only had to be ligated. As a portion of the pyogenic membrane of the peri-articular abscess was adherent to the anterior flap, it was removed by scraping with a Simon spoon, and a sinus passing upwards was treated in the same manner. A drainage tube was put in, and the flaps were then approximated by numerous antiseptic sutures. All this time the spray had been playing upon the limb. The protective antiseptic gauze, etc., were then applied, and the stump bandaged first with antiseptic gauze (three inches wide), then with a common muslin roller.

When the joint was opened a considerable amount of grumous material escaped. On inspection, the joint was found completely disorganized, the fibrous structure swollen and succulent, the synovial membrane in an advanced condition of pulpy degeneration, inter-articular fibro-cartilages almost completely destroyed; cartilages of incrustration absorbed; on the external border of the external condyle a small carious cavity, and another cavity in the head of the tibia containing a sequestrum.

November 11th.—The patient rallied well after the operation, and in four or five hours felt very comfortable. This morning about five o'clock slight oozing of blood occurred. Soon stopped, but recurred again in about half an hour. In the absence of Dr. Briddon, the dressing was removed by Dr. Huber, the house surgeon, the spray playing on the limb all the time. As the blood then began to flow from both ends of the drainage-tube in a stream, a Petit's tourniquet was applied, and the hemorrhage controlled. The sutures were then removed (the lips of the wound being in a fair condition to unite), the clots turned out, and then it was discovered that the bleeding came from the popliteal artery. This was ligated with catgut ligature of same quality as that which had been applied before, the wound washed, a drainage-tube put in, and the edges of the flaps approximated by carbolized silk sutures. Everything was done antiseptically, as on the previous day. The patient rallied well after the second operation, and in a few hours was in a very contented frame of mind.

November 12th.—Patient appears to be in excellent condition. Eats well and rests well. Temperature not elevated to any extent.

November 13th.—Dressing removed, and a new one applied. No sloughing of flaps. Slight grumous discharge from drainage-tube.

November 15th.—Drainage-tube removed, and a new dressing applied. Patient doing well.

November 17th.—Every other silk suture removed; gaping of edges to some extent; very little union by first intention. Slight bagging in posterior flap. Discharge grumous and somewhat offensive. New dressing applied.

November 19th.—Dressing removed and remaining sutures taken out; gaping to such extent then occurred that adhesive plaster had to be applied. A pocket of some size existed in the posterior flap, filled with grumous pus. Suppuration very free.

Antiseptic dressing discontinued, and dry substituted. Dr. Briddon expressed the opinion that he did not consider it proper that the accident that changed the character of the operation-wound should be charged to the method, but rather to its defective application, the insecure manner in which the ligature was applied to the main artery; the reliable character of the material used was proved subsequently by the fact that gut of the same size, and prepared at the same date, was used to secure the vessel from which the recurrent hemorrhage occurred; that although the stump was opened with all precautions under the spray, the manipulations had interfered with the process of union so as to invite suppuration; that at this time, nine days after the operation, suppuration was so free that disinfection could have only been accomplished by a free application of chloride of zinc; that such interference with a stump that had been the seat of recurrent hemorrhage would be apt to disturb the thrombus in the main artery, and he considered it safest to resort to ordinary dressing.

November 21st.—To-day a clot was washed out from between the edges of the wound. Grumous pus is still discharged in considerable quantities.

November 28th.—Since last note the dry dressing has been renewed daily, the wound being washed out with sol. acid. carbolic. (℥ to Oj.) Union by granulation has taken place over about nearly the whole extent. Remaining portion looks very well. Suppurative process slight; pus laudable. Patient's general condition excellent. The stump is admirably formed and bears considerable pressure.

Dr. Mason remarked that Dr. Briddon's was the third case in which he had seen secondary hemorrhage following the use of a catgut ligature, and for that reason he was a little suspicious of its safety. Dr. Sayre concurred in the latter view.

Dr. Weir stated that Mr. Bryant's experience was to the effect that the catgut ligature was safe, and all things considered, was the best at our disposal. Mr. B. was of the opinion that the middle and internal coats were divided at the time of the operation. Dr. W. was in the habit of using a third knot for extra safety.

Dr. Briddon said that the ordinary square knot would not untie by being soaked in a fluid, even for a considerable period.

Dr. Sands had used catgut ligatures in three sections in securing the pedicle in ovariotomy, and with success.

Dr. Mason thought that although the catgut ligatures might be applied with safety in the continuity of an artery, they were liable to slip from the end of the vessels in the case of stumps. Generally speaking, these ligatures were not strong enough to allow of being tied tightly.

Dr. Weir remarked that Lister was in the habit of soaking the ligatures in the serum of bullock's blood for twenty-four hours, and then testing them for strength.

Dr. W. T. Bull also reported a case of secondary hemorrhage following the use of the catgut ligature. The patient sustained a severe comminution of the leg as the result of a street-car accident. Amputation was performed through the condyles of the femur. The antiseptic method was employed, but there was sloughing of one flap, and that condition continued in spite of treatment until the eighth day, when a profuse secondary hemorrhage occurred while the patient was asleep. The orderly in charge, instead of stopping the bleeding by pressure, ran for the doctor, and when the latter arrived a clot had formed and the hemorrhage had ceased. The patient did not rally, and died in the course of a couple of hours afterwards. The artery, on examination, was found discolored and sloughy for a distance of a quarter of an inch on the cardiac side of the point of ligature.

DOUBLE FRACTURE OF FEMUR, AND DIFFICULTY IN DIAGNOSIS.

Dr. Bull also presented a remarkable double frac-

ture of the femur, one fracture comminuted in character and occurring in the centre of the shaft, the other a vertical fracture through the cervix femoris. The patient, a female, died of septicæmia on the sixth day. The fracture at the neck of the femur was not suspected; in fact, the question occurred how, under the circumstances of an additional fracture in the shaft, such a lesion could be diagnosticated.

TYPHOID FEVER WITHOUT DIARRHŒA.

DR. JANEWAY presented specimens removed from two cases of typhoid fever, the points of interest of which centred in the absence of diarrhœa.

DR. ROBINSON referred to a case in point in which, because there was no diarrhœa, other physicians could not believe it to be one of typhoid fever.

The Society then went into Executive Session.

Correspondence.

QUININE AND CINCHONIDIA.

TO THE EDITOR OF THE MEDICAL RECORD.

DEAR SIR:—On the 15th of December the retail price of quinia sulphate was $3.30 to $3.50 per oz., avoirdupois, and that of cinchonidia sulphate 70c. to 80c. About the same time it was stated by one of the prominent manufacturers of cinchona alkaloids that, "from April to September, inclusive, our sales of sulphate of cinchonidia were double those of sulphate of quinia."

Those who have given even a small amount of attention to the medical journals of the past year, have not failed to observe the number of communications from physicians all over the country, speaking in most favorable terms of the merits of cinchonidia sulphate as compared with the more expensive alkaloid. Many of these letters have been republished and again circulated in the interests of manufacturers and dealers, and it is not unreasonable to presume that this has been the principal cause of the increased demand for cinchonidia sulphate.

In view, however, of the considerable difference in price and the alleged similarity in therapeutical effects of the two salts, one is naturally led to conjecture that this increase may also depend somewhat upon a disposition to substitute the cheap for the expensive salt when the latter is prescribed.

I have no doubt that cinchonidia sulphate will answer most purposes fulfilled by quinia sulphate in a majority of cases, but I can hardly believe that the demand for it, on the part of physicians, has increased within a year or two in a way to correspond with the statement above quoted.

Another point to which I wish to call attention in this connection, and which comes within the range of my own experience, is that in some cases where I have prescribed cinchonidia sulphate, patients have reported that they paid nearly the same price as when quinia sulphate had been ordered.

F. A. C.

URINARY EXAMINATIONS.—Dr. William S. Ely, of Rochester, has devised a very convenient blank for recording urinary examinations.

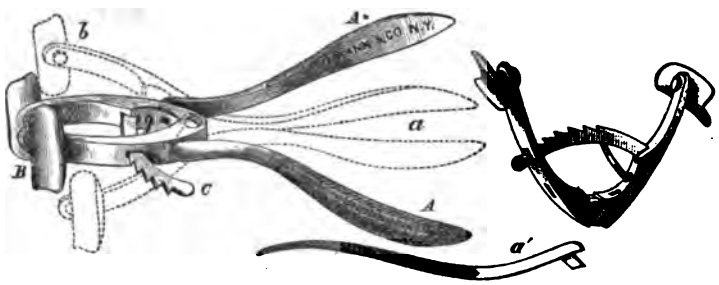
New Instrument.

A NEW MOUTH-GAG.

BY ROBERT F. WEIR, M.D.,

SURGEON TO THE NEW YORK AND ROOSEVELT HOSPITALS.

THE present instrument is intended to more satisfactorily accomplish an end than has hitherto been done by the various mouth-gags now in use. The one devised by T. Smith, of London, and modified by Whitehead, is cumbersome, and the tongue-depressor attached to it is liable to cause interference with the breathing during the state of anæsthesia. Francis Mason's gag, otherwise excellent (*British Medical Journal*, January 22, 1876), has such awkwardly long handles attached to it that they are in the way of the operator and his assistants. The gag which has been of the most service in the operations performed on the mouth at the Roosevelt Hospital, has been that known as Hutchinson's (of London). It is depicted on page 606, Holmes' "Treatise on Surgery" (American edition), and commends itself by the small space it occupies in the mouth. It is, however, somewhat difficult to introduce, unless the jaws are first considerably separated; and also, by reason of its expansion being limited by the elasticity of the flat steel springs which enter into its construction, it is frequently dislodged by the voluntary or involuntary efforts of the patient. The first objection is, however, the most important, and to meet this as well as the last, the changes depicted in the accompanying woodcut have been made.



Instead of trusting to the action of a spring, the hinge has been substituted, with movable handles (*A*, *a'*) thus permitting the jaws of the gag to be entirely closed (*B*) and facilitating its introduction between the teeth. It also allows, by the leverage of the handles, the fullest distention of the mouth. After this has been satisfactorily accomplished, the little ratchet holds the jaws firmly apart. This ratchet is easily unloosened; in the diagram, however, it is placed too far from the hinge. After its introduction, as in Hutchinson's instrument, it is turned to one or the other side of the mouth, out of the surgeon's way, on the pivots by which the tooth-cups (duly lined with lead or rubber) are attached.

It has now been tested a number of times, and has been found to answer its purpose very efficiently.

ST. LOUIS MEDICAL AND SURGICAL JOURNAL.—Drs. William S. Edgar and D. V. Dean have retired from the editorship of this journal; the former on account of failing health, and the latter in consequence of press of other business. They are to be succeeded by Drs. Thos. F. Rumbold and Hiram Christopher.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from December 28 to December 29, 1877.

SMART, CHAS., Capt. and Asst. Surgeon. Granted leave of absence for one month. S. O. 260, A. G. O., Dec. 21, 1877.

KING, J. H. T., Capt. and Asst. Surgeon. Granted leave of absence for one month, on surgeon's certificate of disability. S. O. 214, Dept. of Texas, Dec. 19, 1877.

HAVARD, V., 1st Lieut. and Asst. Surgeon. Assigned to duty at Fort A. Lincoln, D. T. S. O. 177, Dept. of Dakota, Dec. 20, 1877.

DAVIS, WM. B., 1st Lieut. and Asst. Surgeon. Assigned to duty at Fort Totten, D. T. S. O. 177, C. S., Dept. of Dakota.

Medical Items and News.

CONTAGIOUS DISEASES.—Comparative statement of cases of Contagious Disease reported to the Sanitary Bureau, Health Department, for the two weeks ending December 29, 1877.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-Spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Dec. 22.....	0	21	63	4	56	71	0
" 29.....	0	18	90	2	50	82	0

DR. JUAN B. PONCE DE LEON departed this life on Friday, the 4th ult., succumbing to an exhausting attack of an acute cerebral disease. He was born in Matanzas, Cuba, and completed his scholastic course of studies at the University of Havana. At the age of eighteen he came to New York City and matriculated at the College of Physicians and Surgeons, from which he was graduated in 1860.

Then and ever since all who knew him recognized in him a dutiful student of the sciences, and an earnest devotee to medicine. His professional studies were extended to Europe, and from Paris he brought away testimonials from a number of the eminent leaders of the French school. He served as surgeon both in the hospital and on the field in our civil war, and since its close has practised general medicine in this city, in Westchester, and in Mount Vernon, N. Y. He was a member of the Westchester County Medical Society.

In the profession he was esteemed and respected, in his social relations beloved, and he will ever be remembered by his numerous friends as a conscientious and good physician, and an honorable and generous man.

DIALYZED IRON AS AN ANTIDOTE FOR ARSENIC.—Dr. Thomas B. Reed reports (*Phila. Med. Times*, Dec. 8, 1877) a case of poisoning by arsenic cured by the administration of dialyzed iron (Wyeth's). The dose was half a table-spoonful well diluted in water, repeated at first every ten minutes, and then every half-hour, until several doses had been administered. The first dose relieved all the burning pain and other suffering.

DEATH FROM INHALATION OF ETHER.—We regret to have to record a case in which the administration of ether terminated fatally, and which occurred in the practice of Dr. G. M. Lowe, of Lincoln. The patient was a lady forty-eight years of age, who had discharged the duties of a governess in the family of Dr. Lowe, and had for some time past been suffering from cancer of the breast. A consultation was held, and the removal of the tumor determined upon. The administration of the ether was confided to Dr. Mitchinson, who had large experience in its employment. All proper precautions appear to have been taken. Dr. Mitchinson examined the heart, and, finding it rather feeble, directed the patient to take a little brandy and water. She was quite cheerful, though somewhat nervous. Half an ounce of ether was poured on the inhaler, which was placed over the mouth in the usual way. The valves were open, and gave free ingress and egress to the air. After a few inhalations the patient's face suddenly became turgid and the hands white. The inhaler was at once removed, the tongue brought forward, cold water dashed over the face, and the chest rubbed with brandy; but the breathing became stertorous, the face more and more congested, the pulse failed, there was an effort at vomiting, and death took place within a few seconds. A post-mortem was made by Mr. T. Sympson, the Senior Surgeon of the Lincoln County Hospital, assisted by Mr. T. Brook. On examining the heart, they found that it was feeble and flabby, and some of the tissue, being afterwards examined, was found to have undergone fatty degeneration. The liver was firm, but the whole of its upper surface was attached by old adhesions to the under surface of the diaphragm—the muscular partition between the chest and the abdomen. There was a little effusion of serum on the brain. The air-cells of the lungs were dilated. The valves of the heart were in a perfectly healthy condition. They also carefully examined the throat, and found nothing there to throw light on the cause of death. The stomach was perfectly healthy; the deceased had not partaken of any food for some time before the ether was administered, which is a point of great importance. Mr. Sympson attributed the fatal result to failure of the heart's action, and the impairment of the functions of the diaphragm in consequence of its attachment to the liver. The fibres of the heart were so feeble as to be unable to bear any extra strain, and the efforts at resuscitation proved abortive owing to the failure of the functions of the diaphragm. Mr. Brook's evidence was to the same effect. They noted, in addition, that the right side of the heart was gorged with blood, that the walls of the right ventricle were very thin, and that there were some nodules of cancer in the liver and lungs.—*Lancet*, Nov. 17.

HOW TO INTRODUCE THE HYPODERMIC NEEDLE.—Dr. S. J. Allen, of White River Junction, Vt., writes: Placing the palm of the left hand beneath the patient's arm or leg, with the thumb and fingers draw the skin tight over the upper aspects of the limb, in which state you have an unyielding integument. Then holding the instrument with the thumb and index finger of the right hand, place the bevelled side of the point upon the place you have selected, at a proper angle with the surface; then, with a quick forward movement of the thumb and index finger only, keeping the hand immovable, thrust the point through the skin into the subcutaneous tissue. This manœuvre, if done

quickly, will inflict little if any pain, and the patient will thank you, especially if he has been previously subjected to the almost universal method of pinching up a fold of integument for the puncture.

DR. CHARLES H. BURNETT, the author of a treatise on diseases of the ear, and to whom reference was made in the recent article of Dr. Sexton, is a resident of Philadelphia instead of Washington, D. C.

TURBULENT STUDENTS IN PARIS.—The medical faculty of the University of Paris has been much exercised of late over some innovations that have been instituted by the Minister of Public Instruction. A protest was drawn up and signed by all of the professors, with the exception of one, Mr. Chauffard, who declined to sign it. This exhibition of independence apparently outraged the delicate sensibilities of the medical students, and they determined to read the recalcitrant professor a lesson. A body of them accordingly attended his lecture, and drowned his voice by cat-calls, snatches of popular melodies, and other devices for silencing unpopular speakers, that are familiar to unregenerate medical embryos. The professor endured these annoyances for about five minutes, and then quietly left the room. This was a victory scored for the students, but they were not left long in the enjoyment of it. A few days later a notice was posted up, to the effect that hereafter only certain classes of students will be admitted to the lectures of Prof. Chauffard, and they only on the presentation of their matriculation tickets.

COST OF THE GERMAN UNIVERSITIES.—The twenty universities of Northern Germany cost the country annually about two millions of dollars. The University of Leipsic alone receives $250,000. These twenty universities have a staff of 1,250 professors, who receive salaries varying from $500 to $8,000. The young man who embraces the career of teaching can calculate on having a salary of $2,000 when he reaches the age of thirty-five. He is certain also of a pension when retired. Germany has a university for every two millions of inhabitants, Austria one for five millions, England one for seven millions, and Switzerland one for one million.

POPULATION OF FRANCE.—According to the census of 1876, the increase in the population of France in the four preceding years was 802,867, or 2.17 per 100; in 1872 the population numbered 36,102,921, and in 1876, 36,905,788. Nearly one-third of the increase was due to immigration, chiefly from the lost provinces of Alsace and Lorraine. The average annual excess of births over deaths in the whole of France was only 138,000. This is a strikingly small increase for a country as populous as France, and it has aroused serious apprehensions in the breasts of Frenchmen for the future of their country. In twenty departments there was an actual diminution of population; according to the report the principal causes of this were a decrease in the number of marriages, an excess of deaths over births, changes in the agricultural methods, and emigration of country people to the towns. The documents do not give figures from which the relative influence of these different causes could be deduced, but it is probable that the last mentioned was the most active in the production of the effect. Nearly two-fifths of the general increase of the population was in towns of more than 30,000 inhabitants. This movement of rural populations towards the cities is not a new one, nor is it peculiar to France; but, when considered in connection with the relatively small number of births, it has a more vital and alarming significance in that country than in any other country in Europe.

PROSTITUTION IN FRANCE is encouraged there by certain economists, on the ground that over-population is prevented, and that the country is thereby made richer. Conception is proved to be very rare among regular prostitutes, and when it does occur, miscarriage is almost the invariable rule. This lowers the birth rate, it is true; but how about the source of all wealth —human labor. A tailor who habitually sold his garments "below their actual cost," was asked how he made money by the operation. "Because I sell so many of them." This is probably the way France will become enriched by the adoption of its new doctrine.

ST. LUKE'S HOSPITAL.—Drs. George Wheelock and W. M. Polk have been appointed as attending physicians, *vice* Drs. Leaming and Packard, resigned by reason of expiration of service; and Dr. G. H. Wynkoop as surgeon, *vice* Dr. J. L. Little, whose term of service has also expired.

CRANIA OF THE BOTANS OF FORMOSA.—Dr. Stuart Eldridge recently read some very interesting notes on the above subject before the Asiatic Society of Yokohama, Japan. The paper, which is now published, is accompanied by some very interesting photographic illustrations.

HORSEFLESH.—During the first six months of 1877 the butchers who deal in this commodity in Paris have delivered to consumption 5,283 horses, donkeys, and mules, which furnished 959,730 kilos of meat (net). During the corresponding period of 1876 the number of these animals was 4,422, which gave 803,500 kilos. The increase is, therefore, of a marked character. The persons who endeavored to popularize the use of horseflesh affirm that it is more wholesome and more nourishing than beef, although often not quite so agreeable. Paris contains more than fifty butchers' shops specially devoted to this article. A very good pot-au-feu may be made with the inferior morsels at the price of 25 centimes and 30 centimes the pound. The choicest pieces—fillet, undercut, etc.—are much higher in their cost.—*Veterinary Journal*, London.

ACTION OF HEMLOCK SEEDS ON MICE.—After verifying the fact that belladonna is not poisonous to rabbits, M. Hoekel undertook some very interesting experiments to ascertain the effects of the different solaneæ on rodents and marsupials. Among other experiments he took two mice and fed them entirely on hemlock seeds for eight days. They did not take kindly to the new diet, and even seemed to suffer some from it at first. At the end of the eighth day one of them was very sick, but the other remained healthy. On the next day the experimenter found only the relics of the sick mouse; the survivor had evidently tired of the vegetable diet, and made a meal of his feeble companion. During the eight days that the experiment continued, the animals devoured doses of hemlock that would have been fatal to a man.

A CASE OF TRIPLETS.—Mme. Saffroy, a midwife of Étampes, reports this case: She was called a short time ago to attend a woman in labor at full term. A male child was born at 11 A.M.; a second child, of the female sex, at 12 M.; and a third child, also a girl, at 12.30. The two first children presented the head, the last the breech. There were three separate placentas. Delivery was easy, but was followed by hemorrhage. The children were viable and well formed, and weighed about 6½ pounds apiece. Eight years before the mother was delivered of twins, who are still living.

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"In complicated affections of the Stomach, such as ***Inflammation, Gastralgia, Pyrosis,*** etc., it may be combined with Subnitrate of Bismuth and opiates; and in Diarrhœa and Cholera Infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Prof. E. WALLACE, of the Jefferson Medical College."

AN EFFICIENT REMEDY AND AN AGREEABLE SUBSTITUTE FOR COD LIVER OIL.

PROF. TROUSSEAU'S

CARBONIZED

FRESH MEAT CURE

Consisting of TENDER, RAW, LEAN BEEF, desiccated in vacuum, combined with CARBON as an antiseptic, and medicated with HYPOPHOSPHITES OF LIME, SODA, and POTASSA with CINCHONA. A medicated, nourishing food, pleasant to take and easily digested, for the cure of

Consumption, Chronic Dysentery, and Exhausted Conditions consequent upon Typhus and Typhoid Fevers, Typhoid Pneumonia, Diphtheria, General Debility, Nervousness, and Prostration from whatever cause.

In presenting this to the Medical Practitioners of the United States, we scarcely deem it necessary to extol a remedy the efficacy of which they must determine by actual trial. We believe, as Pharmaceutical Chemists, that we have overcome a difficulty by making this preparation of fresh meat stable under all circumstances; while, at the same time, it is potent, efficacious, and palatable.

WILLIAM R. WARNER & CO., Manufacturers of Sugar-Coated Pills,

1228 Market Street, Philadelphia.

In corresponding with Advertisers please mention **The Medical Record.**

ALWAYS SPECIFY "K. & M." GRANULATED EFFERVESCENT SALTS.

K. & M.

GRANULATED EFFERVESCENT

PEPSIN, BISMUTH, AND STRYCHNIA.

ORIGINATED BY KEASBEY & MATTISON.

We again offer this preparation confidently to the profession. It has for four years enjoyed an extensive prescription among the most eminent of our practitioners. Its use has been attended with the most marked success perhaps of any of the various remedies recommended in dyspepsia, gastralgia, and kindred disorders. Its association with Carbonic Acid renders it palatable, and causes it to be retained by the most sensitive stomach. It is the only soluble form in which Pepsin and Bismuth should be ever given together, and is FIVE TIMES THE PEPSIN STRENGTH of the various elixirs, wines, liquors, etc., of the market. In reference to its reliability, we refer to the most prominent physicians in all sections of this country, who will very generally be found to be using it in their practice.

Always prescribe the GRANULATED EFFERVESCENT form, and always specify the "K. & M." preparation.

Each drachm or heaping teaspoonful contains FIVE GRAINS Saccharated Pepsin, two grains soluble Citrate of Bismuth, and one-fiftieth grain Citrate of Strychnia.

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 21, 1877.

Gentlemen.—I have used a large number of your preparations for several years past with great satisfaction, and am happy to commend them to others from what I know both of your drugs and of yourselves. Very truly yours, W. W. KEEN, M.D.

K. & M.

GRANULATED EFFERVESCENT

CITRATE CAFFEINE.

ORIGINATED BY KEASBEY & MATTISON.

The recent extensive employment of this salt as a remedy, amounting almost to a specific in cases of sick headache, and its use in nervous diseases generally, have caused us to place it upon our list. Its value is much enhanced by its administration with Carbonic Acid, so agreeably and efficiently produced by this form.

A heaping teaspoonful, containing ONE GRAIN of Citrate of Caffeine, should be given in a sick headache, every hour or two before and during the paroxysms.

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 27, 1877.

Gentlemen—It gives me pleasure to add my testimony in regard to your preparations, which I have used for a long time; they are thoroughly reliable. Truly yours, THOMAS G. MORTON, M.D.

K. & M.

GRANULATED EFFERVESCENT

CITRATE LITHIA.

In the effervescent form this chemical is administered in a peculiarly advantageous manner. Its association with Carbonic Acid renders it much less liable to disturb the stomach, while in strength it is greatly superior to Lithia Water. A valued diuretic and lithontriptic, its importance in the treatment of rheumatic, gouty, and analogous disorders can scarcely be over-estimated.

We have doubled the strength of this preparation, each drachm or heaping teaspoonful containing FOUR GRAINS of the chemically pure salt.

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 25, 1877.

Gentlemen—I have employed your Extract of Malt and Infants' Food in a large number of cases, much to my own satisfaction and to the benefit of the patient. The Infants' Food I regard as especially useful in cases of infants requiring artificial food from any cause. Yours, etc., W. B. ATKINSON, M.D., *Secretary American Medical Association.*

K. & M.

Granulated Effervescent Preparations

Of Magnesium Citrate, Potassium Biearb., Citrate, Benzoate, and Bromide. Lithium Benzoate and Carbonate; Cerium Nitrate and Oxalate; Bismuth Citrate (SOLUBLE), Pepsin, and Bismuth; Pepsin, Bismuth, and Iron, etc., etc., etc.; also the following

K. & M.

GRANULATED EFFERVESCENT

MINERAL WATER SALTS:

Vichy, Kissengen Seltzer, Carlsbad, Congress, Crab Orchard, Pullna, Friedrichshall, etc., etc.

THE MANUFACTURERS,

KEASBEY & MATTISON,

Send for Pamphlet on New Remedies. *PHILADELPHIA.*

ALWAYS SPECIFY "K. & M." GRANULATED EFFERVESCENT SALTS.

In corresponding with Advertisers please mention **The Medical Record.**

CHAMPION SPOUTING SPRING NATURAL WATER

FROM SARATOGA.

For sale by all respectable Druggists and Dealers in Mineral Waters, on Draught and in Bottles.

THE CHAMPION SPOUTING SPRING contains a very large preponderance of the elements which render mineral waters valuable as medicine, and which are in constant use by Physicians of the various schools; and the remarkable cure of some of the prevailing diseases has given the water of this Spring great favor among professional men. For *Headache*, or disordered state of the Stomach arising from the use of wines or hearty eating it is a fine corrective, giving immediate relief. It is invaluable for the treatment of Biliousness, Dyspepsia, Constipation, Piles, Rheumatism, Neuralgia, Cutaneous Diseases, Scrofula, &c., and owing to the presence of Lithia, Magnesia and Bi Carbonate of Lime, is recommended by Physicians for Bright's Disease of the Kidneys, and Diseases of the Bladder.

DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast, and at a moderately high temperature, if prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

The constant and increasing success of the CHAMPION WATER is due to its hygienic properties; it is *refreshing* and *healthful*, and should be found in every home.

PRICES:

In New York. *Delivered free of Charge.*

Pints, 4 dozen in a case $9 00
Quarts, 2 dozen in a case 7 00

In Saratoga. *Delivered at the Cars.*

Pints, 4 dozen in a case $8 00
Quarts, 2 dozen in a case 6 00

Orders addressed to **Champion Spouting Spring, Saratoga, N. Y.**, or to the Company's office, **205-213 E. 12th St., New York**, will receive prompt attention.

H. WEINHAGEN,
152 William St., New York,
MANUFACTURER OF
FEVER THERMOMETERS,
SELF AND NON-REGISTERING
CHEMICAL GLASSWARE & APPARATUS.
Improved Atomizers, &c.
All goods warranted best quality. Price list sent free.

PHILIP H. SCHMIDT,
(Twenty-five Years with GEO. TIEMANN & CO.)
Manufacturer and Importer of
SURGICAL & ORTHOPŒDIC INSTRUMENTS,
Trusses, Supporters, Elastic Stockings, Splints, and Braces.
Repairs promptly attended to. A complete assortment of Geo. Tiemann & Co.'s Instruments.
No. 1275 BROADWAY, corner 34th Street,
Over J. W. Shedden & Co.'s Drug Store, NEW YORK.
A lady in Regular Attendance to wait upon Lady Customers.

VANITY FAIR
L'AMERIQUE

FOR MEERSCHAUM AND CIGARETTES.
DOES NOT BITE THE TONGUE.

Our Cigarettes are as fine as can be produced.—Only the best French Cigarette paper is used, which is free from mineral and other injurious substances.

CORRECT THING FOR DINNER AND WHIST PARTIES. A delicious Cigarette, of Perique and Vanity Fair. Samples 15 cents. Highest Award, Vienna, 1873, and Centennial, 1876.

Our **Peerless** and **Plain Fine Cut Chewing** are unsurpassed—the only brands receiving the Vienna Award
Always **Uniform and Reliable.** (5 **Prize Medals.**)

WM. S. KIMBALL & CO.,
Peerless Tobacco Works, Rochester, N. Y.

SUNNYSIDE.
A PRIVATE MEDICAL HOME FOR NERVOUS INVALIDS.
Washington Heights, New York.

This Home, unsurpassed for its beauty of location and surroundings, and with handsomely furnished apartments, receives a limited number of cases of either sex, of *Mental* and *Nervous Diseases, Dipsomania* and *Opium Habit*, and offers to such patients all the attentions, comforts and attractiveness of a home, together with medical treatment. Applications may be made either by mail or personally at 152d St., bet. 10th Ave. and Boulevard.

Twelve trains daily from Hudson River Depot, 30th St. and 10th Avenue. DR. EDWARD C. MANN, M.D., late Medical Superintendent N. Y. State Emigrant Insane Asylum. DR. WM. H. B. POST.

PHYSICIAN'S PRACTICE FOR SALE
Or to Exchange.

A Physician, located in a rapidly growing city, within an hour of San Francisco, Cal., would exchange with one having an equal practice in New York or vicinity, or would exchange for six months on trial. Business worth $6,000 per annum; house and furniture worth $12,000. Inquiries may be made of GEO. F. SHRADY, M.D., Editor of "Medical Record," or by addressing "MEDICAL EXCHANGE," care FRANK J. FRENCH, Esq., No. 528 California St., San Francisco, Cal.

SHEPARD & DUDLEY,

150 William Street, New York,
MANUFACTURERS AND IMPORTERS OF
SURGICAL INSTRUMENTS,
INSTRUMENT MAKERS TO
Roosevelt Hospital and the New York Eye and Ear Infirmary.
ONLY MANUFACTURERS IN THE UNITED STATES OF
SEASONED ENGINE-POINTED FEVER THERMOMETERS.
Warranted Absolutely Correct.

An ILLUSTRATED CATALOGUE of Deformities, Pessaries, Galvano-Cautery Apparatus sent on receipt of 10 cents to cover postage.

See Announcement, page 30.

See Classified List Wm. Wood & Co.'s Medical Books, page 24.

Medical Books by Mail or Express. See Page 26.

McKESSON & ROBBINS'

Gelatine-Coated Pills and Granules.

We take occasion to thank the profession and trade for their patronage of our **GELATINE-COATED PILLS**, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, upon receipt of price.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified us of such breach of honor in the druggist.

☞ **New additions to List. Send for full Price List of our Pills.**

McKESSON & ROBBINS' PILLS ARE SPHEROIDAL OR CAPSULE SHAPE. Specify McK. & R.

CHARCOAL (Willow) 5 grs.....60 per 100

The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion, and all affections arising from derangements of the stomach, such as Headache, Heartburn, etc., is well known. Its use must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable, and unobjectionable form in our Gelatine-coated Pills.

EXTRACT CANNABIS INDICA, ¼ gr. $1.25 per 100.

This important extract is manufactured in our own laboratory, and the pills, when cut, exhibit in a marked manner, the distinctive color, taste, and odor of the freshly-made extract. We copy from the U. S. Dispensatory the following: "In morbid states of the system it (*Ext. Cannab. Indic.*) has been found to cause sleep, to allay spasms, to compose nervous inquietude, and to relieve pains: it differs from opium in not diminishing the appetite, checking the secretions, or constipating the bowels." "The complaints in which it has been specially recommended are neuralgia, gout, rheumatism, tetanus, hydrophobia, epidemic cholera, convulsions, chorea, hysteria, mental depression, delirium tremens, insanity, and uterine hemorrhage."

For doses, see U. S. Dispensatory.

SALICIN, 2½ and 5 grs.....$2.50 and $4.50 per 100.

Salicin is becoming more and more favorably known in the treatment of rheumatic affections; also as a tonic and antiperiodic, and is best exhibited in our Gelatine coated Pills.

In acute rheumatism, Salicin has been found very efficacious, and, according to *The Lancet*, "not less certain than Quinine, for ague." It has also been claimed, in large doses, to be an absolute specific in ulcerative choroiditis.

COCA EXTRACT, 1 gr. (McKesson & Robbins') $2.00 per 100.

The extract used in these pills is manufactured in our laboratory from fresh leaves. Coca is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish, and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration accompanying its use is said not to be followed by any depressing effects.

Dose, 1 to 4.

JABORANDI EXTRACT, 3 grs..$3.00 per 100. (Made of McKesson and Robbins' Extract.)

These pills present a much better form of administering this powerful diaphoretic and sialagogue than any of the liquid preparations. Valuable in rheumatism and syphilitic troubles of long standing. Dose, 1 to 3.

SANDAL-WOOD EXTRACT, 1 and 2 grs. $2.00 and $3.00 per 100.

These pills contain both the oil and resin existing in sandal-wood, are believed to be superior to the oil alone, and are more convenient of administration. The extract is manufactured from the wood, in our laboratory.

SALICYLIC ACID with SULPHATE MORPHIA,.....$1.25 and $2.00 per 100.

Two sizes containing 2½ and 5 grains Salicylic Acid, united with 1-12 and ¼ grain Sul. Morphia respectively. Strongly recommended in Rheumatism, both acute and chronic.

QUINIDIA SULPH., 1, 2 and 3 grs., .80, $1.50, and $2.20 per 100.

CERIUM, OXALATE, 1 gr.. .... 1.00 per 100.

ALOIN, 1 gr..... .. .... 1.50 per 100.

SULPHIDE CALCIUM, 1-10 gr... 75 per 100.

CITRATE CAFFEIA, 1 gr..... 4.00 per 100.

FERROCYANIDE IRON, 3 grs.. 60 per 100.

DIALYSED IRON (Merck's scales) 2 grs. $1.25 per 100.

VALERIANATE of AMMONIUM, 1 gr. $1.00 per 100.

MONOBROMATED CAMPHOR, 2 and 3 grs. $1.50 and $2. per 100.

It is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria, Headache from over study or nervousness, and Nymphomania. Dose, 3 to 4 grains.

ERGOTIN PILLS, 3 grs... .....$2.00 per 100.

We manufacture our Ergotin with great care from the best quality of fresh selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of official fluid extract. The value of Ergotin in the place of the crude drug and the fluid preparations is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in gynecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. Dose, 1 to 3.

We offer our Ergotin, prepared specially for hypodermic use in one ounce bottles, $1.50 per oz.

PHOSPHORUS, 1-100, 1-50, 1-20, 1-12 gr. $1.00 per 100.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent Physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, 1-50, 1-60, and 1-100 gr. ... .$1.25 per 100.

PHOSPHORUS COMPOUND AND IRON, $1.25 per 100.

Price Lists and Samples furnished upon application. Private formulas of 3,000 or more pills made and coated to order.

McKESSON & ROBBINS,

Wholesale Druggists and Manufacturing Chemists, 91 Fulton St., New York.

NOTE. In reply to inquiries in regard to CHANGE IN COLOR of our QUININE PILLS, we beg to state that the change is due to our using PURE WHITE SULPHATE OF QUININE, instead of UNBLEACHED of the Guaranteed standard of 90% Sulphate of Quinine, as formerly, (the custom having been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine.) This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient. Respectfully,

McKESSON & ROBBINS.

See Advertisement of McKESSON & ROBBINS' GRANULES, Gelatine-Coated, see Page 32.

To Physicians—An ENTIRELY NEW and IMPORTANT REMEDY for CONSUMPTION.

PHILLIPS' "PALATABLE"

COD LIVER OIL

IN COMBINATION WITH

PHOSPHO-NUTRITINE

(A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES).

This article is offered to the Medical Profession as HAVING ESPECIAL ADVANTAGES OVER ANY AND ALL OF THE COD LIVER OIL PREPARATIONS for the cure of CONSUMPTION, EMACIATION, COUGHS and all PULMONARY COMPLAINTS. The vast importance of the PHOSPHO-NUTRITINE will be perceived in giving to this preparation the HIGHLY-NUTRITIOUS and TONIC properties of the PHOSPHATES exactly as nature provides them, greater NOURISHING, STIMULATING and BUILDING POWER being thereby added, and which not only renders it PALATABLE, LIMPID and EASY OF ASSIMILATION, but ENTIRELY REMOVES ALL NAUSEOUS TASTE AND SMELL and, unlike any other Cod Liver Oil Compound, is miscible with, and should be taken in water. ITS TASTE IS ACCEPTABLE TO THE MOST SENSITIVE and DELICATE STOMACH.

Prepared only by CHAS. H. PHILLIPS, Manufacturing Chemist.

Explanatory Circular mailed on application.

(P. O. Box 4,517), 2 and 4 Platt Street, New York

LOEFLUND'S EXTRACT OF MALT

Is recommended to physicians for its **purity** and **superiority** over all others. It is perfectly free from **Alcohol, Carbonic Acid and Empyreumatic Products**, which can only be attained by the **most careful manipulations** in its manufacture, **long experience**, and by means of **unexcelled apparatus**. Mr. Ed. Loefund, of Stuttgart, Germany, manufactures only Malt preparations, devotes his whole time to these; and being a thorough Chemist, makes a preparation based upon **scientific principles**. For this reason his Preparations were awarded a **prize** at the **Centennial Exhibition**. **Loefund's Concentrated Extract of Malt** is a **Resolvent Emollient** and most powerful **Nutritient**. It is used for diseases of the **respiratory organs, pulmonary complaints**, and for diseases originating in **imperfect digestion**. **Price per bottle, 75 cents.**

Loefund's Extract of Malt with **Pyrophosphate Iron.**
" " " **Citrate Iron and Quinine.**
" " " **Iodide Iron.**

Loefund's Extract of Malt with **Hypophosphite Lime.**
" " " **Pepsin.**
" " " **Hops.**

Each of these **$1.00 per bottle.**

Loefund's Concentrated Leibig's Food for Infants (Leibig's Soup for infants in a concentrated form), **ready for use**, has been pronounced by the Judges of the Centennial Exhibition: **A perfect Substitute for Mother's Milk**, and therefore awarded a prize. Price, 75 cents per bottle.

Circulars giving full particulars will be mailed to all parts upon application.

CAUTION TO THE TRADE AND PUBLIC.—The labels on Loefund's Preparations should be carefully examined. The signature of ED. LOEFLUND appears on the right lower corner of the genuine label; in the centre, the *Trade-Mark*; and on the *left lower corner*, the words: Sole Agent for America, ALBERT C. DUNG, Druggist, 61 Bowery, New York.

The genuineness of these only is guaranteed. All labels are printed in the *English Language*.

Loefund's Extract of Malt Lozenges contain a large proportion of **Extract of Malt**, and are **very efficacious**, as well as highly agreeable **Cough Lozenges**. Price 25 cents per package.

All the above preparations are kept by the leading druggists. Orders by mail promptly filled by

ALBERT C. DUNG, 61 Bowery, New York.

TRADE MARK.

Please order PLANTEN'S Capsules, "the best of American manufacture."—See Prof. VAN BUREN & KEYES on Genito-Urinary Organs.

H. PLANTEN & SON,

224 William Street, New York.

Established 1836.

Exhibition American Institute, N. Y., 1840.
International Exhibition, N. Y., 1853.
International Exhibition, Phila., 1876,
Award for "GENERAL EXCELLENCE in MANUFACTURE."

GELATINE CAPSULES

OF ALL KINDS. Also,

JUJUBE PASTE (EMPTY) CAPSULES.

Five Sizes: No. 0, largest; No. 4, smallest.

Especially adapted and recommended for administering concentrated or nauseous medicines; free from taste or smell. Preventing irritation of mouth or throat, and injury to the teeth.

Our Capsules are not patented nor **FILLED** with any **SECRET PREPARATION**, but made strictly in accordance with officinal formulas, and contain **NONE** but authorized medicines of the U. S. Dispensatory; are entirely reliable and soluble, free from all **TASTE** or **SMELL**; remain perfect in any climate.

N.B.—Particular attention given to Capsuling **SPECIAL FORMULAS.**

DETAILED PRICE LISTS AND SAMPLES SENT ON APPLICATION.

Sole Agents in America for Blair's Gout and Rheumatic Pills.

Importers of Superior Norway Cod Liver Oil—put up in Pint Bottles; also by Barrel or Gallon, at the lowest market rates.

VACCINE VIRUS.

In order to meet properly the continued demand upon us for **Animal Virus**, we have established stables for its propagation upon carefully-selected heifers. The lymph used is of the well-known "Beaugency" stock, imported by ourselves expressly for this purpose. The result of several years' experience in supplying this lymph leads us to believe that its excellence is unsurpassed. The establishment is under the care of a competent physician, who will spare no pains to produce a perfectly **reliable** and **pure** article, which we are prepared to furnish **fresh, daily.**

We can also furnish, to those who prefer it, **Humanized Virus**, from healthy children, procured for us by physicians of undoubted reliability.

All our Virus is put up in strong, *air-tight, sealed packages*, for safe conveyance by mail or express, and will be sent (postpaid if by mail) upon the following terms:—

From the Heifer, 10 large Ivory Points, well charged on both sides	$1.50
5 large Ivory Points, " "	.80
Large Ivory Points, less than 5, " " each	.25
1 Crust, new method, in air-tight Glass Capsule	2.00
From Healthy Infants, 10 small Ivory Points	1.50
1 Crust from Unruptured Vesicles	2.00

Directions for vaccinating with either form of Virus, derived from methods successfully employed, will be furnished with Virus if requested.

We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer if preferred.

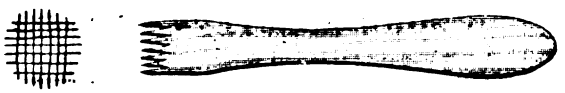
On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results obtained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance, and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply at hand for emergencies.

We also furnish **Uncharged Ivory Points**, for physicians' use, at the following rates:—

Small	per 100, 25 cents; per 1,000, $2.00
Large	per 100, 50 cents; per 1,000, 4.00

Orders by mail or telegraph answered by return train.

Liberal discounts upon large supplies for Cities, Towns, and Institutions.



Scarifying Vaccinator, Steel Nickel-Plated. See Cut. Each 25 Cents.

☞ *New Illustrated Catalogue of Surgical Instruments postpaid on request.*

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF

Superior Surgical Instruments,

13 & 15 Tremont St., Boston.

In corresponding with Advertisers please mention **The Medical Record.**

International Exhibition, Philadelphia, 1876, Award for "General Excellence in Manufacture."

H. PLANTEN & SON,

Established 1836. 224 William Street, *NEW YORK.*

GELATINE CAPSULES

OF ALL KINDS. ALSO,

EMPTY CAPSULES (5 sizes), for the easy administration of nauseous medicinal preparations.

List and Samples sent on application. Sold by all Druggists.

See Special Advertisement, "Medical Record," Page 6.

BORATED COTTON

FOR DRESSING WOUNDS.

BORATED COTTON for TAMPONS.

"Its therapeutic value is quite decided."—NEW REMEDIES.

ANTISEPTIC GAUZE.

FOR SALE AT THE PRINCIPAL DRUG STORES AND MANUFACTURERS OF SURGICAL INSTRUMENTS.

For Samples, address **C. AM ENDE, Hoboken, N. J.**

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take and never causing irritation. Its physiological action secures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, Wool Exchange, Coleman Street, London, E. C., England.

To be had of **CASWELL, HAZARD & CO., New York,** and of all respectable Chemists throughout the world.

See List of Wm. Wood & Co.'s Announcements of New Books in Press and Preparing for Publication, page 24.

For Medical Journals, see page 30.

PHYSICIANS' RECORD-BOOK.

A short and concise method of keeping accounts of daily practice, by which a great amount of writing is saved.

By using this RECORD-BOOK, each individual's account, providing he receives one or more visits any day in the year, would occupy only

TWELVE LINES IN THE JOURNAL OR RECORD-BOOK,

AND

TWELVE ENTRIES IN THE LEDGER.

Full Size, 500 pages,	**$5.50**
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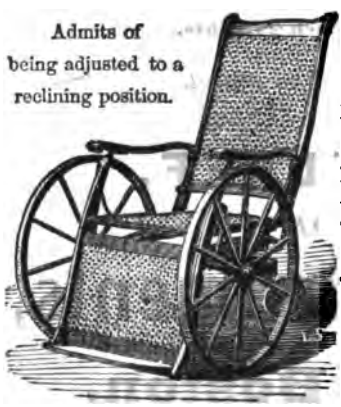

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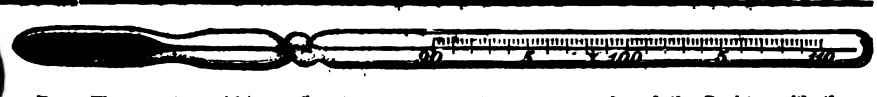

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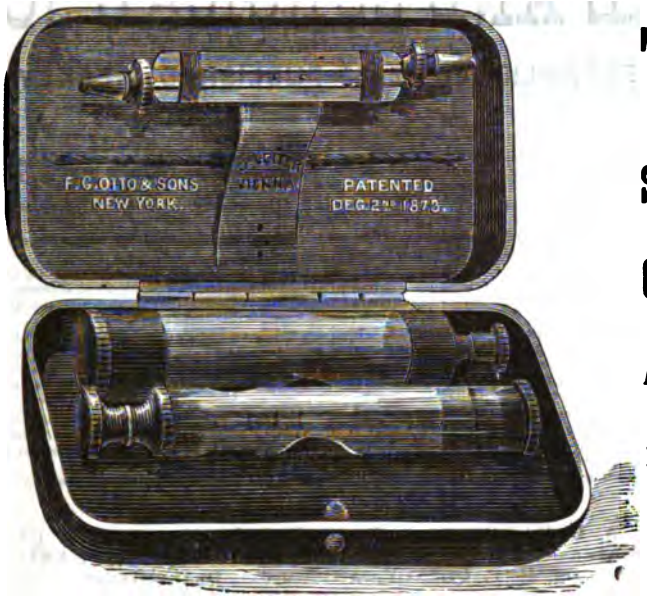

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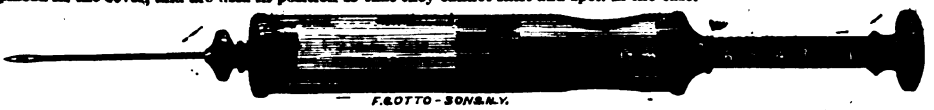

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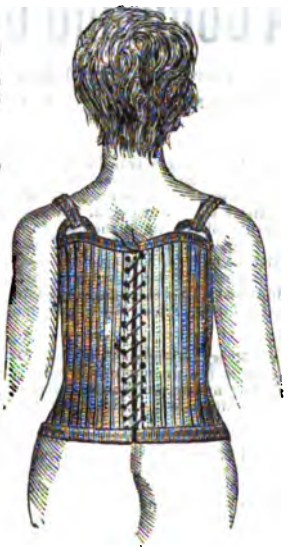

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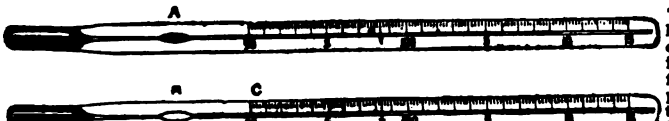

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THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

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NEW YORK—Messrs. McKESSON & ROBBINS.

See Advertisement of TROMMER'S EXTRACT OF MALT, page 11.

See PHILLIP'S Cod Liver Oil, with Phospho-Nutritine, Page 6.

See Advertisement of Codman & Shurtleff—Vaccine Virus, page 7.

Original Communications.

THE TREATMENT OF DIPHTHERIA.

By C. E. BILLINGTON, M.D.,

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In this paper will be presented the method and the results of the treatment of diphtheria in the north district of Demilt Dispensary during the past three years, with some accompanying observations and corroborative facts. This will necessarily include a brief recapitulation of some statements that have previously been published (Transactions of the New York Academy of Medicine for 1876, page 286). Except in the form of brief abstracts, they have come into the hands of only a comparatively limited number of the profession. It may, perhaps, be admitted that their practical importance renders them worthy of general consideration.

In 1869 I was appointed (out-door) visiting physician to Demilt Dispensary. I had previously become, by some sad experiences, intensely interested in the problem involved in diphtheria—a problem in regard to which the confusion of the young practitioner could only be "worse confounded" by the chaos of conflicting solutions afforded by the literature of the subject. I therefore eagerly availed myself of the opportunities of studying it which occurred in increasing numbers each year in this service.

I indulge in so much of personal history to show that the beliefs and the practice with which I was prepared to encounter the great epidemic of 1875, were no recently formed conclusions—bore no relation to any theories of others, "bacterian" or otherwise; but rested on the solid basis of induction from independent, careful, and oft-repeated clinical observations.

The most important of these beliefs was, that diphtheria is, to all practical intents at least, primarily a local disease, becoming constitutional only by absorption. Some of my reasons for this belief may be found in the paper above referred to; others, in the New York MEDICAL RECORD, March 3, 1877, page 140, and still others may at some future time be published.

This view suggested the development of an appropriate method of treatment, and was in turn corroborated by its results—as strikingly in cases of failure as in those of success.

I shall first present the method of treatment. Simple as it is, it was the result of many anxious trials of a variety of agents in various combinations through alternate success and failure for several years preceding 1875.

That I had, during this period, ample opportunities to become familiar with the *diagnosis* of the disease in question, will hardly be disputed.

For the *rationale* of the employment of these combinations I must refer the reader to my previously published paper.

FORMULÆ.

No. 1. *Iron and Glycerine Mixture.*

℞. Tinct. ferri chloridi..... fl. ʒ i.— ʒ iss.
Glycerinæ,
Aquæ ..... aā fl. ℥ i.
M.

No. 2. *Chlorate of Potash Mixture.*

℞. Potassæ chloratis..... ʒ ss.— ʒ i.
Glycerinæ..... fl. ℥ ss.
Aquæ calcis..... fl. ℥ ijss.
M.

The weaker strength indicated of both mixtures is the one I generally employ.

I formerly used for a time and published as a substitute for No. 2, a combination of salicylic acid, ℈i.; sulphite of soda, ʒ i.; glycerine, ℥ ss.; water ℥ ijss. As this is less pleasant than No. 2, and probably no more efficacious, I have discontinued its use.

No. 3. *Spray Mixture.*

℞. Acidi carbolici..... ♏xv.
Aquæ calcis..... fl. ℥ vi.
M.

To be used with a small hand atomizer, which I much prefer to the steam apparatus. Codman & Shurtleff's No. 56 is the most convenient. This mixture is more pleasant and less irritating, and probably more efficacious, than the more complex and stronger ones which have lately been much used. It is of unquestionable utility in laryngeal implication. Its pleasantness any one can test by throwing it in spray into his own mouth and throat.

RULES FOR TREATMENT.

I.—Give a teaspoonful of No. 1 and of No. 2 alternately, every half-hour, except at night, when the patient may be allowed to sleep for an hour or two at a time.

II.—Spray the throat with No. 3 for several minutes at a time whenever the above mixtures are given—that is, every half hour. It is essential that the nurse be carefully instructed in the proper method of doing this. The mouth must be opened widely. When the child is too young to do this, the spraying must be omitted.

III.—When there is nasal implication, the nose should be thoroughly syringed out with warm or tepid salt water, once, twice, or three times a day. I have lately employed no other agent. It should be done with the patient's head inclined forward, after the method which is described in my above-mentioned paper. It is very important that the physician know how to do this well, and, generally, *do it himself.* I have always used a two-ounce hard-rubber ear-syringe. It is absolutely essential that this have a suitable nozzle, which is not always the case.

IV.—Do not (as a rule) apply any brush or swab to the throat. I sometimes throw a drachm of No. 1, with a syringe, directly against the affected surface in the throat.

V.—Do not (as a rule) give any quinine or other unpleasant medicine to children. This rule is of great practical importance.

VI.—Do not (as a rule) give alcoholic stimulants. Call this rank heresy—as the majority will! It is none the less true that your success will be greater without them. There are, of course, a few exceptions; those are the cases where a child that cannot be induced to take other nourishment, will take weak milk-punch or eggnog.

VII.—Nourish the patient with an abundance of cold milk, given frequently, to which a little lime-water may often advantageously be added. This rule is of the greatest importance. Even a bad case may be regarded favorably while the patient continues to take nourishment well. When the stage of extreme exhaustion has been reached in bad cases, juice

squeezed from beefsteak is a valuable addition to the bill of fare.

Simple as this method of treatment seems, its successful application in bad or protracted cases will require much skill, tact, energy, and perseverance. Let tadpny who may at first fail in its employment hasten eto ecide that the method is at fault. The efficacy of water in extinguishing fire is undisputed. There are, nevertheless, many instances of its unsuccessful application.

In my previous paper on this subject I used the following language, which some instances that have since come to my knowledge have shown to be prophetic:

"If any shall adopt some of my methods, only to make them *part* of a treatment in which quinine, alcohol, etc., or topical brushing enter, I predict that they will be the very ones who will pronounce my system a failure."

The reviewer of a leading medical journal failed to find anything very distinctive in my method of treatment, because the drugs employed in it had previously been in general use. I specify the following as distinctive features: 1, the combinations, which are especially simple, pleasant, harmless, and efficacious; 2, the convenient and unirritating methods of their application; 3, the frequency of their application. For others I refer back to rules IV., V., and VI.

The results of this method in 124 cases treated by me from the Dispensary, in 1875, were stated by me as follows:

"Of these 124 patients, 94 recovered and 30 died—$24\frac{2}{10}$ per cent.

"That this rate of mortality is at least fifteen per cent. less than the average from genuine cases of diphtheria during that year in that district will, I think, be admitted by those best qualified to judge; though in the absence of full and accurate returns of the number of cases it would be impossible to prove it statistically. But it yet gives no idea of the actual results of my treatment, which I fortunately can show statistically and accurately.

"Of the 124 cases, 22 passed under the care of other physicians, in most instances after a single visit only, and, in some, without the medicine I prescribed having been procured, leaving 102 that continued under my treatment. Of the 102 that continued under my treatment, 88 recovered and 14 died.

"Of the 22 who passed under the treatment of others, six recovered and 16 died. The extreme badness of these latter results is partly to be accounted for by the fact that some of them were hopeless, and others severe cases, for which, on account of my unfavorable prognosis, other medical aid was called in.

"This is not, however, true of all, fully half of them having been by no means bad when I saw them. Some of them left my care through dissatisfaction at my not using topical applications. The results, in such cases, as I have since learned them, were particularly bad.

"Of the fourteen who died under my care, one was moribund when first seen, surviving only two hours; one was already a hopeless case of laryngeal croup; two others were hopeless cases from extensive membranous affection and marked indications of blood-poisoning. Deducting these, leaves ten deaths out of 98 cases in which the treatment was tested with some degree of fairness, or a little over ten per cent."

These results were obtained under all the well-known disadvantages that attend Dispensary practice, and in a region which, as I showed statistically from the returns of the Board of Health, gave in that year a larger mortality from the disease in proportion to population than any ward in the city.

With the above I reported still better results obtained by this method of treatment in private practice, which I will not recapitulate here.

That results so favorable should excite incredulity was to be expected. One zealous disputant asserted publicly in opposition to my explicit statements and the probabilities, that my cases must have been "exceptionally mild" ones. The precise opposite was the fact. I cannot, however, deny that my cases may have been, *after a few days of treatment*, exceptionally mild as compared with some others.

From this *résumé* of results already published, I now proceed to those of the following year, 1876. In that year I treated from the Dispensary, 37 cases, of which 29 occurred in the first four months. Then the epidemic quite suddenly abated, and only eight were seen in the remainder of the year.

Of these 37 cases, three passed, after a single visit, under other medical care—with what results I do not know; five others died, and 29 recovered.

Of the five that died, one, aged two and a half years, was moribund with laryngeal croup when first seen, dying in less than ten hours afterward. The only possible remedy, tracheotomy, was refused.

In another case which was bad, but not hopeless, when first seen, I returned on the second day to find the patient moribund. The parents, who were extraordinary specimens of perverse stupidity, acknowledged that they had not used the remedies furnished them, an old woman having told them that the spray would injure the child's eyes! I may here mention that I have in many instances, scarcely more favorable than this in respect to nursing, made up for the deficiency by very frequent visits on the part of myself or my assistants; otherwise I never could have obtained the results I have. In this instance, other engagements made this impossible.

Deducting from the five deaths these two cases in which the treatment was not employed, leaves three deaths out of 32 cases in which it was tested; or, again, a little less than ten per cent.

Among the twenty-nine cases that recovered were a full quota of severe ones, and four were among the very worst that were ever known to recover, as can be attested by competent medical witnesses. I condense a brief account of one of these from notes taken at the time:

Ann McFall, aged three years, 606 Second avenue, March 21, 1876. When first seen, great inflammation and swelling of the fauces; membrane on both tonsils and over soft palate; much enlargement of cervical glands. Extreme nasal affection with profuse sanious muco-purulent discharge; excoriated nostrils and upper lip, and obstructed breathing. A great degree of blood-poisoning was evident from the characteristic hue and expression.

Expecting her death before the next day, treatment was nevertheless begun. The nose was thoroughly cleansed out two or three times every day by syringing with warm salt water, in which I was kindly assisted by Dr. D. C. Comstock. This proceeding was always followed by freer respiration and improved hue of complexion. The one favorable symptom was that the child could be induced to take milk quite freely.

The condition of the patient continued about the same for six days, the membrane having disappeared from the tonsils, but continuing on the faucial arch and uvula, and a large patch having formed on the tongue.

On the 27th the case was seen by Dr. W. T. White, who predicted its fatal termination. For the next five days the patient's condition continued critical, but gradually improved under the use of the same means, which were employed altogether for two weeks before the patient was considered out of danger. This case was repeatedly seen by Dr. W. E. Bullard.

Few cases giving so much evidence of constitutional poisoning as this did, recover. It is to be noted that it was treated without stimulants or quinine.

Over-zealous advocacy may be of great injury to a good cause. I therefore say explicitly that I do not claim that such extremely bad cases as the above can, as a rule, be cured. Constitutional vigor is an important factor, and sometimes of itself produces remarkable recoveries under all kinds of treatment. I do, however, believe, from not a few similar experiences, that this method, when effectively applied, gives, in all such cases, the best, and in some, the only chance of recovery.

It would be unpardonable forgetfulness should I fail to record my great obligations for most valuable assistance in the above-mentioned labors to Dr. D. C. Comstock, and to Dr. W. E. Bullard, who is now visiting physician to the south district of this Dispensary.

Aware that the endless repetition of statistics of cures resting mainly on my own unsupported assertions, could add little to the weight of the original ones, I adopted at the beginning of the past year (1877) the plan of having the cases occurring in my Dispensary service seen and the diagnosis verified by competent, disinterested, and well-known witnesses. Seventeen cases thus occurred during the year. I reserve the details of these cases and their results, with interesting and instructive facts connected with them, for publication when the number of such attested cases shall have become sufficiently large to be authoritative. I will only state at present that most of these cases have been kindly seen either by Dr. W. T. White or Dr. Andrew H. Smith, and that the previous ratio of recoveries has been more than maintained.

I have frequently learned with much gratification that the method of treatment which I have used and advocated, has proved successful in the hands of other physicians. No such instance has given me quite so much pleasure as was afforded by the receipt of the following letters from a stranger. The first one came to me in December last at the Demilt Dispensary. I transcribe it nearly in full, *verbatim et literatim*.

"FREDERICTON, NEW BRUNSWICK,
DOMINION CANADA, Dec. 5th, 1877.

"MY DEAR SIR:

. . . . . .

"In September, 1876, when on my way to Philadelphia to the exhibition, and to again visit the city in which I graduated seventeen years ago, I called in New York on my friend and college mate, Dr. Edward Bradley. I observed on his table your pamphlet on diphtheria. I told him I must read it, having, I believed, had greater experience in that disease than any physician in our Province. I brought it with me, and strange to say, we have not had a visit of the disease in this city till this fall. The first cases did not occur in my families. They nearly all ended fatally. The first I had to treat was my only son, aged fourteen years. He took the disease on the fifth day of his having mumps. In two hours after the first symptoms the whole throat was well covered with false membrane, and he sank at once into a drowsy state, from which he could be roused only with difficulty, the false membrane spreading rapidly. He was just such a case as was occurring in the city every day, and ending fatally in about two days.

"I took your treatment and followed it to the letter. In twelve hours he was much improved; in twenty-four, throat quite clear, and he seemed bright and asked for food. In forty-eight hours there was not a speck of false membrane in his throat and has not been since. This is the fifth day. He is up about his room now, and took a good dinner of beefsteak. I really feel much indebted to you, and thought I must just say so to you. I cannot but think that had it not been for my good fortune in seeing your pamphlet, to-day would have been the day I should have had to bury my son.

"I have had to treat the disease, I think, oftener than any physician in this city, and am regarded by many as having better fortune than any of my brothers, but I feel that the best I have ever done is far inferior to your treatment.

. . . . . .

"May I ask you to forward me your treatment for adults? About one-fifth of our cases are young men and women.

"I have now been put pretty busily at work with this disease, and feel confident that all are going to do well that I can have nursed well.

. . . . . .

"Yours, very respectfully,
T. CLOWES BROWN."

I replied that my treatment of adults differs little from that of children, consisting generally of the administration of Number 1 every hour or half-hour, with very frequent spraying. To this may be added, when indicated, the use of such gargles as a solution of mel. boracis, or of a little alum in sage tea, or the salicylic acid mixture, of which the formula is given above.

I also requested Dr. Brown to favor me with the results in his other cases, and to permit me to publish them with the interesting case of his son.

I received the following reply, dated Dec. 18th:

. . . . . .

"Since the case of my son I have had to treat a number of cases of diphtheria, with the best possible result in every one.

"The most malignant case I have had was fortunately my next-door neighbor, a boy aged 13 years. He was ill with a cold about two days, when throat symptoms showed themselves. I at once adopted your treatment—the iron and glycerine mixture, the salicylic acid and soda mixture, and spraying the throat; but in spite of the best nursing I could desire to have, and giving the case nearly hourly attention, it went from bad to worse until the fifth day; then for two days it did not seem that he could recover. He must have suffocated at different times had I not with dressing-scissors removed the partially detached portions of false membrane. At one time I took from his throat a portion of false membrane as large as your twenty-five cent piece and as thick as my little finger. This, for the time, gave great relief. The next day he must have smothered had I not removed the whole palate, which was one solid portion of false membrane as large and long as my little finger to the middle joint. The next day I had the throat clean. Since that time, once in twenty-four hours, it would re-coat itself, and the spraying would remove it—each day the coating getting thinner. He is now well, looks bright, and throat clear

but could you see it, you would not say he had elongation of the uvula!

. . . . . .

"I have seen diphtheria in all forms, but never a worse case than this. I have seen whole families carried to the grave in one week with exactly the same type of the disease this boy had, and I believe he was saved by the iron and spraying. I just followed it up and awaited the result.

"Diphtheria has raged here this fall, nearly leaving childless some families. All plans of treatment have been tried; some relying on the sulpho-carbolate of soda, some on the strong acids, others on carbolic acid; but, to my mind, your treatment in our present state of knowledge cannot be equalled."

. . . . . .

I feel greatly indebted to Dr. Brown for these letters and for his permission to make use of them for the following reasons: First, his large experience with the disease enables him to speak with authority of cases and their types. Second, they illustrate the efficacy of this method of treatment, not merely in cases of diphtheria occurring in this city, but in a malignant epidemic in a remote region. Third, the perseverance with which Dr. Brown "just followed it up and awaited the result" in his worst case through seven discouraging days is noteworthy. It is too common to hear a physician, after treating a fatal case of diphtheria, say "*everything* was tried!" Fourth, the close personal attention, and the skill, dexterity, and judgment in the management of that case that are evident in the doctor's unpretentious narrative, show that my method, as carried out by him, was like good tools in the hands of a master-workman. Vacillation, lack of energy, and want of tact and skill, may easily bring discredit upon the best method of treatment in a disease of such critical emergencies as is diphtheria in its bad forms. Fifth, the types of the two cases described in these letters are worthy of consideration. Although the doctor was doubtless right in regarding the former as malignant and of rapidly fatal portent, yet the exudation was evidently comparatively superficial, as was shown by its yielding so readily to proper treatment. The disappearance of the marked constitutional symptoms with that of the exudation is also noteworthy—illustrating the dependence of the former upon the latter. In the second case the exudation was deep in the tissues as well as thick and extensive. Such cases are the most formidable of all. Rapid removal of the membrane or its complete disinfection is impossible. The greater difficulty and the occasional failures in dealing with such cases, however, simply confirm the lesson taught by the other class as to the nature and the only useful treatment of the disease. Sixth, the age of these patients was the one favorable circumstance. Had it been under three years, such intensity of disease must have been almost necessarily fatal for the following reasons: the absorbents are at that age very active; and the resistance that is offered to throat-spraying and other necessary manipulations is a formidable obstacle to treatment. The very failures of the antiseptic method, when intelligently considered, furnish strong confirmation of the great principle that demands its employment.

The few remaining copies of my pamphlet will be gladly furnished, on application, to physicians who may wish to test this method of treatment in an actual epidemic of the disease.

Those who have fairly tested it in a number of cases, or who may hereafter do so, are earnestly requested to communicate to me the results obtained.

157 LEXINGTON AVENUE, NEW YORK.

CERTAIN GENERAL CONSIDERATIONS

RESPECTING THE

MECHANICAL TREATMENT OF CHRONIC DISEASES OF THE JOINTS,

WITH ESPECIAL REFERENCE TO THE USE OF TRACTION.*

BY L. M. YALE, M.D.,

SURGEON TO BELLEVUE HOSPITAL; LECTURER ADJUNCT UPON ORTHOPŒDIC SURGERY IN THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

AT the present time, in this country at least, the use of some form of mechanical appliance is very generally recognized as a proper part of the treatment of a chronic joint inflammation. The form, the principle of action even, of this appliance, will vary with the ingenuity and the pathological views of the practitioner, but the striking fact is that each endeavors to accomplish the cure by the use of an agent the action of which upon the diseased articulation is directly mechanical as distinguished from medicinal. I say striking, because such practice is not only at variance with, but to a great degree is a reaction against, that considered thoroughly established a generation, or less than a generation ago. Mechanical treatment in the sense and for the purposes that it is now used is of very recent date, and its introduction into general use is the work of men still living. The treatment which it has in part displaced, was that based upon the theory of the exclusively constitutional origin of all chronic arthropathies. Any chronic indolent joint inflammation not evidently due to the rheumatic, the gouty, or the syphilitic taint was judged to have its origin certainly in the scrofulous diathesis. The inference directly followed that a diathetic disease could be successfully met by constitutional remedies alone. The judiciousness of meeting the arthritic expression of the diathesis by appropriate local surgical treatment was rarely appreciated, and the management of a diseased joint was generally as purely medical as that of a strumous adenitis for example; amputation in the one instance, extirpation in the other, being resorted to when medical resources had failed.

Probably the more practical surgeons always resorted to local support of a diseased joint. At all events, Brodie, as long ago as the first appearance of his well-known work, was fully aware of the value of fixation of joints by splints to insure their quiet. He seems, too, to have used traction, but only to overcome deformity. But the earliest record with which I am acquainted of the use of traction definitely for the cure of joint troubles is in the *Medical Examiner* of January 19, 1839. Dr. Harris, of Philadelphia, there reports certain cases of hip-disease treated by Physick's splint, followed by paste-board splints, and another treated by Gibson's Hagedorn's splint. Later, Dr. Alden March, of Albany ("On Coxalgia, or Hip-Disease." Trans. Am. Med. Ass., 1853), developed the use of traction in hip-disease, basing his treatment partly upon certain pathological investigations, but mainly upon the clinical observation of the relief afforded by such traction. Then followed, within the next few years, a rapid elaboration of the idea and a substitution of traction by means of portable apparatus for traction made while the patient was in bed.

The only safe basis upon which a plan of treatment can rest is that of clinical experience. This particular plan was gaining strength through the facts ob-

* Read before the Surgical Section of the New York Academy of Medicine.

served as to the relief of pain, the diminution of deformity, and the probable abbreviation of the duration of the disease by its use, when it unfortunately became involved in a dispute with which it had no necessary connection: the dispute, namely, as to the etiology of this whole class of diseases. Whether this entanglement was the result of the coincident discussion of the two subjects, or whether it was due to the illogical zeal of those who believed that if the new treatment was right then the old theory of causation was wrong, I do not pretend to say. But at all events the controversy was regretable since it made what should have rested upon an experimental ground alone, contingent upon the settlement of an etiological and pathological question. Thus, a subject of great interest and importance was made a hindrance to the proper consideration by one yet more important.

It is in no way the object of this paper to attempt any discussion of the relative value of struma and traumatism as factors in the causation of joint diseases. But as an indication of the futility of endeavoring to attack or defend the mechanical plan of treatment upon any etiological theory, it may be worth while to quote some of the definitions of the word scrofula.

Mr. Savory, in the beginning of the article upon scrofula in "Holmes' Surgery" (Vol. I.), says:

"Scrofula is, in one respect at least, an unfortunate word, for it is not clearly defined. On the contrary, very different significations are attached to it. It has certainly become a vague term, so that wherever met with it is necessary to refer to the context to obtain an idea of the sense in which it is employed. For example, by some it is applied to a certain state of constitution, and by others to the disease which results from it. Again, it is often applied to all the diseases which, arising in a certain state of the constitution, possess some general features in common; while it is sometimes limited to the absolute deposit of tubercle, being simply synonymous with the more modern phrase tuberculosis. Finally, the confusion reaches its climax by the introduction of the adjective scrofulous, which is, and perhaps ought to be, if used at all, employed in the same sense as the substantive, but it is applied more frequently, at least in conversation, as a less definite term to doubtful cases, when the features are obscure and the diagnosis uncertain.

"It is necessary to state, then, that in these pages by the term scrofula is understood a certain disease or defect of the constitution in which there is a tendency to produce and deposit a substance called tubercle in various tissues and organs. Tubercle may therefore be said to be the essential element of scrofula." A little later tubercle is described so as to include both the miliary tubercle and the cheesy tubercle. Mr. Savory certainly does not exaggerate the confusion regarding the matter. Writers that were of the greatest authority when some of those present were students, Samuel Cooper and Abernethy, for instance, generally avoid a definition. Cooper, in his "First Lines," speaks simply of local manifestations; nor in his "Dictionary" does he venture upon a definition, but while describing the local expressions of the disorder, combats the idea that these are the primary disturbances, and holds to an antecedent cachexia. Mr. Abernethy ("Lectures") says in his peculiar abrupt and practical way:

"Now the glands are peculiarly liable to be disordered in a bad state of health, and we call it scrofula; that is, if the disordered state continue for a long time. To say that the absorbent glands are not subject to scrofula would be absurd. We know that they are; there is every symptom of scrofula; there is an indolent tumefaction, succeeded by a more active degree of inflammation, followed by a secretion of a curdy kind of matter, called scrofulous matter. I am very adverse to calling all intractable diseases cancerous, or all indolent diseases scrofulous. There are many indolent diseases of the absorbent glands that are not scrofulous," and more to the same effect. The matter was certainly not by him clothed with any unnecessary prolixity.

But of late years the attempt has been made to establish the real nature of scrofula, and most writers experience a difficulty similar to Mr. Savory's in framing a definition, although they agree in many points upon the essential peculiarities. One insists upon inveteracy and the tendency to cheesy degeneration—another upon the non-vascularity of the products, etc. One of the writers, Birch-Hirschfeld ("Ziemssen's Cyclopœdia"—Am. Trans., Vol. XVI., p. 761), after a preliminary discussion of about twenty pages, says:

"Having premised these general remarks, we may try to give a short definition of scrofulosis. Leaning on previous definitions, especially those furnished by Virchow and Billroth, we may designate scrofulosis as a constitutional anomaly which shows itself by changes partly of an inflammatory, partly of a hyperplastic nature, excited in the tissues by a comparatively slight noxious influence, changes which are endowed with insufficient recuperative power, and are therefore prone to lapse into regressive metamorphosis and, following thereupon, into local tuberculosis."

In the essentials of this definition, Rindfleisch, in his article upon tuberculosis in the same work (Vol. V.), concurs.

So Hueter ("Allgemeine Chirurgie," p. 731) recurs to the necessity of every writer defining what he means by scrofula. He adopts nearly the definition of Billroth and gives: "Scrofulosis is characterized by an increased inflammatory irritability of the body and by a tendency of existing inflammations to extension both as to space and to time." But with Hueter an assumed dilatation of the lymphatic vessels and a consequent ready ingress of monads plays an important rôle.

In making these quotations I have not sought to multiply them, but have taken simply those in works within reach from my writing-table. One more quotation shall be the last. It is from Flint's "Practice" in a brief article on scrofula. After giving a list of disorders "considered as local expressions of this diathesis, or, at least, as deriving from it important modifications," the author says: "That these affections involve a morbid constitutional state, either congenital or acquired, is undoubtedly true; but that they originate in a special cachexia is by no means certain. Even in children who have a scrofulous affection of the glands, the concurrence may be accidental. It is certain that the various affections just named are often observed in cases in which the glands are not affected; and *per contra*, the glands are often the seat of scrofula without the coexistence of any of the other so-called scrofulous affections."

These quotations have been adduced with no purpose to establish a theory of scrofula or of its effect in joint diseases, but simply to show that if the mechanical treatment of these diseases is to stand or fall with any such theory, we have yet to wait a long time for the decision.

Still further is it regretable that the question of treatment and the question of etiology should have thus become involved, since the fervor of controversy has driven many to take up positions which I suspect they do not soberly purpose to defend. Much of the acrimony of the discussion is doubtless due to mutual misapprehension. The issue is mainly one of terms. For, while one party claims that these peculiar inveterate joint diseases arise from struma, and the other party is equally sure that it must have arisen from an injury, the one means that whatever injury may have been received, such a white swelling cannot be developed without a previously existing scrofulous diathesis; and the other, that whatever the diathetic taint, the local disease is excited by an injury received at that point. In a very considerable proportion of cases the evidence of the existence of both the diathesis and the traumatism is conclusive. In other cases again, the history of struma is plain, and that of injury obscure; and on the other hand, cases may be traced to a distinct injury while but uncertain symptoms of a vulnerable diathesis exist. These cases are seized upon by the disputants, each emphasizing those that impress him, and ignoring those which are convincing to his antagonist. And yet he would be a bigoted diathesist who held that an injured joint was no more susceptible to inflammation than an uninjured one, and he would be a hardy traumatist indeed, who should deny the influence upon a synovitis of the constitutional condition of the patient.

But in detail the believer in struma enlarges his definition of that word and cross-examines the patient as to his personal and ancestral health with a minuteness that would lead the strongest and soundest to confess "there is no health in us:" and the traumatist carries his point so far that a hydrops articuli or a synovitis following—say scarlatina—is attributed to an assumed sprain received in turning in bed. The debate might be prolonged as indefinitely as that famous one in the colored debating society on the question, "Which is the mother of a chicken, the hen that laid the egg, or the hen that hatched it?" It would indeed not be of particular interest in this connection were it not for the tendency to forget that a disease may be at once scrofulous and traumatic, and that the exclusive adoption of one or of the other side of the controversy is likely to lead to the abuse or neglect of mechanical treatment.

The abuses that arise from belief in the exclusively diathetic origin of the disease, are the reliance solely upon antidiathetic treatment, and the neglect of several evident surgical needs. Thus pain is allowed in many cases to continue which could be relieved by the proper use of traction, and distortions are allowed gradually to occur, which likewise could have been prevented. These two claims of the mechanical treatment should insure its use, whatever views regarding the diathesis a practitioner may hold, unless he is prepared to show, or is at least convinced, that mechanical treatment delays recovery, or in some other way is sufficiently disadvantageous to offset its evident benefits.

On the other hand, the too eager traumatist may fall into the error of trusting as fully and exclusively to his apparatus as he would to his splints in the treatment of a fracture, and of utterly neglecting the constitutional condition of the patient. The psychical effect upon the patient or his friends (the ocular evidence, namely, that "something is being done") is such that there is often a tendency to construct apparatus for cases that would be quite as well without it. The commoner disadvantages, however, are: 1. The general practitioner, even if he be desirous of trying new plans, has ordinarily little knowledge of mechanical appliances, and little time to study or adapt them, and consequently relies mainly upon the instrument-maker, who is ignorant, at least, of the whole surgical aspect of the question.

2. When a machine has thus been provided, both attendant and patient are likely to trust to it as if it had some occult power, and are confident that "the best is being done," when real and serious neglect exist.

3. This neglect, combined with the extravagant expectations entertained by the patient, and perhaps encouraged by the attendant, pretty certainly leads to disappointment; and,

4. By a natural revulsion the whole plan of treatment is abandoned, and a fair amount of advantage that might have been obtained is thrown away.

It is always a thankless, often a hazardous task to endeavor to estimate the relative or actual value of contending theories. Yet, generally, as in this instance surely, the only safe ground is between the extremes. Both theories rest on facts; error comes in only when exclusive dogmas were built upon a part of the facts. Error always will come when the one safe plan of meeting as far as possible empirically all the indications is deserted. In regard to the diseases under consideration, this plan demands that a practitioner should be on the alert to detect any diathetic condition to be combated and, if possible, corrected. He will not be blind to syphilitic manifestations, nor to those of rheumatism or rickets. He should be as watchful for those of scrofula or any other form of cachexia. And according as he detects these, will he modify not only the constitutional treatment, but perhaps even the local surgical appliances. On the other hand, I must repeat, whatever the cachexy, he cannot be excused from seeking to relieve the local trouble by appropriate surgical dressings.

We gladly then pass to an attempt to estimate the general mechanical indications—in a wide sense—of the local treatment of diseases of joints, and in a general way to suggest some of the principles that should govern the choice of mechanism.

The local indication in all cases of the kind we are considering during the activity of the disease, is rest of the affected articulation. This fact is sufficiently well established by clinical experience and may be explained by reference to the physiological law that all use of a part of the body is attended with a flux of blood toward that part. Hence, motion of a joint brings blood to it, already hyperæmic from disease, and the inflammation must be increased thereby.

Now, in some cases of synovitis the joint seems to gain sufficient rest if the patient simply keeps the bed or, at most, has the limb supported in such a way as shall relieve it from motion, strain, or tension. These are cases which lead to doubt and dispute whether they are cases of simple synovitis, or whether they are essentially the same as those others that subsequently become synovitis fungosa or white swelling. And herein lies the chief objection to treatment, at least for any considerable time, by confinement to bed, that namely in cases where the constitution is such as to make the occurrence of fungous synovitis probable, the disadvantage in want of air and sunlight, and the disturbance of function due to confinement, will probably fully balance the good obtained by the rest. In cases of fair constitution, where simple rest is sufficient to meet the symptoms of the arthropathy the general condition may be kept up by the means of massage, not applied to the affected joint, but to the person in general. The circulation,

condition of the skin, and, as a consequence, the general nutrition, are thus improved.

Again, cases occur where although the patient, a child for example, is kept in bed, he is only nominally at rest. He is incessantly active, and the bed is only a more restricted field of operation. I can recall a case of hip-disease that was distinctly worse—though under active treatment and constant care—after Saturday holidays, because the other children played in the sick-room, and the invalid endeavored, to the best of his ability, to do his share of the romping. Eventually this little fellow was sent away from home, to gain a rest he could not otherwise obtain.

But if the inflammatory action be quite acute, an enforced rest of the joint beyond that obtained by simple recumbency will probably be necessary. This may be secured by the use of almost any kind of simple splint properly adapted to the contour of the joint and trunk or limbs above and below. The particular material selected is often a matter of indifference, although one may chance to suit an individual case better than another, or may better accord with the tastes of the attendant. Among the best are leather, and the starch, glue, or plaster-of-Paris bandages. They should all be so arranged as to admit of ready removal for the inspection of the joint, or for other purposes. This involved no real loss of fixation; for although the immovable dressing seems at first to be more secure, it very soon loses its exact conformity to the surface of the limb, and unless it be frequently changed, it speedily ceases to be of more value than a simple padded splint would be.

If, however, there be much muscular spasm, appliances of the sort described will rarely be sufficient. Indeed the advance of the disease to a point where the muscular spasms become a prominent sympton is often, I am sure, due to the real, though not evident, inefficiency of the retentive dressing. When the muscular spasm is urgent, fixation cannot be secured, save by the use of a force as constantly acting as that which is to be overcome, and the agent best adapted to this purpose is *traction* or, as it is generally called, *extension*. The word extension is objectionable because of its obscurity, since it is used as the opposite of flexion; and in the treatment of fractures the agent traction is called by the name of the object sought, namely, the *extension* of the broken bone to its normal length, and, probably as a result, the expression extension in this connection involves a false supposition which I shall mention later. Under traction I mean to include all methods of applying it, whether by simple weight and pulley, elastics, or by the various forms of portable apparatus that are applied to the person, and are so arranged as to make traction directly or indirectly upon the diseased articulation.

Traction may be used: 1st. As a means of relief when the disease is active and acute; 2d. To remove or correct deformities resulting from the disease after the latter as such has ceased; or, 3d. It may be used for both purposes during the activity of the disease, or to prevent anticipated distortion. The second use of traction is purely mechanical, like the application to the treatment of fractures, and its particular methods and modification must vary with the mechanical obstacles to be overcome. Now I am not aware that any one has ever claimed that traction in and of itself exerted any curative influence upon a synovitis or upon osteitis or caries of the joint-ends, although the excess to which the treatment has been carried by some injudicious practitioners would suggest that they acted upon a theory that the benefit could be calculated by a mathematical formula, and that it was directly proportional to the tractile force employed. Its most intelligent and ardent advocates employ and advise it simply because clinically it is the best method, all things considered, of securing true rest of a diseased articulation. In order that it should be so employed as to deserve this praise a number of things are to be considered, for traction misapplied certainly is of no use, and often is downright distressing, and in many ways harmful.

The crucial test as to the propriety of using traction is, does it or does it not give relief—I am now speaking of its use while the disease is in progress. If it does, it is certainly indicated, if not, it is of doubtful utility; if it occasions distress, it is certainly contraindicated. But before deciding that it does not give relief, we must answer at least the following questions:

1st. *Has the traction been long enough continued?*

In order that it may do any real good, the traction must be long continued, although the relief of pain may be immediate and continue as long as the traction is employed, yet as the disease is very inveterate and slow in changes, any plan of treatment that aims to be successful must be persisted in for a long time.

2d. *Is the amount of traction proper?*

It sometimes happens that the traction is insufficient and but partially overcomes the muscular spasm. In that case addition to it will give the desired relief. But it is quite as likely to happen that the traction is unnecessarily great. The relief gained is not, as was formerly imagined by some, from the separation of diseased surfaces. This separation is scarcely possible under any amount of force likely to be employed by a surgeon; and again, it is very probable that whatever separation could be accomplished has already resulted from the effusion within the joint. The relief is gained simply from the prevention of muscular contractions which violently grind together the inflamed and perhaps eroded surfaces. The aim of the surgeon should then be, not to use all the traction that can be tolerated, but to use the smallest amount that will ensure the rest of the articulation.

3d. *Is the traction made in the right direction?*

It should always be borne in mind that the position in which the limb, a joint of which is diseased, is found, is not the result of accident. In the first place the muscular spasms, resulting from the joint irritation, change the position of the joint from the normal one. But the irritation affects not a single set of muscles alone, but several, and their contraction varies according to the relative strength of the muscles and the degree of irritation. The limb cannot follow the dictates of each group, and the position assumed would express the resultant of their forces were it not that there is added a certain amount of instinctive or semi-voluntary muscular action, having for its object the diminution of or abolition of motion in the joint. The position of the joint then—excepting cases where adhesion exists, or where some muscles may have become contractured—represents the equilibrium of the muscles to prevent attrition. The position of fixation is probably not painless, and is not maintained without serious effort, but it is generally the attitude of minimum suffering. This position of equilibrium should not be rudely disturbed, for an attempt to suddenly change it causes a spasm of those muscles at the expense of which the change is effected, and this spasm will cause pain, possibly trivial but most probably agonizing. If in such a case then we desire to make traction, we should first see that the tractile force is applied in such a direction, or in such direc-

tions, as shall exactly supply the place of the muscular contractions, if they have been sufficient to keep the patient free from acute pain. Then, when the relief of the pain allows the muscles to relax, the direction of the traction may be gradually changed from that first assumed to that calculated to bring the limb into the desired position. To illustrate: A diseased hip with strong contraction of the flexors of the thigh will be rather irritated than relieved by traction (by weight and pulley) horizontally when no allowance is made for the angle of flexion. The insertions of the contracted muscles become a fulcrum, the traction will move the thigh in an angular direction, like a lever, and the effect will be to crowd the head of the femur into the acetabulum instead of preventing such crowding. So in a contracted knee, and generally.

In a similar way traction may defeat itself through the tension of muscles and become a real compression of the diseased joint: thus, when the synovial sac of the knee is much distended with liquid, traction from below the knee may act simply to compress the subpatellar enlargement beneath the rectus and the vasti, or in the same way to crowd eroded surfaces together. In such a case these muscles must be relaxed by position or by strapping them *toward* the joint.

4th. *Is the traction acting on the proper joint?*

Where, as is generally the case, the joint diseased is in a limb, any traction applied to the extremity of that limb will be distributed over the various joints. Some of them would be thus subjected to unnecessary or injurious traction. The method of applying the force should therefore be such that all joints between the point of application and the joint to be acted upon should be efficiently protected against the traction. The particular means of protection must vary with the kind of traction employed.

The length of this paper forbids my entering upon any discussion of the general principles of portable traction instruments. It may facilitate discussion, if I recapitulate the points I have endeavored to establish.

1st. The origin of the mechanical treatment of joint diseases was empirical.

2d. That the involving of the discussion of this plan of treatment with a question of etiology is unfortunate and unwarrantable, since the etiological dispute is largely one of terms, and is yet too far from settlement to be allowed to dictate what shall be the surgical treatment.

3d. That too eager espousal of the one or the other side of the controversy may lead to abuses.

4th. That in any event the merits of a local mechanical treatment are sufficient to demand its employment.

5th. After speaking of some simple means of retention, I have enumerated some of the essentials of the proper use of traction.

St. Luke's Hospital.—Dr. J. L. Little has been appointed Consulting Surgeon, and Dr. James R. Leaming, Special Consulting Physician for diseases of the heart and lungs.

Medical Society of the District of Columbia.—This Society celebrated its sixtieth anniversary December 20, 1877. Addresses were delivered by Drs. J. M. Toner and A. Y. P. Garnett.

Dr. Anton Fleischer, Professor of Chemistry in the University of Klausenburg, committed suicide recently. He was driven to the fatal act by the unbearable suffering caused by an incurable disease.

Reports of Hospitals.

BELLEVUE HOSPITAL.

Notes of Practice and Peculiarities of Treatment.

QUININE IN THE TREATMENT OF INTERCOSTAL NEURALGIA—DIAGNOSIS BY EXCLUSION AND BY DIRECT EVIDENCE.

A female patient complained of pain in the chest. It had continued four weeks, and at times had been rather severe—sufficiently so to interfere with the act of respiration. The pain, as it commonly is in this disease, was in the left side, and the patient was somewhat anæmic. Diagnosis of intercostal neuralgia was reached *first*, by exclusion; and *second*, by direct evidence, consisting of points of tenderness in the course of intercostal nerves. These points of tenderness on pressure were three: 1, in the intercostal spaces near the sternum; 2, in the infra-axillary and axillary regions; and 3, close to the spinous processes. The explanation of the tenderness at these points is that in these three situations the intercostal nerves send out cutaneous branches. The treatment recommended in this case was to develop slight cinchonism and maintain it for *two weeks*. It was regarded necessary to thus prolong the cinchonism in order to determine whether quinine was to prove efficacious in the treatment of any of these cases. Many cases did not yield until nearly at the end of two weeks, but if slight cinchonism was kept up for that length of time and the neuralgia was not benefited, it was quite evident that some other measure would be required.

SUPPOSED CASE OF PROGRESSIVE PERNICIOUS ANÆMIA—CANCER OF THE STOMACH—INTERESTING CASE FROM TWO POINTS OF VIEW.

A male patient, who dated his sickness from the summer of 1876, was admitted to the hospital in July, 1877. Physical examination, at the time of admission and subsequently, was negative with reference to all his internal organs. His peculiar pale countenance suggested examination of the blood, when it was found that there was evident diminution of the normal proportion of red globules, but the white globules were apparently undisturbed; there was no pigment in the blood. There was loss of digestion; the patient vomited his food occasionally, and occasionally suffered from diarrhœa. The anæmia had been progressive for a year or more when admitted to the hospital, and yet no satisfactory explanation of the condition could be found. There was no tumor, or pain, or vomiting of blood, or other symptom which suggested the existence of cancer of the stomach, and yet at autopsy cancer of that organ was found.

The case was interesting from two points of view: 1. As bearing upon the existence of the disease which has received the name of progressive pernicious anæmia; and 2, as illustrating the sparcity of symptoms which may attend the development and progress of cancer of the stomach.

CARDIAC DILATATION—RAPID DEVELOPMENT OF SERIOUS CARDIAC SYMPTOMS FROM APPARENT HEALTH.

A middle-aged man dated the beginning of his present condition at three months ago, when, after what he regarded as a trifling exposure at Creedmoor, he was seized with a chill, which was followed by a fever and pain in the left side. He was never sick

previous to that date. His sickness at that time kept him in bed for a few weeks, and he then was able to get about some, but unable to perform any labor which called for much physical exertion. During his sickness he had some cough and expectoration, and occasionally spat up *small masses of dark-colored blood.* He had lost about fifty pounds of flesh. He was unable to walk very much without getting tired, and was unable to go upstairs without sitting or lying down several times to get relief from the shortness of breath. During his acute sickness there was simple swelling of the feet without redness or pain. He was a marksman, and previous to the date assigned as the beginning of his sickness had been able to hold his rifle with perfect steadiness; that is, it received no noticeable motion from the body. He had been in the habit of drinking lager-beer for many years.

Physical examination revealed the existence of an increased area of cardiac impulse, epigastric pulsation, pulsation in the carotid, very indistinct apex beat, and situated to the left of the nipple. The case was regarded as one of probable dilatation of both sides of the heart, but especially of the left ventricle, and without compensating hypertrophy.

TENDERNESS UPON PRESSURE ON DIFFERENT PARTS OF THE STERNUM AS A SYMPTOM OF CONSTITUTIONAL SYPHILIS.

The case was one in which the presence of syphilis was suspected, and yet no history of the primary lesion could be obtained, nor could the evidence of secondary manifestations be made clear. Tenderness upon pressure over different parts of the sternum, especially the epigastric portion, was regarded as exceedingly strong evidence in favor of the presence of constitutional syphilis, for it was said there is nothing except that disease which produces such tenderness.

DOUBLE PNEUMONIA—A CASE SPECIALLY INTERESTING WITH REFERENCE TO TREATMENT.

A male patient, æt. 50 years, while in a state of partial intoxication, fell into the river, where he remained five or six minutes before being rescued. When brought into the hospital he was intensely cold. He was admitted at 2 A.M. on the 11th of the month. Although not actively delirious, his mind was wandering, there was slight fever, the pulse was 105, and his urine normal.

Soon after, his temperature was found to be 103½° F., and grs. xv. of quinia (sulphate) were administered. Evidence of pneumonia in both lungs was present.

Dec. 12th.—Temperature in the morning, 104°; in the evening, 102° F. Pulse, 120. Respiration, 28 in the morning; and at 3 P.M., P. 132 and R., 32. Patient delirious, tongue white and moist; pupils contracted. On account of the high temperature, the quinine was increased to thirty-grain doses, and ʒ ss. doses of whiskey were given every three hours. To-day symptoms of pulmonary œdema developed, and immediately dry cups were applied, and also wet cups, the latter removing ʒ x. of blood. One hundred dry cups were applied within a few hours. The patient also received twenty drops of tr. digitalis and half an ounce of whiskey hypodermically. These measures of treatment cleared up the symptoms of œdema of the lungs. Evidence of œdema of the lungs returned, and dry cups were again applied. In the progress of the case over 200 dry cups were employed, and ʒ x. of blood were removed by wet cups. Besides, whiskey, digitalis, carbonate of ammonia, were freely administered hypodermically and otherwise, and a liberal supply of nutritious food was given.

On the 13th there was marked improvement in all the symptoms, both local and general.

REDUCTION OF TEMPERATURE BY MEANS OF THE SPONGE-BATH — INTERESTING CASE WITH REFERENCE TO DIAGNOSIS AND TREATMENT.

A female patient had a fever, yet no local cause could be found to account for it, and it lacked the characteristics of any of the essential fevers. It was wanting in many of the characteristics of typhoid fever. There was no diarrhœa, no tympanitis, no eruption, and only slight sensitiveness upon pressure in the right iliac region. There was neither delirium nor appearance of stupor. If the case was not one of typhoid fever, what was it? It was believed by the visiting physician to be probably true that there are fevers which are really fevers of different species, but which at present are necessarily classed under the head of typhoid fever.

There was considerable rise in temperature, and yet the skin was quite cool, and the pulse scarcely accelerated.

With reference to the elevation of temperature and the means employed for its reduction, the following note was made.

On the fifteenth day of the fever, the patient was placed under treatment by means of the sponge-bath, and the house-physician, Dr. Chadwick, proceeded in the following manner. The patient's clothing was removed entirely; then with *tepid* water the whole of the anterior surface of the body was sponged, the patient was then turned upon the face and the entire posterior surface of the body sponged in the same manner; the sponging was continued *fifteen* minutes each time.

Dec. 7th, 3.30 P.M.—Temperature, 103½° F. The sponge-bath was used, and at 3.55 the temperature was 101½° F.

At 5.30 P.M. the temperature had reached 104° F. The bath was repeated, and at 5.55 the temperature was 103° F.

At 6.30, without another bath, the temperature was 102° F.; at 7.30, 101½°; at 9, 101°, and at 12 P.M., 101° F.

The effect of the bath apparently continued for some time.

Dec. 8th. 3 A.M.; temperature 103°, sponge-bath, and at the end of twenty-five minutes the temperature was reduced to 101½° F. At 7 A.M. the temperature was 98°, from which point it arose until at 3 P.M. it had reached 103° F. The sponge-bath was then used, and at 4 P.M. the temperature was 103½° F. The bath was renewed, and at 4.30 P.M. the temperature was 102°; at 5 P.M. 102½°; at 6 P.M. 102¼°; at 10 P.M., 102½° F.

Dec. 9th, at 2 A.M. the temperature was 103½° F.; the sponge-bath was used, and at 2.30 A.M., the temperature was 102° F. At 7 A.M., the temperature was 102½°; at 8, 102¾°; at 9, 102½°; respiration 30, and pulse 80. At 10 A.M., the temperature was 101°; at 12 M. 104° F. The bath was then repeated, and the temperature fell to 101½° F.

At 1 P.M., the temperature was 101½°; at 4 P.M., 101½°; and at 6 P.M., 102¼°.

Dec 10th; at 1 A.M., the temperature was 102°; and at 11 A.M., 101¼° F. At 2 P.M., the temperature was 103½°. The bath was resorted to, and the temperature soon after was found to be 104° F. The bath was repeated, and at 3 P.M. the temperature was 103½° F; at 4 P.M., 102°; and at 5 P.M., 103° F. The bath was

repeated and the temperature soon fell to 101° F. At 12 P.M., the temperature was 100½° F.

Dec. 12th; at 2 A.M., the temperature was 100½°; at 8 A.M., 100½°; at 10 A.M., 100½°; and at 6 P.M., 103° F.; pulse 80, and respiration 20. The bath was again employed. At 10 P.M., the temperature was 102° F., and at 12 P.M., 101° F.

At the time this note was made, Dec. 13th, 10 A.M., the temperature was 100° F., and the outlook of the case was good.

THE RELATION OF CARDIAC ENLARGEMENT TO EFFECTS PRODUCED UPON RESPIRATION IN CHRONIC HEART DISEASE—ILLUSTRATIVE CASES.

Two cases of chronic heart disease were seen which were interesting by way of contrast. In both cases there was physical evidence of valvular lesion; both patients had a musical, aortic, regurgitant murmur. There were no other valvular lesions in either case. One patient, however, suffered in a marked degree from shortness of breath on slight physical exertion, and in his case there was an increased area of cardiac dulness.

The other patient had little or no enlargement of the heart, and did not suffer specially from symptoms referable to the chest. The man was anæmic, but he did not suffer from labored respiration. The cases illustrated the fact that it is the enlargement of the heart, coincident with valvular lesion, that stands in direct relation to symptoms of cardiac disease, especially with reference to the effect produced upon respiration.

Progress of Medical Science.

DILATATION OF THE URETHRA BY THE URINE ITSELF.—Towards the end of the last century Brunninghausen recommended this method of dilatation, which he claimed to be more easy and simple than that by bougies. To practise it the patient must simply compress lightly the urethra behind the glans with his fingers whenever he wishes to urinate. The pressure must be such that the urine can only escape slowly and after having remained some time in the canal; as a necessary result the canal will be more or less dilated through its entire length, in the constricted as well as in the healthy portion. If this be repeated every time the urine is voided, the same effects will gradually be produced as if bougies had been used, while at the same time the inconveniences of the latter are avoided. M. Bérenger-Férand has employed this method in his practice, and the following are the conclusions he has arrived at with regard to it:

1. Dilatation of the urethra by the urine, repeated at each urination for a long time after a prolonged attack of gonorrhœa, seems to prevent the formation of strictures.

2. In cases of moderate strictures it seems to have restored the normal calibre of the canal, or at least to have restored the calibre sufficiently to render micturition easy.

3. After the operation of urethrotomy it will perhaps prove useful to prevent, or at least to retard notably, the return of the constriction.

4. In cases of varicose dilatations at the neck of the bladder, or in the membranous portion of the urethra, it appears calculated to be serviceable.

5. It seems to prove useful also in the cases of partial or total hypertrophy of the prostate in old men. In such patients the first drops of urine, which are emitted with so much difficulty and slowness, will serve effectually to fill the canal if the meatus be kept closed. When the ordinary calibre of the canal is once re-established in this way, the remaining contents of the bladder can be evacuated easily. The method has this great advantage, that it does away with the difficulty of emission after the first drops have escaped from the bladder; when it is not employed, the difficulty of emission persists during the entire act: the micturition, moreover, becomes intermittent, and the bladder is incompletely emptied, as a result of which, frequent desire to urinate is soon experienced.—*Lyon Médical*, October 7, 1877.

IS CASEOUS PNEUMONIA TUBERCULOUS? — Prof Charcot insists that the fundamental and exclusive basis of all caseous masses, large or small, in the lungs is tubercle. The ordinary microscopic gray granulation consists of an aggregation of elementary tubercles, each of which consists of a central giant-cell, surrounded by a zone of embryonic cellules that are readily colored by reagents. When degeneration sets in, the central giant-cell is the first to undergo the caseous transformation; it is no longer tinged by carmine. In agglomerate masses of tubercle, the central follicles are the first to become caseous. In caseous pneumonia, the diseased mass is really made up of tubercles, but they are lost sight of in consequence of their enormous numbers. When a section from a small caseous nodule is examined under the microscope with a low power, the lobular bronchus and arteriole are found imbedded in caseous islets. Otherwise, with this power, the pulmonary tissue appears healthy. When higher powers are used, the central bronchus and arteriole are seen to be more or less obliterated, and their walls to be more or less altered. They are surrounded by a yellowish, uniform mass, which does not color with carmine. In this mass caustic soda reveals elastic fibres, which outline the alveoli. The zone around it colors red, and is composed of embryonic cells. Here and there at the periphery of this zone are giant-cells arranged like detached forts. Each of these giant-cells is surrounded by a small embryonic zonule; it seems to be the centre of formation of an elementary follicle, just as it would be a centre of crystallization in mineralogy. In a word, each islet is merely an agglomeration of elementary tubercles, which increases peripherally by the formation and annexation of elementary follicles, each with its central giant-cell. The larger caseous masses, whether they be as large as a nut or fill an entire lobe, are formed in the same way; the zone of embryonic cells and giant-cells will always be found at the periphery.

A careful examination of the pulmonary parenchyma around the nodules will, according to Charcot, demonstrate still more conclusively the error of Virchow and his followers, in regarding caseous pneumonia as simply a degenerated pneumonia. The neighboring alveoli are filled with proliferated epithelium, or with fibrinous, purulent, or mucous exudations; these pathological products, however, never undergo real caseous degeneration. Here, as elsewhere, the epithelial cells become granular and fatty, and form granular bodies, etc.

Prof. Charcot consequently believes that we must return to the theory of Laënnec; caseous or pneumonic phthisis is by nature tubercular. It is constituted by agglomerations, often very voluminous, of tubercles.—*La Tribune Médicale*, Sept. 23, 1877.

PHYSIOLOGICAL ACTION OF PAO-PEREIRA (*geissospermum laeve, Baillon*).—The following is a *resumé* of a

communication made to the *Académie des Sciences* by MM. Bochefontaine and de Freitas, on the physiological action of the pao-pereira. In their experiments they employed the infusion and the alcoholic extract of the powdered bark, and also geissospermine (pereirine) dissolved in water or alcohol. The effects were studied on frogs, Guinea-pigs, and dogs, the drug being administered by hypodermic injection.

1. Geissospermine has no, or at least only a very feeble, local irritating action, and hence is suitable for hypodermic use.

2. It is a toxic substance. Two milligrammes (gr. $\frac{1}{31}$) prove fatal to a frog, when introduced under its skin; one-half milligramme (gr. $\frac{1}{135}$) is enough to cause paralysis. Administered in the same way, one centigramme (gr. $\frac{1}{6}$) proves fatal to an adult Guinea-pig. Two grains are sufficient to paralyze a small dog so as to render all spontaneous movements impossible.

3. In many of the experiments, geissospermine diminished the frequency of the heart-beats. This fact has also been noticed clinically. The arterial pressure in the carotids was notably diminished.

4. The respiratory movements become less frequent.

5. The voluntary movements cease before the reflex movements. The drug consequently seems to act on the brain.

6. Finally, the reflex movements are gradually abolished. The drug, consequently, acts on the spinal cord and the medulla. In a frog from which the brain had been removed, but in which the cord still retained its reflex power, this power was abolished by geissospermine.

7. The sensitive nerves appear to preserve their functions as long as the motor nerves. When the main artery of one hind leg of a frog is ligated, and the geissospermine is injected into one of the front legs of the animal, the limb whose nutrient artery has been tied is not affected by the poison. Nevertheless the reflex movements excited by irritation of the sensitive nerves are exactly the same in both hind legs. The excitability of the nerves is not lost until the animal has been torpid and inert for a considerable time.

8. Muscular contractility is not affected by the poison, for it persists even after the death of the animal.

To conclude, the active principle of geissospermum læve is a paralyzing poison, which abolishes the physiological functions of the central, gray, nervous substance, and particularly of the gray substance of the spinal cord.—*Le Mouvement Médical*, Sept. 15, 1877.

Diapedesis of Leucocytes in Man.—In a short but very interesting memoir, Prof. Collin, of Val de Grace, gives the results of his studies on the migration of leucocytes in man. He shows that clinical observation and pathological anatomy confirm the researches of experimental physiology. It has long been known that when a fine, colored powder, carmine for instance, is injected into the vascular system of an animal, the leucocytes seize on the small red granules, envelop them with their protoplasm, and carry them along through the blood-vessels. They can readily be followed through the circulation, and it is easy to demonstrate their passage through the vascular walls, and their extravasation into the surrounding cellular tissue. In malarial poisoning and the melanæmia which results from it, pigmented depots are found in different tissues, particularly in those which are in most intimate contact with the blood, such as the vascular walls. These depots are derived originally from the red blood-corpuscles, which are destroyed in the spleen. The white blood-corpuscles, as has been proved by microscopical examination, take up the débris of the red globules, and escaping from the blood-current, form with it the pigmented collections in the vascular walls and in the different tissues. According to M. Collin, this migration of globules filled with pigmentary corpuscles is very active. In countries where malaria is rife, the yellowish, earthy tint which is due to general pigmentation of the tissues, and consecutive to a diapedesis of white globules filled with pigmented granules, sometimes appears after only two or three attacks of fever. —*Le Progrès Médical*, Sept. 22, 1877.

The Ætiology of Diphtheria.—Dr. Thorne has observed and reported an extensive epidemic of diphtheria occurring at Great Coggeshall, in Essex. The outbreak commenced in November, 1875, and continued till the end of 1876. The disease was at first not recognized, the first seven deaths being registered as due to "croup." Dr. Thorne, however, satisfied himself that these early cases were diphtheria, showing amongst other things that the disease was from the start of an infectious character. No antecedent case could be heard of, and both Great Coggeshall and the surrounding district had been for some time remarkably free from those diseases liable to affect the throat, thus having more or less affinity with diphtheria. There were no diseases among the cows that might affect the milk supply, nor were there any known sanitary defects common to the houses first attacked. Dr. Thorne confidently expresses the opinion that the first case or cases had not been arrived at. Strong evidence is brought to show the infectious nature of the disease; in one series of cases the infection is traced through fifteen persons, starting from two children who were attending school. The whole place is remarkable for the dampness of its site. The effect of temperature and rainfall on the spread of the disease was very marked, and from the tables Dr. Thorne has prepared it is seen that the largest number of attacks occurred during the months of excessive rainfall and comparatively low temperature, whereas, with a rising thermometer and a diminished rainfall, the number of attacks became smaller. Owing to the bad sanitary arrangements throughout the entire place, observations on this point were unsatisfactory, but it was noticeable, nevertheless, that a very large proportion of the cases occurred in overcrowded and ill-ventilated houses. In two instances second attacks occurred, and in each the second attack was far worse than the first. In one of them the last attack was fatal.—*The Practitioner*, November.

Adulteration of Butter with Fat.—Butter is frequently adulterated with other animal fats, such as suet, lard, margarine, etc. It is often difficult to discover this adulteration, because the chemical and physical properties of the doctored article differ very little from those of pure butter. Dr. Jaillard, of Algiers, employs microscopical examination in his analysis of butter, and finds it more reliable as well as more simple than the chemical examination. Pure butter appears under the microscope as round globules, varying in dimensions, while the other animal fats appear under the form of needle-like or branched crystals. When the butter has been adulterated with fats, these crystals will be found in more or less abundance.—*Journal de Méd., etc.*, August, 1877.

THE MEDICAL RECORD:

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THE PECUNIARY VALUE OF EXPERT TESTIMONY.

A DECISION has recently been rendered, before the Superior Court of Indiana, which is of the greatest interest to the medical profession not only of that State, but of the whole country. The question which was sought to be settled was, whether or no a physician has a right to receive compensation for testimony as an expert in a court of law. Until the case to which we shall refer was brought up for serious adjudication no one had any doubts on the subject, and that such doubts have been created will be as much a surprise to the majority of the profession as were the arguments upon which they were based.

On the 16th day of November, 1877, Dr. Thomas J. Dills, a practising physician of Fort Wayne, Indiana, was summoned by subpœna to testify as an expert in the case of the State against Robert Hamilton for Rape. After answering the usual questions as to qualifications, he was asked the following by counsel for the defense: "State whether or not, in cases of female menstruation and towards the end of the period, there is sometimes a retention of a portion of the menses." This the witness refused to answer, upon the ground that it called for his professional opinion as a matter of right and without compensation. He thereupon filed his objections and appealed to the court in behalf of the justice and equity of his claim. After due deliberation, Judge Borden ruled against the petition, and on further refusal he adjudged the witness in contempt and ordered his commitment to the county jail as a punishment therefor. A writ of *habeas corpus* was sued out before Judge Lowry, who, after a long and patient research in English common law, statutory enactments, etc., decided against the suit and remanded the witness to the custody of the sheriff. After this decision the witness returned to the stand, purged himself of contempt, but offered his testimony under protest, thus reserving all his individual and professional rights before the law.

The case was in many respects a novel one, and, as we shall see by reference to the opinion of his Honor, Judge Lowry, was the occasion of some curious exceptions. The question to be decided by Judge Lowry was, as stated in his own words, briefly this:

"Has a person called as an expert—in this case a physician—having in all other respects as to attendance as a witness, at the instance of the defendant, and answering all preliminary questions in a trial in the criminal court for felony, when called upon for his opinion upon a question of skill pertaining to his profession, a right to refuse to answer until provision is made for his compensation, either by the defendant or the court; or is he in such case guilty of contempt and subject to imprisonment?"

In regard to the matter of special compensation, it is contended by his Honor that no provision therefor has been made in common law, and that even in criminal prosecutions there has been no distinction between witnesses testifying as to facts and those called as to questions of skill. So far, then, as the common law is concerned, the question would seem on general principles to be settled.

Examining into the subject still further, his Honor bolsters up his argument against extra compensation by a reference to statutory enactment. There is a constitutional provision in the laws of Indiana providing that

"* No man's particular services shall be demanded without just compensation. No man's property shall be taken by law without just compensation; nor, except in case of the state, without such compensation first assessed and tendered."

While the fact of the existence of this law is of course admitted, its applicability is denied; that is to say, it is claimed that a man's opinion is not his special and individual property, and is therefore not comprehended in the term "particular services."

The manner in which this proposition is attempted to be proved by the judge is so ingenious, and carries with it so much of the air of subtlety, that we make from his charge the following quotation in point:

"When a witness is required simply to testify in a court of justice, it cannot be said in the sense of this provision that his property is to be taken. He is not to be deprived or divested of anything. If he have an opinion on the question in hand, it is not proposed to dislodge it or dispossess him of it and transfer it to the enjoyment and dominion of some one else. It is proposed simply that he shall give it expression. To do this it is necessary to set in motion the organs of speech. By their use he lays before the jury a statement of the laws appertaining to some department of nature, science, art, life or business not within the common and general observation and knowledge of mankind. This knowledge he has at some previous time acquired through the use of his senses, by the impressions made upon them from without, and by classifying, arranging, and comparing those impressions he has formed conclusions or opinions. He is now required to state what those opinions are; or it

* The Bill of Rights, Art. 1, Sec. 21, Const. Ind.

may be he is simply to state what the views of others of acknowledged authority are as received and acknowledged by his profession, as he may have got those views from books or heard them from the platform. This is obviously, in either case, a 'service' that he is required to render. It is not even some original combination of forces, or some new and grand invention of his own, that he is required to divulge. It is not an hereditament, corporeal or incorporeal—nor an easement connected therewith—nor a corporeal or incorporeal chattel."

Another reason for considering the services in the case in question of no pecuniary value is that they were to be rendered in a criminal case. (Israel *vs.* State, 8 Ind.) On this point the Judge remarks:

"We do not propose to go into a discussion with a view to a definition of 'particular services;' but we are prepared to say that the services of witnesses in criminal cases are not particular, but are of the class of general services which every man in the community is bound to render for the general as well as his own individual good. It is as much the duty and interest of every citizen to aid in prosecuting crime as it is to aid in subduing any domestic or foreign enemy; and it is equally the interest and duty of every citizen to aid in furnishing to all, high and low, rich and poor, every facility for a fair and impartial trial, when accused, for none is exempt from liability to accusation and trial."

Again, another reason which he offers why professional opinions in court should not be considered of extraordinary value, is simply that "persons in every pursuit in life are subject to be called as experts, to speak in court on questions appertaining to the particular domain of life in which they are engaged."

In further support of this particular view, his Honor quotes what he considers to be a case in point (Gaston *vs.* Board of Commissioners Marion Co., 8 Ind., 407). In that instance Dr. Gaston was directed by the coroner to make a post-mortem examination to determine the cause of death. He complied, and filed a claim accordingly. In that case the Court ruled in effect that "in a case where a post-mortem was really necessary, the coroner, by his employment, might bind the county to the payment for a sufficiency of professional skill to make the examination." What is considered to be the strong point here is that the Court did not allow extra fees for mileage and for attendance as a witness.

Having thus sketched as briefly as possible the charge of Judge Lowry, and presented the purely professional aspects of the question, we are prepared to discuss them in the order of their presentation. The first point which invites our attention is whether the opinion of a professional man is his property, and can be demanded as such by law, without compensation.

It must be acknowledged that a man's opinion is peculiarly his own. In the proportion as such an opinion is the result of an outlay of time, money, and labor, it becomes more or less valuable. It represents an entity of investment which is acknowledged by every one and rated accordingly. It is as much property, in the ordinary acceptation of the term, as any substance the existence of which is recognized by legal title. It is so much stock in mental trade, for which the world is willing to pay.

Judge Morris, the counsel for Dr. Dills, makes a strong point in this connection by quoting in his argument the decision in the case of Webb vs. Baird (6 Ind., 13), and applying it to his client's profession: "To the attorney his profession is his means of livelihood. His legal knowledge is his capital stock. His professional services are no more at the mercy of the public as to remuneration than are the goods of the merchant, the crops of the farmer, or the wares of the mechanic."

We fail to see how any professional opinion is proved not to be property because the party delivering it is not apparently impoverished. If we view an opinion as an entity its bestowal upon another, and for his uses, implies, as far as that particular case is concerned, a direct and unconditional surrender. It is then as much the property of the person receiving it as it was formerly of the person who gave it. As the party giving an opinion yields up an exclusive right to it, he is made the poorer in proportion to the many whom he has benefited by its expression. The giving expression to an opinion implies to the party receiving it all the benefits of actual possession. If an opinon is of any value to the party receiving it, the one who gives must be somewhat of a loser, else we are forced to the acknowledgment that something can come out of nothing, or what is the same thing, that a part can be taken from a whole without the latter suffering any change. Of what possible value are professional opinions if they are not worth paying for?

His Honor does not consider that it is any labor to give an opinion; all that it is necessary to do being "to set in motion the organs of speech." The Court would seem to draw a distinction between the expression of an opinion and the opinion itself.

His opinion on this question would seem to be a striking illustration of this theory, in that its expression is its most remarkable feature, and proves how much may be said by merely putting "in motion the organs of speech." If his Honor's theory be true, why could not any fool give it equal force and expression by merely setting "in motion his organs of speech?"

That professional opinions should not be paid for simply because the trial was a criminal one, is the poorest possible objection. When a medical man is a mere witness to facts, he is bound with every other citizen to testify to all he knows in regard to them. In this respect all men, professional or non-professional, are equal. When, however, professional opinions are asked, the testimony becomes of a particular character, of more than ordinary value, and should be recompensed accordingly. These particular opinions are really more valuable to the community in the trial of criminal cases than in any other. According

to the new doctrine, however, this is perhaps the very best reason why the State should simply demand and not pay for them.

Not only this, but the physician, while bearing the burden of an ordinary witness, has that of an extraordinary witness forced upon him as well. His capital and stock in trade, his education, his individual experience, and the time which belongs to the practice of his profession, whereby he makes his daily bread, are all placed under contribution by the State, simply because all that it is necessary for him in giving a professional opinion is to "set his organs of speech in motion." In either case he must answer all and every question without reserve. As an ordinary witness, this is his duty; as an expert, this is his misfortune. To be equal with all other citizens, he has no business to have more than ordinary knowledge of matters and things.

In order to further prove that expert testimony should not receive any extra pay, his Honor states that all professional men are alike, as each and all are liable to be called upon for special and expert opinions.

We grant this so far as giving testimony is concerned, but it is by no means plain why any court should command these services without recompense. There is a strange lack of relation between services and pay which can hardly be explained merely on the ground that such services are professional. This is probably one way of interpreting the principle of law which provides against any extra tax upon a particular class, by allowing imposition upon as many classes as possible.

In the case of Gaston *vs.* Board of Commissioners, which is apparently relied on by his Honor to prove that medical witnesses as such are not entitled to extra fee, there is a direct contradiction to his view. Here a post-mortem was considered necessary, and a pecuniary equivalent allowed. Everything relating to that autopsy was paid for with a view that it should furnish aid in the trial. The professional opinion upon that case, founded upon said autopsy, was as valuable as for any other expert service, and the mere fact that the witness did not get extra mileage and extra fees for expressing said opinion has nothing to do with the main issue.

There are many other points which are of a technical character, but which, having no direct professional bearing upon the case, we pass by. The case has, however, been appealed in a masterly argument by counsel for the witness. As we before remarked, the ruling in this instance, until it be set aside, is, in the light of a precedent, a dangerous and unjust one to the profession, and the appellant deserves the thanks of his brethren for the course he has pursued in making his case a test one.

We are informed both by Court and counsel that the plea is a novel one, that in fact no question like the one under consideration was ever brought up for settlement. In reading, however, a very able address on the "Medical Witness," delivered before the Indiana State Society by Dr. Wilson Hobbs, of Knightstown, Indiana (Trans. Ind. State Med. Soc., 1877), we find a reference to a letter from the distinguished Medico-Jurist, Dr. John Ordronaux, and in answer to a question upon this very point Dr. Ordronaux calls attention to the case of the People *vs.* Montgomery (13 Abbott Pract. Rep., N. S., p. 207), where the Court said:—"A witness meets the requirements of a subpœna if he answers in court when required to testify and gives proper impromptu answers to such questions as are then put to him. He cannot be required, by virtue of the subpœna, to examine the case, to use his skill and knowledge to form an opinion, nor to attend, hear, and consider testimony given, so as to be qualified to give a deliberate opinion in a question of science arising upon such testimony." Even previous to this ruling, however, it has been and still is the custom to pay for expert testimony when such compensation is demanded before the examination-in-chief.

THE NEXT MEETING OF THE STATE SOCIETY.

THE next meeting of the Medical Society of the State of New York will be held January 15, 1878, at Albany. As will be recollected, the time of holding the meeting was changed last year from June to the date named. We are constantly reminded of the necessity of giving regular notices of the meetings; otherwise, in consequence of the frequent changes of time which have been made of late, there might be a possibility that many of the members might become confused and lose an opportunity for attendance. The time set for the present meeting is illegal unless some special legislation is obtained beforehand to make it otherwise. We presume, however, that this will be attended to in time to prevent the Society from stultifying itself by the motion made last year. Let us hope if, for no other reason than that the Society should have a regular time to meet, that no further change will be made. We have no doubt that under the able presidency of Dr. Foster Jenkins, of Yonkers, the Session will be a very enjoyable and profitable one. There does not seem to be any doubt that the programme will be well filled, and that the usual number of valuable and interesting papers will be presented.

Dr. Squibb last year inaugurated a plan of soliciting papers, which on the whole was a very good one. It certainly secured an abundance of scientific material. In fact, if anything there were too many papers crowded into the allotted time, and there was too little opportunity for discussion. This was a trouble which might have been anticipated by referring all papers thus obtained to a proper committee. Far from the latter being the case last year, the Business Committee had but little more to do than to read the order of exercises. Doubtless Dr. Jenkins has provided for all these contingencies, and will in so far profit by the misadventures of his predecessor.

For the first time the new rule for the selection of the Nominating Committee will come into play. Heretofore the members of this committee were named by the President, now they are to be selected by the members of each district. It is difficult to see how any improvement could be made upon such an arrangement, or how its representative character could be more effectually secured.

THE LYING-IN HOSPITAL AT WASHINGTON AGAIN.

A WASHINGTON correspondent, and an Assistant Surgeon in the army, takes exception to our recent strictures upon the management of the Columbia Hospital for Women and Lying-in Asylum, and transmits the report of the institution for the fiscal year ending June 30, 1877, by way of furnishing the materials for correcting certain statements. As the statements were not only based upon, but explicitly credited to an article republished in pamphlet form from the November number of the *Louisville Medical Journal*, no original investigations of ours being either implied or pretended, it is a little singular that our correspondent omits to furnish the materials upon which a specific denial of the strictures can be predicated; particularly as we have no partisan bias to subserve in such strictures, and would be delighted to make the *amends honorable* most fully, were sufficient reasons assigned for doing so. For example, in looking over the schedule of annual appropriations submitted by the treasurer, it appears that for the six years ending June 30, 1877, they have amounted to $203,100. Add to this amount the appropriations for 1866 to 1871, inclusive, in all $73,000, and the sums appropriated to the hospital since its foundation foot up to the enormous aggregate of $276,100—almost $50,000 in excess of the aggregate stated upon the authority of the pamphlet. It is very true that the schedule of the treasurer accounts in full for the appropriations; but this is altogether beside the question whether extravagant expenditures have or have not been one of the features of the management under Dr. J. Harry Thompson, of whom our correspondent frankly confesses that he knows nothing. Eight thousand dollars for a mansard roof is, for illustration, a rather extravagant amount for such an improvement. Again, while the number of pay-patients and the amounts received for the last two fiscal years are stated in the report of the treasurer, their number under the administration of Dr. Thompson is not stated, and this is just the point at issue. Neither the present surgeon, Dr. P. J. Murphy, nor the administration of the hospital since he was appointed resident physician, was called in question in the article to which exception is taken; and as the report transmitted by our correspondent makes no answer whatever as respects the receipts from pay-patients from 1866 to 1875 inclusive, although the appropriations from 1872 to date form a part of the document, it is difficult to understand upon what data the allegation that such moneys have not been accounted for during Dr. Thompson's administration is to be authoritatively denied. Most certainly not upon the authority of the report, for, while giving the receipts from that source as $8,905 for the last two years, it ignores the nine years preceding. That the amount paid by such patients has been from $6 to $10 per week is not denied, nor are any of the material allegations of the critic in the *Louisville Medical Journal* specifically denied either by the figures of the report or by our correspondent. On the other hand, the report of the resident physician shows very clearly that the hospital and dispensary have not been devoted especially to the treatment of diseases peculiar to women, as specified in the act of incorporation, but that cases of alcoholism, epilepsy, maxillary necrosis, syphilis, tænia solium, etc., have figured prominently in the records of both. This, however, is a question of the interpretation of an act of Congress, upon which, within proper limits, reasonable differences in opinion may exist.

Our correspondent, one of the present Advisory and Consulting Board of Physicians and Surgeons, by the way, will therefore accept our excuses for declining to disavow the strictures condensed from the pamphlet in question, upon the insufficient data furnished by his letter and the accompanying report; and must, for the present, be content with our assurance that upon such facts being submitted as shall fairly refute the allegation of extravagant management, the earliest opportunity will be taken to place them before the medical public. Perhaps it may be well to assure him also that no special disrespect to the Board of Directors, further than to intimate that, granting the allegations of the critic, they did not exercise a sufficiently active supervision over the management of the hospital under Dr. Thompson's administration, was intended by the term "flexible," to which he excepts so strenuously. It is, no doubt, true that the statements of the critic were actuated by personal dislike. But that is not our affair, unless they are disproved.

Reviews and Notices of Books.

THE EAR; ITS ANATOMY, PHYSIOLOGY, AND DISEASES. By CHARLES H. BURNETT, A.M., M.D. Philadelphia: Henry C. Lea. 1877.

THIS treatise, as its title announces, is intended for the use of medical students and practitioners. It is a work of large size (over 600 pages), and is distinguished from all other existing treatises on the ear (in the English language) by the fact that an unusually large portion of the space is devoted to the anatomy and physiology of this organ. Hitherto students have almost sought in vain for a sufficiently minute and clear account of these two fundamental subjects.

They have been obliged to glean their knowledge from text-books of anatomy, from shorter monographs, and from magazine articles. In the present manual all the latest advances of any importance in the anatomy and physiology of the ear are embodied in the author's clear and well-arranged account.

The second portion of the treatise is devoted to the important subject of how to examine a patient. The author describes the different procedures clearly. His invective against the hard-rubber ear-syringe usually sold in the shops, will hardly be assented to by most aurists. On the other hand, the form of syringe which he advocates as "the model ear-syringe" is undoubtedly safer than the one which he condemns, but unfortunately the shape and size of its nozzle are such that with it very few patients could possibly cleanse their ears thoroughly.

Further along we find an excellent description of the proper way in which to introduce the Eustachian catheter. Not a word, however, is said of the use of the forehead-mirror in examining the deeper parts of the ear. This method, which enables the physician to use both his hands, requires perhaps a little more practice at the beginning than does the usual method of holding the mirror in one hand. After the physician, however, has once acquired the ability to use the forehead mirror in illuminating the deeper parts of the ear, nothing would probably induce him to return to the antiquated method which compels him to have an assistant whenever he performs paracentesis of the drum membrane.

The remainder of the volume is devoted to aural pathology and therapeutics. In the main the author has fulfilled this part of his task creditably. In the section relating to chronic catarrhal inflammation of the middle ear, one searches in vain for the slightest reference to the subject of prognosis. This oversight should be corrected in the next edition.

Finally, under the head of chronic purulent inflammation of the middle ear, we find the remarkable statement (p. 485), that the "solid stick [of nitrate of silver] should *never* be used." Again, in another place (p. 524), in describing the proper treatment of the stump left after the removal of a polypus, he states: "But at best the 'solid stick' is a dangerous application about the ear, and should, therefore, be kept out. A saturated, aqueous solution of nitrate of silver (480 gr. to f. ʒ i.) may be advantageously applied to the seat of the polypus and any surrounding granular surface, by means of a tuft of cotton on the cotton-holder." That strong solutions of nitrate of silver simply stimulate the growth of granulation-tissue, while the "solid stick," thoroughly applied, represses its growth, is a pretty well-established fact in surgery. An extensive experience in the use of the "solid stick" (in the form of a bead fused upon the end of a probe or cotton-holder) in the treatment of granulations (or stumps of polypi) in the middle ear, has convinced the writer of this review that such applications are not only very effective, but perfectly safe.

Notwithstanding the few defects (or differences of opinion) to which we have called attention, this new treatise on the ear cannot fail to prove a valuable addition to the physician's library. Books cannot teach him much about aural pathology and therapeutics until he has served a certain apprenticeship in aural examinations. This apprenticeship very, *very* few men are willing or able to serve. On the other hand, books can teach him—in connection with such dissections as every physician can make—a great deal about the anatomy and physiology of the ear, and certainly from no other one book in the English language can he acquire this knowledge better than from the one we have thus hastily reviewed.

1. A GUIDE TO THERAPEUTICS AND MATERIA MEDICA. By ROBERT FARQUHARSON, M.D., F.R.C.P. Lond., enlarged and adapted to the U. S. Pharmacopœia by Frank Woodbury, M.D. Philadelphia: Henry C. Lea. 1877. Pp. 410.

2. THE ELEMENTS OF THERAPEUTICS: A CLINICAL GUIDE TO THE ACTION OF MEDICINES. By DR. C. BINZ, Prof. of Pharmacology in the University of Bonn. Translated from the fifth German Edition, and edited with additions in conformity with the British and American Pharmacopœias, by Edward J. Sparks, M.A., M.B., Oxon. New York: Wm. Wood & Co. 1878. Pp. 347.

THE almost simultaneous appearance of these two works, the first a new one, the second new to most American readers, and the fact that they are both exponents of what may be called a new system of therapeutics, termed by its followers the "physiological," invests them with an unwonted interest, and invites a careful examination and critical consideration of the facts and doctrines on which it is based. In this preliminary notice, however, we cannot attempt a complete review of this large and increasing field of research, but must confine ourselves more particularly to an exposition of the special peculiarities and merits of the individual works before us.

1. FARQUHARSON.—In examining the American edition we have naturally compared it with the original, and shall base the majority of our remarks upon the latter, for the simple reason that in perusing the former we found ourselves continually mixing the editor with the author, in spite of a plentiful supply of brackets that served to mark the additions to the original text. After a very judicious consideration of the questions of combination of medicines, period of administration, relative value of large and small doses, idiosyncrasy, habit, accumulation, incompatibility, etc., the author proceeds to a consideration of the different drugs in succession. There is no attempt at classification, and the drugs follow each other without regard to physiological, chemical, or other apparent relationship. In the American edition the editor has arranged them alphabetically in accordance with the plan of the U. S. P. In the discussion of the individual drugs, however, the author has adopted a novel and somewhat striking method. It consists in arranging the assumed physiological actions of the medicine in one column, and its therapeutical uses in a parallel one. This will be most readily understood by the following extract:

"LEAD.

LOCAL ACTION.

Physiological.	*Therapeutical.*
'The external action,' etc.	'Lead in the form,' etc.

INTERNAL ACTIONS AND USES.

1. *Brain and Nervous System.*—'When lead,' etc.	
2. *Heart and Circulation.*—'During the action,' etc.	2. 'This contractile influence,' etc.
3. *Intestinal Tract.*—'A prominent symptom of chronic lead poisoning is obstinate constipation,' etc.	3. Acetate of lead is an excellent astringent in diarrhœa, more especially that of phthisis and British cholera. Dr. Thorowgood has obtained good results from lead in obstinate obstruction of the bowels."

We fail at this point to perceive the relationship between the physiological action of the drug and the clinical results obtained by Dr. Thorowgood.

To the author's text the editor adds a list of the officinal preparations of lead with doses, etc.

The remaining drugs are considered in the foregoing manner. It is somewhat unfortunate that the lack of correspondence between the physiological effects and the results of clinical experience, as above indicated, form the rule rather than the exception throughout the whole work. In some instances, however, a reconciliation is attempted by means of explanations remarkable for ingenuity rather than soundness.

We are sorry to state that the work contains numerous errors, as on page 65 (Eng. ed.). "Alkalies" are said to be the antidotes to ammonia poisoning. Under the heading, "Acidum citricum," the author states that 17 grains of this substance neutralize "20 grains of bicarbonate of soda" or "35 grains of carbonate of soda." On page 85 (Eng. ed.), he says that "the familiar black wash" is "calomel *dissolved* in lime-water" (italics our own). We regret that these peculiarities have escaped the attention of the editor. On page 92 (Eng. ed.), we find "℞. Hydrargyri chloridi, gr. ij.; pulveris opii, gr. ¼; confectionis rosæ q. s., ut fiat pilula quartâ quâque horâ sumendâ." We confess that we were sorely puzzled by this prescription, as the expression "Hydrarg. chloridum" is not officinal in the Br. Ph., and its recent employment in a prescription in this city resulted in a serious accident. In the American edition Dr. Woodbury has changed the Hyd. chlor. to Pil. hydrargyri, a substitution which the context appears to fully warrant.

On the whole, the work is rather carelessly written, and not fully revised, but the American edition possesses in addition the extracts from the pharmacopœia, notices of several new remedies, and a series of "Questions in Materia Medica," that are well worth perusal.

2. BINZ.—We rise from a careful perusal of this work with feelings of extreme satisfaction, in part due to the subject-matter itself, and in part to the concise but clear manner in which it is expressed. It has not been our fortune for a long time to study a work in which it was evident that the author was so completely conversant with his subject, and had so thoroughly sifted the materials of which he was to make use. The book consists of twelve chapters, each devoted to certain groups of medicines, as nervina depressoria, nervina excitantia, adstringentia, plastica, etc. Chapter 1. opens with the statement that "most neurotic drugs act on certain parts of the nervous system more rapidly and distinctly than upon others, or else they affect some part of it very violently and the rest not at all. Probably this is due to differences in the chemical affinities of these parts." This idea, that many if not most drugs have special affinities for different portions of the organism, prevails to a great extent throughout the work, and reminds us of the organopathy of Rademacher, and of the similar but cruder notions of still older writers. That this idea is in the main correct, the work before us, as well as modern physiological experiments generally, affords abundant evidence. How far it may be utilized for therapeutic purposes, clinical observation can alone decide. The main features of the work are a condensed statement of the results of physiological research in connection with the different drugs, and the exceedingly practical character of the advice which is given regarding their administration. Speaking of hypodermic injections of morphia, the author says that they are "only suited to such chronic cases as are incurable, or to cases in which the effects of disease are less tolerable than those which morphia induces." . . . . "In consequence of the proximity of large blood-vessels, and of the possible danger that the poison (morphia) may reach the nervous centres insufficiently diluted, it is advisable, if possible, to avoid the neighborhood of the head and neck altogether as the seat of injection." Of atropia, he says that it "has been much used subcutaneously in treating certain neuroses, but owing to the severity of some of its attendant phenomena, and especially of delirium, it is necessary to employ it in this way *with the utmost caution*." Of lobelia: "its efficiency seems to be partly dependent on the conditions under which the plant is grown. At any rate, the reports founded on the use of the cultivated variety in Germany cannot be trusted, while those which deal with the wild American plant are more reliable." The great difference in the medicinal effects of the two varieties of Cannabis sativa, distinguished pharmaceutically as C. Indica and C. Americana, is well recognized; but the comparative values of other medical plants grown in different countries have not been as fully investigated as the importance of the subject demands. Of conium: "its active constituent is the liquid conia (officinal in Germany), and it contains a much smaller quantity of another crystalline alkaloid conydrin. . . . . We should expect from the volatility of conia that there would be none of it left in the dried plant, and this appears to be the case. It is irrational, therefore, to use any but the fresh drug, or, at most, the yellow alkaloid." The articles on opium, belladonna, salicylic acid, and quinia are worthy of special study. At the end of each article the editor has appended a list of the preparations officinal in the British and United States Pharmacopœias, together with their doses.

The work appears to have been written with great care, and bears the impress of reliability, and is a volume that we do not hesitate to recommend in the strongest manner.

TRANSACTIONS OF THE WISCONSIN STATE MEDICAL SOCIETY. 1877.

IF the medical profession in the far Northwest is in the habit of doing such thorough work as is represented in this pamphlet of 150 pages, our metropolitan physicians must look to their instruments if they would maintain their hegemony in operative surgery, and to their pens if they would hold their supremacy in medical literature. Exclusive of President Bartlett's address and of routine matter, the report contains sixteen articles, led off by a lecture from Dr. Kempster, of Oshkosh, on the "Brain in Health and Disease," which compares favorably both in method of investigation and caution of statement with the work of the best German master in psycho-physics. Dr. F. H. Day, of Wauwatosa, prefaces with a report on practical medicine in the State, a group of able articles, of which Dr. Wenzel's on the "Etiology of Typhoid Fever," and Dr. Barnett's on the "Treatment of Scarlatina," are noticeable for scientific precision and practical suggestiveness. Adopting the ferment theory of the disease, Dr. Barnett discusses the relative value of such antizymotics as sulphite, bisulphite, hydrosulphite, and sulphocarbolate of soda, and salicylic acid, giving his preference to the sulphocarbolate, and suggesting belladonna, digitalis, and alcoholic combinations as appropriate cardiac stimuli. Dr. Senn's report on operative surgery describes a large and varied series of cases and operations, with the minuteness essential to practical value; and under the caption of "Uterine Diseases," the hints of Dr. Fox relative to the best methods of correcting displacement are worthy the attention of gynecological experts as well as of professional tyros. Dr. George W. Jenkins, Kilbourn City, reports two interesting cases of embolism; Dr. E. W. Bartlett, Milwaukee, a

successful transplantation of the conjunctiva, and Dr. M. M. Davis, Baraboo, a successful treatment of tumor of the neck by hypodermic injections of nitrate of silver. The pathological report of Dr. C. L. Stoddard, Whitewater, abounds in valuable memoranda of cases.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SURGICAL SECTION.

Stated Meeting, Nov. 13, 1877.

DR. STEPHEN SMITH, CHAIRMAN.

THE paper read by Dr. L. M. Yale,

ON CERTAIN CONSIDERATIONS RESPECTING THE MECHANICAL TREATMENT OF CHRONIC DISEASE OF THE JOINTS, WITH ESPECIAL REFERENCE TO THE USE OF TRACTION (see p. 24).

being before the Section for discussion, DR. A. C. POST remarked that he thought the author of the paper had unintentionally slandered our fathers in the profession by making the statement that all articular diseases were regarded as constitutional, and that they were treated only by constitutional means. For long before the present mechanical treatment of joint affections came into use, it was a common practice to treat articular disease as a local inflammation, and by the use of the local remedies supposed to be the best adapted to subdue such inflammation, without regard to diathesis. It was common to employ leeches, cups, blisters, moxas, etc., including the actual cautery. He was of the opinion that the reader had overlooked that fact, and that in that respect the statement in the paper should be corrected.

DR. YALE remarked that he intended to speak with special reference to mechanical treatment.

DR. POST continued by saying that the treatment of joint disease by rest was not of very modern origin, although for some time it was but little used. Comparatively little, however, had been done in the way of making extension and counter-extension, until within the past few years. The paper was regarded as one of very great interest, and one which gave correct views regarding the mechanical treatment of articular affections.

DR. WEBER remarked, with reference to *massage*, to which the author of the paper had referred, that it was a very old method of local treatment, and had been used very largely with a view of benefiting joints which were in a state of chronic inflammation. It would be well, therefore, to modify the statement that mechanical treatment had not been used until quite recently. With reference to the presence of a strumous element in joint diseases, Dr. Weber related the history of a case under observation, which seemed to show that a similar cachexia could be developed by improper nutrition and hygiene in one not having any hereditary tendency thereto. In his case the pain in the diseased joint ceased on the second day after the application of a mechanical apparatus that secured perfect rest; the general febrile movement was also diminished. But at the end of nine days, no constitutional treatment having been adopted, the appearance of the joint remained unchanged. The mechanical appliance was continued, cod-liver oil with the syrup of the iodide of iron was administered, and the improvement at once became marked and rapid.

DR. LEWIS A. SAYRE remarked that there was one point in the paper which he thought should be corrected, namely, that the principle of traction in the treatment of joint affections originated empirically. He believed that to the late Dr. Alden March, of Albany, the credit should be given of first directing the attention of the profession to the use of traction in the treatment of joint disease. It was done in a paper in which he gave his reasons for employing traction in the treatment of hip-joint disease. The reasons assigned were that interstitial absorption was produced in the head of the bone and the acetabulum because of the incessant pressure caused by the reflex contractions of the muscles acting upon the joint, and Dr. March's idea was to correct that tendency by making traction upon the limb. It could hardly be said, therefore, to have an empirical origin, and he would be pleased to have Dr. Yale correct his paper in that particular.

DR. POST remarked that there was nothing offensive in the term empiricism as used, for it simply meant "as the result of clinical experience." It was proper, in many instances, to treat disease in the line of clinical experience, notwithstanding we might not be able to reason exactly how the treatment operated.

DR. C. FAYETTE TAYLOR exhibited sketches and photographs of interesting cases of joint disease. He was of the opinion that perhaps our ideas with reference to anchylosis in Pott's disease should be corrected. In a case related, motion, after recovery, was present in the five vertebræ involved.

DR. GIBNEY was happy to hear the reconciliation brought about by Dr. Yale, namely, that joint diseases should be treated both constitutionally and mechanically.

DR. GOODWILLIE related the history of a case in which the temporo-maxillary articulation was the seat of chronic disease. Almost immediate relief was afforded by the use of an interdental rubber splint.

DR. JUDSON thought that one point might with propriety be emphasized rather more than it had been, and that was the giving of mechanical protection to diseased joints from concussion in locomotion, and from the weight of the body while standing. That feature in the treatment of hip disease had not received the attention it should, although the pad attached to the long splint employed in the treatment of that affection was a *step* in the right direction.

DR. SAYRE referred to the liability to do damage by making excessive traction. It was a mistake very commonly made. Only so much traction was required as was necessary to make the patient perfectly comfortable; more than that was absolutely injurious.

DR. POST referred to the value of issues established by the actual cautery in the treatment of certain obstinate cases of chronic disease of the joints.

DR. SAYRE corroborated Dr. Post's remarks upon that point.

After extending a vote of thanks to Dr. Yale for his paper, the Section adjourned.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, Dec. 17, 1877.

DR. JOHN C. PETERS, PRESIDENT, IN THE CHAIR.

REPORT OF THE COMMITTEE ON ETHICS.

DR. R. J. O'SULLIVAN, from the Committee on Ethics, made a report, which was referred to the Comitia Minora.

ON THE THERAPEUTIC USES OF SOME OF THE RANUNCULACEÆ, ESPECIALLY IN NERVOUS DISEASES.

THE PRESIDENT read a paper upon the above subject, in which brief reference was made to the therapeutic uses of hydrastis canadensis, podophyllum, pulsatilla, actæa racemosa, aconite, staphisagria, and helleborus niger.

While studying the history and the characteristics of each of these drugs, the historical point was brought out that it was Baron Stoerck who first performed experiments upon healthy persons with reference to the action of certain medicines. Pulsatilla, as a remedy, had its origin among the Arabians, and was used by them in the treatment of malarial fevers. It was thought that this remedy could be employed with advantage much more extensively than it was at the present time.

DR. H. G. PIFFARD regarded pulsatilla as a remedy that should be used more extensively. He had employed alcoholic preparations of the drug in dysmenorrhœa complicating acne, and in epididymitis, with good results. In two out of three cases of dysmenorrhœa treated the relief has been rapid and complete, and continued six or eight months. In acute epididymitis the pain was relieved in from six to twenty-four hours, and all was accomplished that ordinarily followed the use of tobacco poultices, or recourse to the emeto-cathartic plan of treatment. The swelling did not subside as rapidly as did the pain. Special attention was directed to the fact that a reliable preparation could only be made from the *fresh* plant, and perhaps one reason why the *use* of the remedy had not been followed by more satisfactory results was because the preparations employed had been made from the dried plant.

DR. PUTNAM-JACOBI believed that podophyllum acted by producing a primary irritation upon the peripheral extremities of nerves spread out upon the mucous membrane, that that impression was transmitted to central ganglia, and that those ganglia sent out motor influences to the muscular fibres in the coats of the gastro-intestinal tube, and also to the liver, rather than by acting upon the termination of the bile-duct in the duodenum, as suggested by the author of the paper.

The action of aconite was believed to be inhibitory with reference to the cardiac ganglia.

DR. LEALE referred to two cases of death produced by the administration of podophyllin. The dose prescribed by Stillé was two grains, but one and one-half grains had been administered to a woman in the sixth month of pregnancy; it produced an active effect and the movements of the fœtus ceased. He was called in consultation, and was not able to discover any fœtal heart-beats. The child was carried to term, and when delivered had the appearance presented at six months' development.

In the second case a horse-farrier, accustomed to prescribe for horses, took twenty grains, and a fatal result was produced.

DR. G. H. FOX corroborated the statements made by Dr. Piffard regarding the use of pulsatilla in the treatment of epididymitis.

DR. SELL referred to the use of several of the remedies mentioned, and to certain special conditions in which he had found them useful.

The Society then adjourned.

DR. JURECKI, who was killed before Kars, is the only Russian surgeon who has fallen in the present war, Ugrinmow, a surgeon of the Bulgarian contingent, was wounded at Shipka.

New Instrument.

LEVER EXSECTION SAW.

BY B. A. WATSON, M.D.,

SURGEON TO JERSEY CITY CHARITY AND ST. FRANCIS' HOSPITALS, JERSEY CITY, N. J.

THE above engraving represents an instrument intended to take the place of the chain-saw, and the inventor believes that surgeons will find it more satisfactory. The complete instrument consists essentially of a frame, a lever saw, and an adjuster. The frame is composed of an oval top and lateral bars. The appendages of the former are lateral handles and a transverse bar. The top of the frame and the transverse bar each contain a slot through which the lever passes, and is moved while the instrument is in use, and at the same time the lateral handles are required

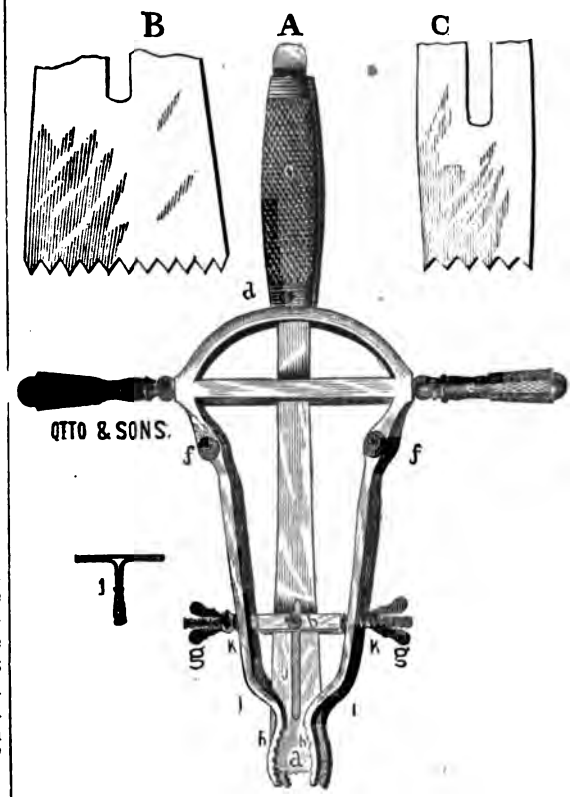

FIG. 1.—*A*, complete instrument; *a*, saw; *b*, fulcrum; *c*, sliding handle; *d*, screw by which handle is made immovable; *ee*, lateral handles; *ff*, joints; *gg*, adjuster-screws; *hh*, double clasps; *ii*, slots in clasps; *j*, slot in saw; *kk*, slots in lateral bars; *l*, key.
B, wide saw; *C*, narrow saw.

to give the instrument the necessary steadiness. The lateral bars on each side are connected with the top of the frame by means of hinge-joints. These joints may be rendered immovable by the key which is fitted to the screws which hold the different parts of this structure together. In each lateral bar there is a slot two inches in length, through which the adjusting bar (of saw) passes. These slots contain three cup-like depressions, intended to receive the rounded head of the screws, by means of which the adjustment of the

saw may be made at any fixed point. The lower portions of the lateral bars are shaped so as to form clasps which firmly seize and hold the bone while the saw is in motion. In each clasp there is a slot which allows the requisite freedom of motion to the saw.

Each instrument is furnished with two saws, which differ mainly in the extent of their cutting surfaces; the wide one being a fraction more than one inch, and the narrow one being a fraction more than one-half an inch. About one inch above the cutting edge in each saw a slot commences and extends two inches upwards; this slot receives the fulcrum which passes through the adjusting bar, and while this bar remains stationary the saw simply gravitates downward as the act of sawing progresses. The saw and lever are made into a single piece of steel, which is of uniform thickness throughout. The handle is movable, and may be fixed at any distance from the cutting edge of the saw by means of the screw. The adjuster consists of a bar and two screws.

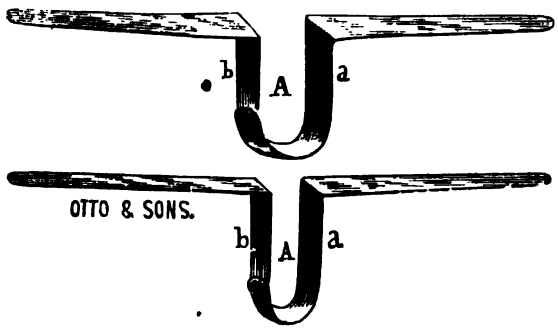

FIG. 2.—*AA*, protectors; *aa*, long arms; *bb*, short arms.

This figure represents instruments designed for the protection of the soft parts while the saw is in use. The wide one is used with the wide saw, and narrow one with the narrow saw. The mechanism of these protectors is so simple that no further description will be necessary.

In using this instrument the first step in the operation is to separate the soft parts from the bone; this being done, the surgeon takes the long arm of the protector, and with the fenestrated end in contact with the bone carries it under the bone to the opposite side, where he joins the arms of the protector through the hook and fenestrum. The saw is now raised in the frame, and the clasps are placed on the bone; the adjusting and joint-screws are firmly tightened by the key. This latter precaution is especially necessary in all cases of irregularities in the surfaces of the bone. The shape and structure of the clasps enable them to hold round bones with the greatest firmness. The instrument is now ready for use, and no further explanation is required to enable the practical surgeon to use it successfully. It is believed to possess especially the following advantages over the chain-saw:

1st. It is not liable to break, and consequently there should be an entire absence of the usual interruptions during an operation.

2d. The bone is firmly clasped, and therefore there cannot be the same trouble in making the section. This point is especially applicable while making the second cut.

3d. The exsection can be made much more rapidly.

The instrument is manufactured and sold by Messrs. F. G. Otto & Sons, New York City.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Dec. 30, 1877, to Jan. 5, 1878.

MURRAY, R., Colonel and Surgeon.—Announced as Medical Director of the Division. G. O. 1, Mil. Division of the Missouri, Jan. 2, 1878.

ALEXANDER, R. H., Major and Surgeon.—Granted leave of absence for four months, from Jan. 1, 1878. S. O. 1, A. G. O., Jan. 2, 1878.

CARVALLO, CARLOS, Capt. and Asst. Surgeon.—Granted leave of absence for one month, and permission to apply for ten days' extension. S. O. 1, Dept. of the Missouri, Jan. 2, 1878.

BUCHANAN, WM. F., Capt. and Asst. Surgeon.—Granted leave of absence until April 1, 1878, and his resignation accepted by the President, to take effect April 1, 1878. S. O. 2, A. G. O., Jan. 3, 1878.

Medical Items and News.

CONTAGIOUS DISEASES IN NEW YORK FOR 1876 AND 1877.—Comparative statement of cases of Contagious Disease reported to the Sanitary Bureau, Health Department, for the two years 1876 and 1877.

YEARS	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-Spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
1876.....	15	556	2422	139	1657	3510	878
1877.....	15	608	8482	132	1253	2337	48*

* No cases of small-pox have been reported at this Bureau, as occurring in the city since July 16, 1877.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending January 5, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Dec. 29, 1877....	0	13	90	2	50	82	0
Jan. 5, 1878....	0	9	85	2	70	66	0

THE TREATMENT OF ABORTION.—Our attention has been called to some typographical errors in Prof. Penrose's lecture on abortion in the number of RECORD for December 29th. At the bottom of page 819, 2d column, instead of giving the woman *two grammes* of opium by the rectum, it should be two *grains*. The former dose would not only prevent a given abortion, but all others in the same subject. On page 820, the dose of five drachms of bromide of potassium is an obvious absurdity.

RHODE ISLAND MEDICAL SOCIETY.—The quarterly meeting of the Rhode Island Medical Society was held December 19th. Dr. E. T. Caswell read a paper on Fracture of the Spine, Dr. Garvin a paper on Alimentation in Disease, Dr. Capron a paper on Placenta Prævia.

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THE

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J. H. TYNDALL, M.D.,
Physician at St. Francis' Hospital.

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This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy Livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat—too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. PARKER, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. HAYS, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

COD-LIVER OIL, with IODINE, PHOSPHORUS, and BROMINE.—This combination represents Phosphorus, Bromine, Iodine, and Cod-Liver Oil in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain: Cod-Liver Oil, one pint.

COD-LIVER OIL, with PHOSPHATE OF LIME.—This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

COD-LIVER OIL, with LACTO-PHOSPHATE OF LIME.

IODO-FERRATED COD-LIVER OIL.—This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

JUNIPER TAR SOAP.—Highly recommended by the celebrated ERASMUS WILSON and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians.

FLUID EXTRACT COCA.

NERVINE, STIMULANT. USED IN PERU and BOLIVA as a MASTICATORY.

This Extract contains the entire properties of the leaf of the **Erythroxylon Coca.**

COCA WINE.

This Wine has been successfully used in France as a **tonic,** and found very desirable where a more mild effect of the Coca than the Fluid Extract was desired.

SOLUTION FERROUS CHLORIDE.

This Solution of Iron is the lowest form of Chloride. It is much less Styptic in taste than Tr. Iron Chloride, consequently pleasanter to the patient; is much more easily assimilated by weak and irritable stomachs.

Knowing how difficult it is to introduce into the blood, in a proper form, a sufficient quantity of iron to be beneficial, we have manufactured and introduce the **Ferrous Chloride** as being easily absorbed and acting with much efficacy, even when given in small doses.

RELIABLE ANIMAL VACCINE.

The undersigned respectfully announces that he has discontinued the practice of furnishing Vaccine *at his residence.*
This **Animal Vaccine** can be obtained at CASWELL, HAZARD & Co's., Broadway, cor. 24th Street.

FRANK P. FOSTER, M.D.

We have an arrangement with Dr. Foster by which we receive this Vaccine ***fresh daily.***
By this arrangement all supplied by us ***is absolutely fresh.***
We can furnish it in any quantity desired, either by express, or by mail, if remittance is made to cover postage.
Dr. Foster's Animal Vaccine is the only kind that may be said to have the unqualified indorsement of the medical profession of New York

QUILL SLIPS (half quill, charged on convex surface, at square-cut end),	$0.25
CAPILLARY TUBES, ...	2.00

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Under the direction and personal supervision of **W. F. FORD,** Instrument Maker to St. Luke's, M... Sinai, New York State Woman's Hospitals, Bellevue, and all the other New York City Hospitals,

MANUFACTURERS, IMPORTERS, WHOLESALE AND RETAIL DEALERS IN

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PROF. LISTER'S ANTISEPTIC DRESSING.

PREPARED BY US.

We also have direct from Edinburgh Professor Lister's entire Antiseptic Dressing, consisting of Antiseptic Gauze, Mackintosh Cloth, Protection Silk, Carbolised Ligatures, and Spray Producers for Dr. Lister's method.

☞ Special attention given to the Manufacture of Instruments to *order*, in exact accordance with patterns furnished by Surgeons and Physicians.

☞ If desired, Mr. Ford will give his personal attention to the application of Trusses and Appliances for building up the human frame.

CASWELL, HAZARD & CO.,

DRUGGISTS & CHEMISTS,

Factory, 159 & 161 W. 29th St. Broadway, corner 24th St., New York.

See our Advertisement of MENSMAN'S PEPTONIZED BEEF TONIC, page 16.

CHAMPION SPOUTING SPRING NATURAL WATER

FROM SARATOGA.

For sale by all respectable Druggists and Dealers in Mineral Waters, on Draught and in Bottles.

THE CHAMPION SPOUTING SPRING contains a very large preponderance of the elements which render mineral waters valuable as medicine, and which are in constant use by Physicians of the various schools; and the remarkable cure of some of the prevailing diseases has given the water of this Spring great favor among professional men. For *Headache*, or disordered state of the Stomach arising from the use of wines or hearty eating, it is a fine corrective, giving immediate relief. It is invaluable for the treatment of Biliousness, Dyspepsia, Constipation, Piles, Rheumatism, Neuralgia, Cutaneous Diseases, Scrofula, &c., and owing to the presence of Lithia Magnesia and Bi Carbonate of Lime, is recommended by Physicians for Bright's Disease of the Kidneys, and Diseases of the Bladder.

DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast, and at a moderately high temperature, if prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

The constant and increasing success of the CHAMPION WATER is due to its hygienic properties; it is *refreshing* and *healthful*, and should be found in every home.

PRICES:

In New York. *Delivered free of Charge.*

Pints, 4 dozen in a case..... $9 00
Quarts, 2 dozen in a case..... 7 00

In Saratoga. *Delivered at the Care.*

Pints, 4 dozen in a case..... $8 00
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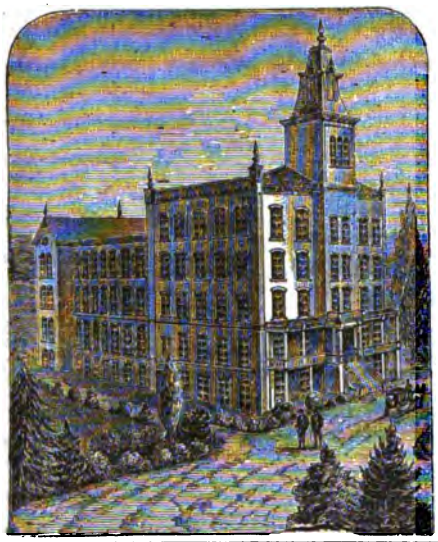
Orders addressed to **Champion Spouting Spring, Saratoga, N. Y.**, or to the Company's office, **205-213 E. 12th St., New York**, will receive prompt attention.



THE INEBRIATES' HOME, Fort Hamilton, L. I., N. Y.

INCORPORATED 1866.)

President and Consulting Physician—THEODORE L. MASON, M.D., also President of the American Association for the Cure of Inebriates, and the Collegiate Department of the Long Island College Hospital. Attendant Physician—L. D. MASON.

The Buildings are constructed for this special purpose, and they are more complete, better furnished, and better adapted for the treatment of dipsomania than those of any other institution in existence.

The Management is systematic, thorough and adequate. There has been no change in the staff of medical or other active officers since the inauguration of the Home, nearly ten years ago.

The Classification is more perfect than, and the beneficial results are fully equal to, those of any other kindred institution.

Boarder Patients are classified according to accommodations required, and the charges are proportionately adjusted. Their departments are divided up into several floors, each containing such accommodations as the patients or their friends are willing to pay for. There are separate dining-rooms, lodging-rooms and parlors; billiard and bath-rooms. There is also a lecture-room for religious services, readings, concerts, etc. Several periodicals and daily papers are regularly taken. For the treatment of the better class of female patients an entire floor is set apart, handsomely furnished, having separate approaches, effectually isolating the sexes.

Remarkable Immunity from Death. The total death-rate since the opening has been one-half per cent., or one death for every two hundred patients. The total deaths of legitimate cases for treatment in the Home has been only one case in eight hundred during the same period. The rest were dying when admitted.

Patients are received either on their voluntary application, or by due process of law, and the powers of the charter to retain them within the limits of the grounds of the Institution are strictly enforced. For mode and terms of admission, apply to Rev. J. WILLETT, Secretary and Superintendent, at the Institution, Fort Hamilton [L. I.]. N. Y.

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Wet Nurse Agency
And Headquarters for
PROFESSIONAL NURSES,
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WET NURSES
A large selection from
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Male and Female Nurses, with reference, at all hours.

TARRANT'S
SELTZER APERIENT,
AS A SALINE CATHARTIC.
AS A DIURETIC.
AS A PALATABLE CATHARTIC,
Has stood the test of time, and has received the flattering commendation of many eminent physicians.
Manufactured only by
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CARPENTER
—AND—
BUILDER,
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Doors and Window Frames of all descriptions made to order at short notice. Stores and Offices fitted up. Jobbing of all kinds promptly attended to. The fitting up of Jewelers' and Matters' Shops a Specialty. Book Cases, &c., made to order.

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L'AMERIQUE

FOR MEERSCHAUM AND CIGARETTES.
DOES NOT BITE THE TONGUE.

Our Cigarettes are as fine as can be produced.—Only the best French Cigarette paper is used, which is free from mineral and other injurious substances.

CORRECT THING FOR DINNER AND WHIST PARTIES. A delicious Cigarette, of Perique and Vanity Fair. Samples 15 cents. Highest Award, Vienna, 1873, and Centennial, 1876.

Our **Peerless** and **Plain Fine Cut Chewing** are unsurpassed—the only brands receiving the Vienna Award

Always **Uniform and Reliable.** (5 Prize Medals.)

WM. S. KIMBALL & CO.,
Peerless Tobacco Works, Rochester, N. Y.

In corresponding with Advertisers please mention **The Medical Record.**

McKESSON & ROBBINS'

Gelatine-Coated Pills and Granules.

We take occasion to thank the profession and trade for their patronage of our **GELATINE-COATED PILLS**, and request a continuance of the same. Full lines of our Pills have been established in all the large centres of trade, and in many of the smaller cities. To those living in remote places we will be happy to mail any formulas on our list, not procurable nearer home, upon receipt of price.

We regret to announce that our attention has been called to several instances where other pills have been substituted by druggists when ours were desired, and even specified, by the physician. We believe that such instances are rare, but in some cases physicians have notified us of such breach of honor in the druggist.

☞ **New additions to List. Send for full Price List of our Pills.**

McKESSON & ROBBINS' PILLS ARE SPHEROIDAL OR CAPSULE SHAPE. Specify McK. & R.

CHARCOAL (Willow) 5 grs.....60 per 100

The value of pure powdered Willow Charcoal in Dyspepsia, Indigestion, and all affections arising from derangements of the stomach, such as Headache, Heartburn, etc., is well known. Its use must necessarily be much increased, since it is, for the first time, presented in a convenient, reliable, and unobjectionable form in our Gelatine-coated Pills.

EXTRACT CANNABIS INDICA, ½ gr. $1.25 per 100.

This important extract is manufactured in our own laboratory, and the pills, when cut, exhibit in a marked manner, the distinctive color, taste, and odor of the freshly-made extract. We copy from the U. S. Dispensatory the following: "In morbid states of the system it (*Ext. Cannab. Indic.*) has been found to cause sleep, to allay spasms, to compose nervous inquietude, and to relieve pains: it differs from opium in not diminishing the appetite, checking the secretions, or constipating the bowels." "The complaints in which it has been specially recommended are neuralgia, gout, rheumatism, tetanus, hydrophobia, epidemic cholera, convulsions, chorea, hysteria, mental depression, delirium tremens, insanity, and uterine hemorrhage."

For doses, see U. S. Dispensatory.

SALICIN, 2½ and 5 grs.....$2.50 and $4.50 per 100.

Salicin is becoming more and more favorably known in the treatment of rheumatic affections; also as a tonic and antiperiodic, and is best exhibited in our Gelatine coated Pills.

In acute rheumatism, Salicin has been found very efficacious, and, according to *The Lancet*, "not less certain than Quinine, for ague." It has also been claimed, in large doses, to be an absolute specific in ulcerative choroiditis.

COCA EXTRACT, 1 gr. (McKesson & Robbins') $2.00 per 100.

The extract used in these pills is manufactured in our laboratory from fresh leaves. Coca is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish, and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration accompanying its use is said not to be followed by any depressing effects.

Dose, 1 to 4.

JABORANDI EXTRACT, 3 grs...$3.00 per 100. (Made of McKesson and Robbins' Extract.)

These pills present a much better form of administering this powerful diaphoretic and sialagogue than any of the liquid preparations. Valuable in rheumatism and syphilitic troubles of long standing. Dose, 1 to 3.

SANDAL-WOOD EXTRACT, 1 and 2 grs. $2.00 and $3.00 per 100.

These pills contain both the oil and resin existing in sandal-wood, are believed to be superior to the oil alone, and are more convenient of administration. The extract is manufactured from the wood, in our laboratory.

SALICYLIC ACID with SULPHATE MORPHIA, ...$1.25 and $2.00 per 100.

Two sizes containing 2½ and 5 grains Salicylic Acid, united with 1-12 and ¼ grain Sul. Morphia respectively. Strongly recommended in Rheumatism, both acute and chronic.

QUINIDIA SULPH., 1, 2 and 3 grs., .80, $1.50, and $2.20 per 100.

CERIUM, OXALATE, 1 gr . .... 1.00 per 100

ALOIN, 1 gr..... .. .... 1.50 per 100.

SULPHIDE CALCIUM, 1-10 gr... 75 per 100.

CITRATE CAFFEIA, 1 gr..... 4.00 per 100.

FERROCYANIDE IRON, 3 grs.. 60 per 100.

DIALYSED IRON (Merck's scales) 2 grs. $1.25 per 100.

VALERIANATE of AMMONIUM, 1 gr. $1.00 per 100.

MONOBROMATED CAMPHOR, 2 and 3 grs. $1.50 and $2. per 100.

It is now being considerably used in treatment of Spermatorrhœa; strongly recommended in cases of Cerebral-Anæmia; used successfully in Infantile Convulsions from teething; Hysteria, Headache from over study or nervousness, and Nymphomania. Dose, 3 to 4 grains.

ERGOTIN PILLS, 3 grs... .....$2.00 per 100.

We manufacture our Ergotin with great care from the best quality of fresh selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of official fluid extract. The value of Ergotin in the place of the crude drug and the fluid preparations is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in gynecology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. Dose, 1 to 3.

We offer our Ergotin, prepared specially for hypodermic use in one ounce bottles, $1.50 per oz.

PHOSPHORUS, 1-100, 1-50, 1-30, 1-12 gr. $1.00 per 100.

The pure transparent Gelatine we use is in no degree porous, it preserves the Phosphorus perfectly in the free state. We have the Phosphorus in state of solution in the excipient we employ, this insures a gradual elimination of the Phosphorus in the stomach, thus avoiding the severe irritation that is so often experienced after taking the ordinary Phosphorus Pills, which are prepared by mixing the Phosphorus in substance with the excipient, in which small fragments of Phosphorus often remain. Note remarks by Dr. Squibb, in his paper before Am. Pharm. Ass'n, Sept., '76, in which he states that Phosphorus should never be administered in substance, and if a coating be used, he commends Gelatine.

Many of the most eminent Physicians throughout the country, among whom are leading specialists in the treatment of Neurotic diseases, assert that McKesson & Robbins' Phosphorus Pills are the most rational medium yet found for exhibiting Phosphorus.

PHOSPHORUS COMPOUND, 1-50, 1-60, and 1-100 gr. ... .$1.25 per 100.

PHOSPHORUS COMPOUND AND IRON, $1.25 per 100.

Price Lists and Samples furnished upon application. Private formulas of 3,000 or more pills made and coated to order.

McKESSON & ROBBINS,

Wholesale Druggists and Manufacturing Chemists, 91 Fulton St., New York.

NOTE. In reply to inquiries in regard to CHANGE IN COLOR of our QUININE PILLS, we beg to state that the change is due to our using PURE WHITE SULPHATE OF QUININE, instead of UNBLEACHED of the guaranteed standard of 90% Sulphate of Quinine, as formerly, (the custom having been to employ 111 ounces of Unbleached Quinine, in place of 100 ounces of White Quinine.) This change to White has been made to avoid misrepresentation. The mass of our Pills has also been greatly improved, in appearance and solubility, by the use of our new excipient. Respectfully,

McKESSON & ROBBINS.

See Advertisement of McKESSON & ROBBINS' GRANULES, Gelatine-Coated, see No. 375, Page 32.

To Physicians—An ENTIRELY NEW and IMPORTANT REMEDY for CONSUMPTION.

PHILLIPS' "PALATABLE"

COD LIVER OIL

IN COMBINATION WITH

PHOSPHO-NUTRITINE

(A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES).

This article is offered to the Medical Profession as HAVING ESPECIAL ADVANTAGES OVER ANY AND ALL OF THE COD LIVER OIL PREPARATIONS for the cure of CONSUMPTION, EMACIATION, COUGHS and all PULMONARY COMPLAINTS. The vast importance of the PHOSPHO-NUTRITINE will be perceived in giving to this preparation the HIGHLY-NUTRITIOUS and TONIC properties of the PHOSPHATES exactly as nature provides them, greater NOURISHING, STIMULATING and BUILDING POWER being thereby added, and which not only renders it PALATABLE, LIMPID and EASY OF ASSIMILATION, but ENTIRELY REMOVES ALL NAUSEOUS TASTE AND SMELL, and, unlike any other Cod Liver Oil Compound, is miscible with, and should be taken in water. ITS TASTE IS ACCEPTABLE TO THE MOST SENSITIVE and DELICATE STOMACH.

Prepared only by CHAS. H. PHILLIPS, Manufacturing Chemist.

Explanatory Circular mailed on application.

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PHYSICIANS' SUPPLIES OF ALL KINDS.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HÆMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, Wool Exchange, Coleman Street, London, E. C., England.

To be had of **CASWELL, HAZARD & CO., New York,** and of all respectable Chemists throughout the world.

"CROMWELL HALL,"

A PRIVATE HOSPITAL FOR THE INSANE

And NERVOUS, recently opened by W. B. HALLOCK, M.D., late First Assistant Physician of the "Connecticut Hospital for Insane."

Refers to A. M. SHEW, M.D., Supt. Conn. Hospital for Insane: SAMUEL LYNES, M.D. (Norwalk Conn.), late Trustee of the same: J. S. BUTLER, M.D., Ex-Supt. of "The Retreat," Hartford, Conn.: ROBERT HUBBARD, M.D., Bridgeport, Conn.; DRS. E. & E. C. SEGUIN and THOS. R. POOLEY, New York: S. D. BROOKS, M.D. (Springfield, Mass.), Ex-Supt. of the "New York Juvenile Asylum," and the "New York Institution for the Deaf and Dumb;" DRS. H. B. WILBUR and JOHN VAN DUYN, Syracuse, N. Y.

Application may be made to ***DR. HALLOCK,*** Cromwell, Conn.

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E. P. HOYT, 19 West 39th Street.

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27 Great Jones Street, New York.

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TO THEIR LARGE AND COMPLETE STOCK OF AMERICAN AND ENGLISH

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NEW BOOKS RECEIVED AS SOON AS PUBLISHED.

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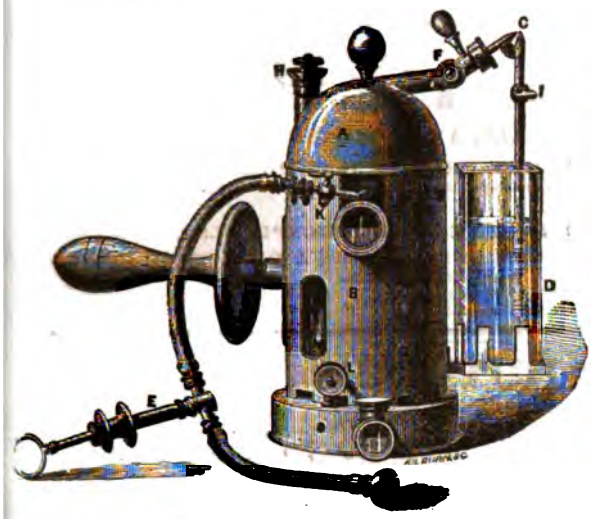
THE ANTISEPTIC ATOMIZER.



In this apparatus we have incorporated some of the best features of the Atomizing Apparatus heretofore made by us, already familiar to the profession. It is of best materials and workmanship—strong, durable, convenient, easily regulated, and by means of a new attachment of our own design, adequate without cessation of spray for any operation, or series of operations, however extended. Full description on application.

A NEW PAMPHLET

On Atomization of Liquids, with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American Practitioner, together with a description of the best forms of apparatus, will be sent post-paid on application. Also our new illustrated Catalogue of Surgical Instruments.

ATOMIZING APPARATUS BY COMPRESSED AIR.

This apparatus will be found entirely satisfactory on account of its elegance and perfect working qualities. It has a double acting Brass Pump (condensing or exhaust, at will), with valves unchangable by time or use. Strong Copper Receiver, Nickel Plated, 12 feet, light and flexible but strong; brown-colored Tubing and a self-closing cut-off (our own design, represented at I), readily connected with any tubes now in use.

PRICES REDUCED.

The Complete Atomizer	**$5.00**	**Clarke's**	**Atomizer**		**$3.00**
Dr. Oliver's "	**4.00**	**The Constant**	"		**3.00**
Shurtleff's "	**3.50**	**Dr. Knight's**	"		**2.50**

The Boston Atomizer, $2.50.

See our pamphlet for description of a great variety of Atomizers, Tubes, etc.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SUPERIOR SURGICAL INSTRUMENTS,

13 & 15 Tremont Street, BOSTON.

Paris. 1867. 1868. 1872. Vienna. 1873. Phila., 1876.

Prize Medal. Silver Medal. Gold Medal. Medal of Merit. Medal of Merit.

BOUDAULT'S PEPSINE

In POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

It is sold in 1 ounce, 8 ounce, and 16 ounce bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France)

DRAGEES, ELIXIR, AND SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hopitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily because of its agreeable taste.

DOCTOR CLIN'S

(Laureate of the Faculty of Medicine of Paris. Prix Monthyon.)

CAPSULES AND DRAGEES

Of Bromide of Camphor.

"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

"*Dr. Clin's Capsules and Dragees of Bromide of Camphor* are those employed in all the experiments made in the hospitals of Paris."—*Union Medicale.*

Dr. Clin's Capsules contain 4 grains, and the Dragees 2 grains, of genuine Bromide of Camphor.

N.B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

Prepared by CLIN & CO., Pharmacists, Paris.

DUCRO'S ALIMENTARY ELIXIR,

A Combination Uniting the Properties of Alcoholic Stimulants and Raw Meat.

This preparation, which has been used with great success in the hospitals of Paris since 1868, is adapted to the treatment of all diseases requiring the administration, in a small volume, of a tonic able to stimulate and support the vital forces, as *Pulmonary Phthisis, Depression* and *Nervous Debility, Adynamia, Malarious Cachexia*, etc.

Prepared by DUCRO & CIE, Paris.

DOCTOR GIBERT'S

Depuratory Syrup and Dragees of Iodized Deuto-Iodide of Mercury

These preparations have been approved by the Academy of Medicine of Paris, and have been thoroughly tested in the hospitals of Paris in the treatment of *Syphilitic, Scrofulous* and other affections requiring the use of iodized remedies.

They are recommended for the utmost accuracy of composition, and their perfect preservation.

Prepared by VAUQUELIN-DESLAURIERS, Chemist, Paris.

E. FOUGERA & CO., Agents, New York.

In corresponding with Advertisers please mention **The Medical Record.**

The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt, and all its combinations.

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With Cod Liver Oil,

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(See Transactions of American Medical Association, for 1876, page 176),

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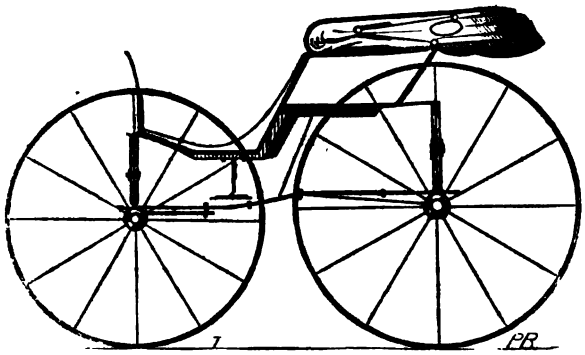

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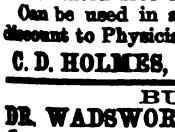

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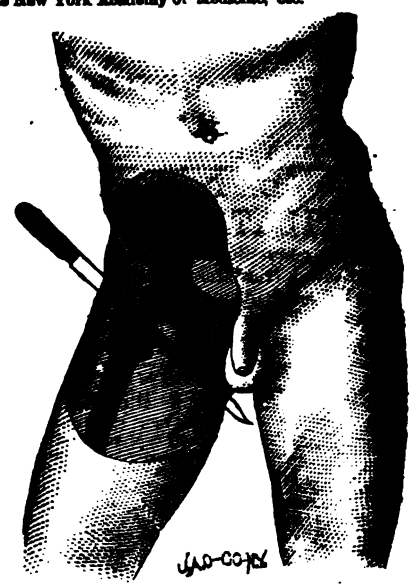

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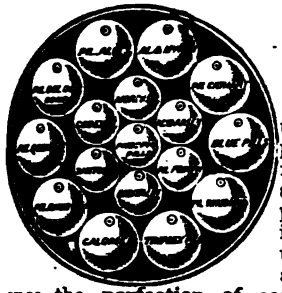

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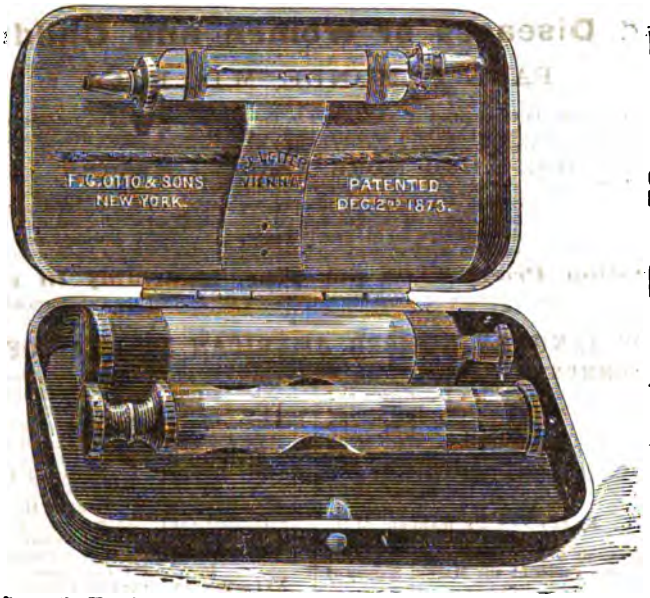

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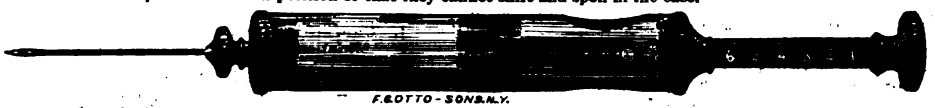

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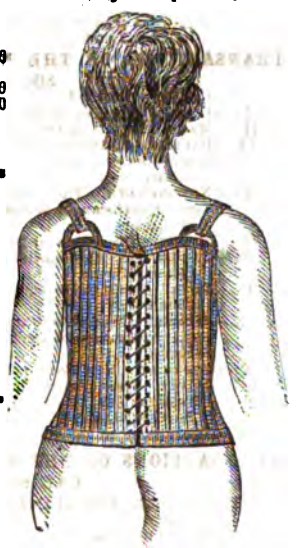

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[Reported for The Medical Record.]

SYMPTOMS INDICATING DISEASE AT THE BASE OF THE BRAIN, CONTINUED—SYMPTOMS ACCOMPANYING DISEASE AT THE LOWER AND AT THE UPPER PART OF THE PONS VAROLII—NYSTAGMUS—CONJUGATE DEVIATION OF THE EYES AND NECK—TWO IMPORTANT SERIES OF FACTS WHICH SHOW THE FALSITY OF THE GENERALLY ACCEPTED DOCTRINE REGARDING THE PHYSIOLOGY OF THE NERVOUS SYSTEM—ABSENCE OF DECUSSATION OF VOLUNTARY MOTOR FIBRES AT THE BASE OF THE BRAIN—HEMIPLEGIA DUE TO DISEASE IN THE CEREBELLUM, ETC.—SYMPTOMS, SUCH AS GENERAL WEAKNESS, AMAUROSIS, HEADACHE, VOMITING, PECULIAR DISORDER OF MOVEMENT, ETC.

Gentlemen:—You will remember that a fortnight ago I examined with you certain questions relating to the modes of diagnosis between cases of disease in the base of the brain and cases of disease in other parts of the brain. I said that it was sometimes very difficult to diagnose paralysis caused by disease in the base of the brain from paralysis caused by disease in other parts of the brain, but I mentioned a good many facts which tend to show that, in a large number of cases, at least, we can determine where the cause of the paralysis is situated. There are a few symptoms which I did not mention, as I was unable at that time to make the subject absolutely complete, and to those I will now direct your attention.

SYMPTOMS OF DISEASE IN THE PONS VAROLII.

When there is paralysis of one side of the body, caused by disease in the pons varolii, if there is facial paralysis—and there is almost always—it exists upon the side of the face opposite to the paralysis in the body. This is true in most cases; the facial paralysis, however, may exist upon the side corresponding with the paralysis in the limbs.

If the seat of the disease is low down in the pons, near to the medulla oblongata, if it affects the roots of the facial nerve, then there will be facial paralysis upon the side corresponding with the disease, and paralysis of the body upon the opposite side. But if the disease be in the upper part of the pons varolii, the symptoms are different, and in most cases the paralysis exists both in the face and in the limbs upon the side opposite to that on which the disease exists. But there is one very important feature. If you look at a patient who has been attacked with brain disease, you may notice that a kind of paralysis is present which consists in an inability to close the eye; the orbicularis palpebrarum is paralyzed, and this form of paralysis occurs almost exclusively in cases of disease in the pons varolii. This muscle is not found paralyzed, except very exceptionally, in cases in which the disease exists elsewhere than in the pons varolii. If you direct the patient to close the eye, in case the disease exists in the lower part of the pons varolii, you will find that he is unable to do so. There is, therefore, in that symptom a characteristic condition which in almost all cases shows that the disease is either in the pons varolii or near there. If the orbicularis palpebrarum is paralyzed, and the side of the face is also paralyzed, and the limbs are paralyzed upon the opposite side of the body, there is almost a certainty of the existence of disease in the lower part of the pons varolii. As you will see in the last lecture of this course, this is an important fact to recognize, because the treatment of disease in the pons varolii is not the same as treatment of disease in other parts of the brain. This peculiar feature is well worth remembering, as it is quite characteristic.

NYSTAGMUS.

There are other symptoms which show that the disease is in the pons varolii, or in the medulla oblongata, or in both. One of these is very striking, and is called *nystagmus;* it consists of an involuntary spasmodic oscillation of the eyeball. What this trembling of the eyes produces with reference to the gait of the patient you can readily understand.

CONJUGATE DEVIATION OF THE EYES AND NECK.

Another feature of interest consists in a symptom which has been studied only within the last fifteen or twenty years, and more particularly by Vulpian and his pupil at Geneva. This symptom consists of a deviation of the eyes and of the neck. If I look towards my left shoulder you will observe that both my eyes and my neck are turned in that direction, and you have an illustration of what has been called conjugate deviation of the eyes and neck. This is a very frequent symptom indeed of softening of the brain. It is also a frequent symptom in cases of hemorrhage in the brain.

There is another peculiarity about this symptom. In cases of disease elsewhere than in the pons varolii, the tendency of the eyes and the neck to turn towards one shoulder shows itself, but it is towards the side where the injury exists in the brain; whereas, if the disease is in the pons varolii, the deviation of the eyes and neck is very generally towards the paralyzed side of the body, and not towards the seat of injury. This symptom may be present with disease in any part of the brain: it comes in fact as convulsions do, in connection with any disease or injury of the brain. The symptom consists of a spasmodic or convulsive movement of the muscles of the eyes and the neck, and the deviation in most cases is towards the left when the disease is in the left side of the brain, and towards the right when the disease is in the right side of the brain, and not towards the side of the body which is paralyzed. In cases of disease of the pons varolii, however, it is not infrequently just the reverse, and the deviation will be towards the paralyzed side and not towards the side of the pons which is injured. Here again we have a means of diagnosis between disease in the pons varolii and disease in other parts of the brain.

Still, there are a number of cases in which the deviation has taken place in the wrong direction to agree with the statements which I have just made; that is, there are cases in which disease in any part of the brain, instead of producing deviation towards the side injured, has produced deviation towards the opposite side, and *vice versa*. In most cases, however, the rule mentioned will hold good.

TWO IMPORTANT SERIES OF FACTS.

Before passing to the study of other parts of the nervous system, I have to say two things which I regard as very important, and hope you will remem-

ber. For by these two series of facts the generally accepted doctrine of the physiology and physio-pathology of the nervous system are shown to be false, and it is especially for this reason that I ask you to do me the favor to write them down in your memory.

First.—There are many cases upon record in which the pons varolii or the medulla oblongata have been in a great measure altered in structure without the production of marked paralysis. You remember that I have often said a few fibres of communication existing between the upper portion of the brain and the spinal cord may be perfectly sufficient for the persistence of almost all voluntary movements. If this is so, the facts are very simple which I will now mention. You can easily understand if a few fibres—a few compared to the immense number—are sufficient to establish a communication between the brain and the spinal cord, how it is that extensive disease in these parts may occur without producing marked paralysis. You can easily understand how, in a case like Stanley's, in which a sailor was able to perform his duties up to within a few weeks before his death, and who died of another disease than that of the brain, this might occur without marked paralysis, although the medulla oblongata was reduced to one-fifth its normal size by pressure at the foramen magnum produced by an exostosis. Notwithstanding this pressure upon the medulla, the sailor performed all the duties which his calling required, with force and agility. He died of a disease entirely distinct from this brain affection, and there was no marked paralysis in his case at any time, if any paralysis at all. There are many other cases upon record which have nearly the same strength as the one reported by Stanley.

Indeed, there are many cases in which the odontoid process has become extremely large, and so pressed upon the medulla oblongata as to render it extremely small; what remained of the medulla certainly could not have been perfectly healthy, and yet no marked paralysis was developed.

There are many other cases in which tumors have produced marked alteration in the medulla without giving rise to marked paralysis. There is one case on record in which it is said that the medulla oblongata, when cut into, gave a noise like cutting into hard cheese, so extensive was the change in structure; and yet no marked paralysis existed. In some cases the structure of the medulla oblongata has been so changed that not a single fibre has remained unaffected.

So there are many cases—a great many indeed—in which these parts have been deeply altered without producing any marked paralysis. I purposely use the term marked paralysis, although the writers said there was no paralysis at all. But as I know that examination of the strength of the patient has not been done with sufficient care until quite recently, I allow for that, and instead of saying there was no paralysis, I say there was no considerable or marked paralysis. These facts may seem very strange to those among you who remember that these two portions of the nervous centre—the pons varolii and the medulla oblongata—are those which are the most delicate, and those upon which, if a sudden injury be inflicted, it almost always proves fatal, and proves fatal rapidly.

Indeed, a mere prick with a needle in the medulla of an ox will kill the animal immediately; and such is a favorite method of killing bullocks in Spain. A mere prick made at the lower part of the medulla oblongata almost always causes death at once. But although death is caused so easily in this manner, lesions which are not so rapid, or which occur at some distance from the lowest part of the medulla oblongata, can gradually, and sometimes rapidly, alter the tissues without producing marked symptoms. There are cases on record in which hemorrhage has taken place into the pons varolii without producing marked paralysis. My former assistant, Dr. J. Hughlings Jackson, has seen one of these cases. There is no contradiction between the two series of facts: (1) that death may be produced suddenly from rapid and sudden injury of the medulla oblongata in its lower part; and (2) that disease slowly developed, or if developed at some distance from the "focus of life,"—the gray matter at the nib of the calamus—may not give rise to marked paralysis.

The *second* point, relating to the base of the brain, to which I wish to draw your special attention, is also most important. It is most important, for it establishes my views regarding the origin of paralysis and convulsions, or at least proves that the old views must be laid aside; certainly the old views are in opposition to thousands and thousands of facts.

What I have to say clearly shows that there cannot be any decussation of voluntary motor fibres at the base of the brain, such as is most essential for the maintaining of the old theories regarding the production of paralysis. You already know that what is taught in your books, and by nearly every man who teaches medicine, consists in admitting that paralysis appears on the opposite side of the body from the side where the disease which caused it exists in the brain; and that it appears so because of a pretended decussation in the middle line, either in the pons varolii or in the medulla oblongata, or in both, of voluntary motor fibres, which go from the right side of the brain to the left side of the body, and from the left side of the brain to the right side of the body.

It is very easy to show from a large number of facts that we cannot admit that voluntary motor fibres cross each other in the pons varolii; and it is also easy to prove that such decussation does not occur in the medulla oblongata. If I show that there is no part in the base of the brain in which decussation of voluntary motor fibres can be expected to take place, of course we are obliged to admit that there is no such decussation of voluntary motor fibres.

You already know that the bands of union between the brain and the spinal cord are the crura cerebri, the pons varolii, and the medulla oblongata.

The cerebellum has never been regarded as a centre from which voluntary motor conductors pass to the spinal cord. Indeed, it would be absurd to suppose that there can be through the cerebellum such a communication, because destruction of that organ a great many times by disease has proved absolutely that it is impossible for disease of the cerebellum to produce paralysis. There certainly is no one who admits that the cerebellum is a channel of communication between the brain and the spinal cord.

The only possible channels of communication, then, are the crura cerebri, the pons varolii, and the medulla oblongata. The question then which is decisive as regards the theory of the cause of paralysis is, is there or is there not any decussation of voluntary motor fibres in any of these parts? I will now take the facts as they exist.

Suppose there is disease in the pons varolii destroying one-half of that organ. In most of these cases, not in all, there has been paralysis upon the opposite side of the body, and only there. There has been no paralysis at all upon the corresponding side in most of these cases, while the paralysis was absolute in the limbs upon the opposite side. What conclusion do

we draw from this? It seems clear from this fact that fibres which serve for the production of voluntary movements upon the opposite side of the body, pass across there, as we find complete paralysis upon the opposite side.

If you admit this conclusion, you must also admit that the decussation which takes place in the pons varolii does not include all the voluntary motor fibres; for if they all cross at that point, lesion in either half of the pons would destroy the voluntary motor fibres going to both sides of the body, and there would be paralysis of both sides of the body, and not paralysis of the opposite only, as occurs in most cases. The fibres which come from the side in which the disease exists are destroyed, and the fibres coming from the opposite side are also destroyed; so if these were all the fibres which serve as conductors of voluntary motor action, there would be complete paralysis of both sides of the body. We see, however, that paralysis occurs only upon the opposite side of the body, or upon the corresponding side with the disease. We must then, as also does Schiff and many others, reject the view that the voluntary motor fibres make their decussation in the pons varolii, and there only. The fibres which decussate in the medulla oblongata are, as you well know, extremely numerous. These fibres go through the pons varolii.

For a long time I believed that decussation of the voluntary motor fibres took place only in the medulla oblongata, and I published a paper with the view of establishing that doctrine. In after-time facts came which seemed to give strength to what I had stated. We know that when there is disease in one-half of the pons varolii, or in the crura cerebri, or in other parts of the brain, there is frequently degeneration of the fibres all along the crura cerebri, then in the pons varolii and the anterior pyramid upon the same side, and so the theory seeemed to be complete. But now I think it can be proved absolutely that decussation does not take place in the medulla oblongata alone. If this is done it will be shown clearly that the decussation in the pons varolii is not that which is employed in the transmission of the power of the will from one side of the brain to the other side of the body; it will be shown that we must reject the view that voluntary motor fibres decussate in the brain at all. What are the facts? There are many cases of disease of either part of the spinal cord upon one side without any paralysis whatever.

The corpus restiformis, or anterior pyramid upon one side, can be destroyed without producing any marked paralysis upon the opposite side of the body. Still more, experiments upon animals, as already stated, have shown that the anterior pyramids can be divided without producing paralysis. After section of one-half of the medulla oblongata, you may see paralysis upon the corresponding side just as frequently as upon the opposite side of the body. There are some physiologists who maintain that paralysis in such cases is always upon the same side. I have seen the paralysis incomplete on one side, incomplete on the other, and complete on both sides. If we find that disease can destroy one anterior pyramid without producing paralysis; furthermore, if we find that disease can destroy both anterior pyramids without producing paralysis, as in the case reported by Prof. Vulpian, in which no trace of paralysis appeared, the woman walking into the wards of the hospital two or three days before her death, and giving no other indication of serious disease of the brain—when we see such facts, and then find at autopsy that almost all the fibres of the anterior pyramids are destroyed, or at all events atrophied, it is clear that we are not to look to the medulla oblongata as the place where decussation of voluntary motor fibres takes place. If you put these two series of facts together—those relating to the pons varolii and those relating to the medulla oblongata—you will find that the voluntary motor fibres cannot be decussated in the pons varolii or in the medulla oblongata, and, as there is no other place where decussation can occur, the conclusion must be that, if there are fibres in those parts which decussate, they are not voluntary motor fibres. This is the conclusion to which I wish to lead you. The result is that paralysis, which we know to be almost always upon the side of the body opposite to the seat of the disease in the brain, cannot depend, as it is claimed, upon destruction of voluntary motor conductors. If there is no decussation, you can easily understand it is not because there are such decussating fibres that there is paralysis.

The same conclusion can be reached not only from an examination of facts relating to paralysis, but also from an examination of facts relating to convulsions. Convulsion, which is another form of muscular contraction due to involuntary muscular action; rigidity of the muscles, as well as choreic movements, trembling, catalepsy, etc., all these forms of disordered movements may appear upon the side of the body corresponding with the seat of the disease in the brain. You will find that there are many cases in which disease has existed upon the pretended motor conductors in the pons varolii, the medulla oblongata, and the crura cerebri, with convulsions upon the same side of the body. If the fibres which exist in those parts are the fibres which move the muscles upon the opposite side of the body, you would, as a result of destruction of those fibres, always, always, always have convulsions upon the opposite side of the body. There should not be a single exception, if the fibres which cross each other in those parts go to produce movements in muscles upon the opposite side of the body, for irritation of those fibres would always produce convulsions upon the opposite side. As there are many, many cases in which disease in these parts upon one side has produced convulsions upon the same side of the body, it is clear that these fibres are not what it is pretended they are. I think the facts as examined clearly show that the voluntary motor fibres supposed to exist in the base of the brain and to decussate there—those from the left side of the brain for the right side of the body, and those from the right side of the brain for the left side of the body—have no existence as such. That there are fibres there which participate in the production of voluntary movements I will not deny, but they are not essential, nor are they motor fibres, as has been heretofore imagined. I will take up the subject in a subsequent lecture, and will then try and show by what mechanism the will-power acts upon muscles, and will give some rules which will lead to diagnosis of the cause of paralysis and convulsions, even when those cases appear to be in discord with the present theory.

HEMIPLEGIA CAUSED BY DISEASE IN THE CEREBELLUM, ETC.

I have now to deal with hemiplegia caused by disease in various parts of the brain; and I will first consider hemiplegia caused by disease in the cerebellum.

I will say that any one among you who will devote a few hours of study to individual cases of disease of the cerebellum, taking them at random as they are re-

ported in medical journals, and without selection at all, will at once find that almost any symptom can appear from disease of that organ. You will also find that there is no symptom which is constant. What the entire function of the cerebellum is, I do not know; but I believe one of its functions is to produce nerve-force. The only constant symptom that is present in disease of the cerebellum is general weakness, debility, and usually upon both sides of the body. Even in those cases in which there is a localized paralysis, there is usually debility in cases of disease of the cerebellum. There are many symptoms, however, which belong to disease of that organ, so that paralysis coexisting with those symptoms would lead you to suspect what part of the brain is diseased. One of the most important of these symptoms is loss of sight, and this symptom is very frequently present in cases of disease of the cerebellum. Why, you will ask, is there loss of sight? With the view I hold, that any symptom may appear from disease anywhere in the brain, it is very easily explained. There is no direct connection between the cerebellum and the eye. It has been supposed that when disease existed in the cerebellum, if attended by loss of sight, it was because of pressure upon the tubercula quadrigemina. If it were true that the tubercula quadrigemina were the nervous centre for that sense, there would be some reason in the supposition; but what of those cases of disease in the cerebellum attended by loss of sight, and in which there was no pressure upon this nervous centre?

As is the case, disease in the left side of the cerebellum may produce amaurosis of both eyes, or amaurosis of the right or of the left eye. So there is no connection, not the least general connection, between the part which is affected in the cerebellum and the eye that is to be affected.

Another point: there are many cases in which disease in the cerebellum, of very slight extent, occupying the back part of the organ, and in which there was no possibility of pressure because of the nature of the disease, it consisting only of softening or inflammation, has caused amaurosis. As regards amaurosis, some medical men have tried to explain it by saying that an effusion of serum into the ventricles of the brain occurs in connection with disease in the cerebellum, and that that is the cause of the disturbance of the sense of sight. It is an important feature in all cases of disease of the cerebellum that there will be considerable production of serum in the lateral ventricles of the brain. There is a fact to be considered in this connection, and that is, that the sinuses of the brain are pressed upon by disease in the cerebellum, and it may be to such an extent that the circulation is greatly changed in one half, or in both sides of the brain. As you know, pressure upon veins anywhere in the body will produce effusion of serum. It is natural to admit that there is such an occurrence in connection with disease in the cerebellum, and this is in harmony with several facts. Disease in the cerebellum, if it causes amaurosis, does so, in most cases, by alteration of the nutrition of the eye, or by producing an inhibitory action, which I consider the great cause of the cessation of the activity of any part.

What are the other symptoms which can show that the paralysis with which we have to deal depends upon disease in the cerebellum? There are two symptoms which are of frequent occurrence, besides the amaurosis. There is headache, chiefly in the back part of the head, although it may exist in other parts. It is a headache that is much more violent than any headache which we know of dependent upon brain disease.

There is vomiting, and this is also a frequent symptom. Now, if you take the views admitted in science, that contractions of muscles take place when there is disease in the brain, because of irritation of fibres which extend from that part diseased to the muscles, and so serve to produce voluntary movements, how can you explain the vomiting which occurs when there is disease of the cerebellum? There is no voluntary motor fibre connecting the cerebellum directly with the stomach. The cerebellum has never been imagined to be the nervous centre that produces movements of the muscular fibres of the diaphragm and the stomach, which muscular fibres act together in the production of vomiting. So vomiting, in this case, is a reflex symptom, as I believe it is in every case of disease of the brain. There is an irritation of certain fibres which is transmitted to cells at a distance (I do not mean to say where these cells are), and they manifest it by putting into action the walls of the stomach and muscular fibres of the diaphragm, and produce vomiting.

PECULIAR DISORDER OF MOVEMENT.

There are other symptoms of disease in the cerebellum which are interesting. One which has been the subject of a great deal of discussion is a peculiar disorder of movement: the patient seems like a drunken person. If he can walk at all, he walks as if intoxicated. It is not that peculiar disorder of movement seen in locomotor ataxy, when the patient, instead of throwing the limb directly forward as in health, will swing it one way or the other, and strike the ground with the heel first; but it is simply a disorder of movement such as is seen in a case of drunkenness. This symptom is sometimes very marked. Another feature is, that the patient cannot stand upon one foot while the eyes are closed. This symptom is also present in the other form of ataxy.

There is lack of power to balance the body in many cases of disease in the cerebellum; but you are not, therefore, to conclude from that, that the cerebellum is the nervous centre employed in maintaining the equilibrium in giving proper balance to the body. It has been said that the cerebellum is the nervous centres for muscular sense. Muscular sense has been said to be the guiding power of our movements, and that if it is lost it is natural that there is developed a condition of apparent drunkenness. It certainly is not owing to the existence in the cerebellum of a nervous centre which presides over the balancing of muscular action, that there is disorder of muscular movement when the cerebellum is the seat of disease. For there are many cases in which there has been destruction either of the whole or a great part of the cerebellum, without any trace of disorder of muscular movement. If the cerebellum were a nervous centre for muscular sense, or for balancing the muscular movements of the body, certainly when destroyed there would always be present disorder of those muscular movements.

DIARRHŒA DUE TO IMPURE SALT.—A few weeks ago a large number of patients in different departments of the General Hospital in Vienna were suddenly attacked with diarrhœa. A chemical examination revealed the fact that the outbreak was due to impurities in the salt used in cooking. This contained a large proportion of sulphate of magnesia. The diarrhœa disappeared as soon as a pure salt was substituted for the impure article.

CLINICAL LECTURE.

By PROF. T. GAILLARD THOMAS, M.D.,

November 23d, 1877.

(Reported by P. Brynberg Porter, M.D.)

I. A CASE OF ABDOMINAL PREGNANCY—REMOVAL OF FŒTUS BY ABDOMINAL INCISION—THE QUESTION OF REMOVING THE PLACENTA. II. PERI-UTERINE CELLULITIS — THE SIGNIFICANCE OF LACERATIONS OF THE OS UTERI—THE DANGERS OF THE UTERINE PROBE. III. POST-UTERINE FIBROID.

Gentlemen:—Four weeks ago to-day the negress whom we decided to be the subject of abdominal pregnancy was presented to you for the first time at the clinic, and one week ago, as it is hardly necessary for me to remind you, I gave you some account of the operation which I had performed upon her the day previous: cutting through the abdominal walls, removing the fœtus, and leaving the placenta *in situ*, after having passed a strong silver wire through its body, by which to remove it in case it should become detached. At the time I made my report to you, twenty-four hours after the operation, the patient, you will remember, was in excellent condition, and though by no means out of danger, her chances of recovery seemed quite as fair as we could possibly expect at so early a period after the operation. On the fourth day after the removal of the child, however, while I was temporarily absent from the city, the patient began to develop unfavorable symptoms, and when I reached the hospital I found her in a very alarming condition, the temperature having run up to 103¾ degrees, and there being every indication of the development of septicæmia. I at once made up my mind that there was but one thing to be done, and having reopened a considerable portion of the abdominal wound, which, as I told you, had been closed with sutures, with the exception of about two inches, and in which I found union had already taken place by first intention, I withdrew quite a large quantity of exceedingly fetid fluid from the cavity. I then washed it out thoroughly with copious injections of salt water containing sufficient carbolic acid to give it a slight pungency to the taste, and finally allowed a considerable quantity of the liquid to remain in the cavity. All this occupied about half an hour, and during that short interval the temperature actually fell from 103¾° to 99¼°; showing that the patient was not actually suffering from septicæmia, but that septic absorption (from the fetid fluid described) was already taking place; and this is usually the first step towards septicæmia. Since then, I am happy to report, the patient has been doing very well; but up to the last day or or two it has been necessary to repeat the antiseptic injection about every three hours, night and day, and one of the house-staff has remained constantly with her for this purpose. The guide for the frequency of the injections has been and is the thermometer, and whenever the temperature has been noticed to rise they have been repeated.

At present it is found necessary to use them only about four times a day, and to-day I learn that the temperature is 99¼°; the pulse 102. The placenta still remains in position, as we have been very careful not to disturb it in the least, and it has as yet shown no signs of coming away spontaneously. I confess that I am afraid to remove it, and I certainly shall not do so unless it should show a decided tendency to slough off. It is probable that if it were removed at the present time, so long after the operation, there would be but little or no hemorrhage; but the condition of the patient would not thereby be improved in the slightest degree. On the contrary, the removal of the placenta would inevitably increase the risk of septicæmia by enlarging the area of surface for the absorption of septic material.

The patient is now quite as cheerful as she was the day when she first came here, her appetite is good, and she takes a considerable quantity of beefsteak, soft-boiled eggs, and other nourishing food; so that altogether her condition is so favorable that I think we can anticipate the happiest results in the case.

PERI-UTERINE CELLULITIS.

The first patient whom I show you to-day is Mrs. Bridget F., a native of Ireland, and thirty-three years of age. She has been married twelve years, and has had three children, the youngest of whom is now eight years of age. In our usual manner I will proceed to question her, in order to draw out the history of her trouble. How long have you been sick, Mrs. F.? "Just a year." You had good health before that time? "Yes." How were you taken ill? "I was taken with a great pain." Very suddenly? "Yes." What was the cause of it? "I do not know, but think it was from cold." Where was the pain situated? "Down around here" (placing her hand upon the pelvic region). Were you so sick as to have to go to bed? "Yes." For how long? "About a week." Was it at the time of your monthly sickness that the pain came on? "Yes." Did the pain go away at the end of the week during which you were confined to bed? "It got a little better then, but I have had it ever since." Are there any special times when it is worse than at others? "Yes, always at the time of my monthly sickness, and also at night." Has your general health failed? "Not a great deal." Have you lost any flesh since you had the attack of which you speak? "I did lose a great deal for a time, but think I am gaining a little now." Have you any trouble in walking or standing? "I can walk pretty well, but it hurts me to stand." Is there anything else of which you complain? "No."

I have now succeeded in getting all the history that I desire in the case. Here is a patient who tells us that she was perfectly well up to one year ago, when she had a violent attack of hypogastric pain, at the time of the menstrual epoch, which confined her to bed for a week, and she has never been well since. At the end of a week she got up, and then for the first time, as she tells me, consulted a physician, who seems to have understood the character of the attack, since he told her to keep as quiet as possible, not to lift heavy weights, etc. The pain has been constant ever since, and it is usually worse when she lies down at night; while it is always greatly aggravated at the time of menstruation. She has also become considerably emaciated, though that condition is not so marked at present as it was some little time ago.

The physical examination was as follows: On passing my finger to the cervix, the patient lying upon the back, I found it was normal in size and position, though there was a slight laceration in it. As I have had occasion so frequently to remark, this little nicking of the cervix is the rule, and not the exception in women who have borne chidren; and I do not consider them of any consequence whatever. I do not wish you, however, to confound this with the more extensive lacerations of the neck of the uterus, which frequently give rise to the most serious results, and in connection with which I recognize to the fullest extent and most gratefully the value of the labors of

Dr. Emmet, who has so ably brought the subject to the attention of the profession. But Dr. Emmet does not consider these slight lacerations of any more consequence than I do, and I do protest against the practice of some meddlesome gynecologists of the present day, who do not appreciate the vast difference between the two sorts of injuries to the cervix, and who can never rest content until they have sewed up everything of the kind, however insignificant it may be. I have made this little digression simply for the purpose of putting you on your guard against laying more stress upon slight laceration of the cervix than it deserves.

When, now, I attempted to draw the cervix forward, I found that this was impossible, and, in fact, that the uterus was perfectly immovable in any direction. This condition of fixation was so marked that almost any medical student, however inexperienced, would not have failed to recognize it. Now, a fixed uterus is an abnormal uterus; not necessarily diseased itself, but at all events indicating disease of some of the pelvic organs. On making conjoined manipulation, I found that in Douglas's cul-de-sac there was a large hard mass, compressing to no small extent the rectum posteriorly, and that in the broad ligament of the left side there was another similar mass; while nothing abnormal could be felt about the right broad ligament.

I did not carry the examination any further, because I felt perfectly satisfied as to my diagnosis from the sense of touch alone. If I had not, I might have placed the patient on the side and introduced the speculum; but I certainly would have considered it very unsafe to pass the delicate and flexible uterine probe, to say nothing of the large and unyielding sound. And just here I want to impress a point of great importance upon you. The careful passage of the probe in the hands of an experienced uterine surgeon is, as a rule, almost altogether unattended with risk; but that of the sound is by no means so harmless. The introduction of the probe and of the sound are most assuredly two very different procedures. When the first edition of my work on diseases of women was published, some of the German authorities criticised it very severely, because, as they claimed, I said the introduction of the uterine sound was unattended with danger, when they knew positively that it *was* attended with danger. The criticism was unjust, however, for I never really said anything of the kind. What I did say was, that the passage of the *probe* was unattended with danger when performed in a certain manner. I may illustrate this point by the somewhat analogous introduction of the sound into the male urethra. A skilful surgeon with a proper instrument may perform the operation without the slightest bad result; but if a rough instrument is passed in a rough manner, incalculable mischief may result. Let us suppose, now, a case in which there is retroflexion, and that the attending physician, without knowing at all the position of the uterus, attempts to carry a sound up in the normal curve of the organ. If he persists at all, he may do a great deal of injury, not only to the uterus, but to the bladder and intestines as well. But if the slender and flexible probe is used cautiously and skilfully, how different is the case! Take, for instance, the cases in the Woman's Hospital. A very large number of patients are treated there every year, and in every instance the probe is used in the examination, instead of the sound, unless there is some peculiar reason for resorting to the latter, because my colleagues all recognize, as well as I, the dangers which are to be apprehended in the use of the sound. As a consequence, we have no accidents due to this cause. Now, in the present instance, what do the marked fixation of the uterus and the hard masses which we have found posterior to it and upon one side of it, signify? They are undoubtedly evidences of peri-uterine cellulitis, and consequently I would not venture to introduce even the probe here, for fear of lighting up fresh inflammatory trouble. This inflammation of the pelvic cellular tissue must have originally occurred at the time of the acute attack, which the patient has described to us, and, as a consequence, Douglas's cul-de-sac was completely filled up with a deposit of exuded lymph. But all the trouble did not end here, for this is one of those cases of progressive cellulitis in which a certain amount of fresh inflammation is set up at each menstrual period, in consequence of the congestion of the pelvic organs incident to that physiological epoch. At the present time the patient's hands are quite hot, and she tells us that not infrequently she has more or less fever.

Now, you can see the importance of this point which I wish to make in connection with the case before us. The lesson to be learned here is, always to find out as fully as possible, by means of the vaginal touch and conjoined manipulation, the condition and position of the uterus before passing either the probe or the sound. As I have already intimated, I never use the sound at all, unless there is something special to be gained by it; and I would emphatically warn you to be always careful to think before you resort either to it or the probe. I will venture to say that there is scarcely a gynecologist of extensive experience living who has not unwittingly produced abortion by the passage of one or the other of these instruments. Almost every one gets caught at some time, and finds to his horror that the sound or probe has passed four inches into a gravid uterus; the innocent little operation being followed by hemorrhage and the expulsion of the fœtus. Therefore, always proceed with the greatest caution in every instance. Only yesterday I saw at my office a case of great interest in this connection. A Canadian lady, who had been charged by the physician whom she had when in London some little time ago, to consult me in case she should have any uterine trouble in the future, came to seek advice, and told me that she thought she had a small polypus growing from the cervix uteri. On making an examination I found that this was really the case, and I had no difficulty in twisting the polypus off with a pair of forceps. The cervix uteri looked like a very inviting one into which to pass the uterine probe, and I would have done it if there had been any special reason for it. But, in the meantime, I had been questioning the patient in reference to her case, and she now presented to me a letter from her former physician in England, Mr. Knowsley Thornton, in which he stated that he had removed both ovaries and the entire body of the uterus, and particularly warned any one making a vaginal examination of the patient, not to attempt to introduce a probe or sound, as it would pass directly into the peritoneal cavity. It was one of those brilliant cases illustrating the triumphs of modern uterine surgery, which reflect so much credit not only upon the operator, but upon the whole profession as well.

But to return to our present patient. In a case of peri-uterine cellulitis, I would say, then, never pass the probe; and I cannot dwell with too much emphasis upon this point. But, you say, perhaps there is something to be learned by this means? Well, then, be cautious how you learn it. I see in my audience to-day a gentleman, in consultation with whom I have seen a patient in three several violent and dangerous attacks of pelvic inflammation, all of which

were set up by the simple manœuvre of probing the uterus. Once he passed the probe himself, but on the other two occasions it was done by other practitioners. The danger is particularly great in cases of progressive pelvic cellulitis, like the one now before us. I might pause here a moment to inquire, Are we perfectly certain of our diagnosis in this case? I know of no other condition whatever which could have originally produced, and can now fully explain, all the rational and physical signs of the case.

In the way of treatment there is, unfortunately, not a great deal to be done. First of all, however, the patient should be removed altogether from the field of her present labors, where there is always so much to be done by women in her condition of life, and fortunately there are plenty of institutions at the present day open to the poor, where such patients can enjoy perfect rest. Securing quiet is the most important element in the treatment of this case, and this is of special importance at the time of the monthly sickness. The patient should be confined strictly to bed from the time when ovulation first begins (several days before the appearance of the flow), which is indicated to her by the increased pain and sense of weight incident to the congestion of the pelvic organs, until menstruation is completely over. In addition, she ought also to abstain entirely from the marital embrace, and this will be one of the advantages to be derived from a residence in a hospital. But what medicines are to be given her? you may inquire. I do not know of any drug or drugs that will cause the disappearance of the inflammatory products here present, or put a stop to the progressive cellulitis, or else I should have mentioned them first. No doubt quite a number of you would like to suggest "a mild course of mercury;" but I have no faith whatever in the efficacy of any course of mercury. Quite as many more would doubtless suggest the prolonged use of the iodide of potassium; but such a course of medication would only derange the digestion, impoverish the blood, and impair the general health of our patient, without accomplishing anything at all in the way of the removal of her trouble.

There is one point, however, which should receive our most careful attention, and that is the constipation which almost invariably marks these cases of peri-uterine cellulitis.

The pressure of these phlegmonous masses in Douglas's cul-de-sac, and the presence of inflammatory bands of adhesion, not infrequently cause fæcal impactions which greatly aggravate the severity of the condition, and should always be avoided by the strictest care in regard to the patient's bowels. In addition, she should have the most nourishing food, and such tonics as will improve the condition of her blood and build up her whole system. In a more acute case than the present one, in which, you will remember, the patient has been suffering for a year, I would recommend the systematic use of counter-irritation; but I do not believe it would be of service here. Opium ought by all means to be avoided, if its use can possibly be dispensed with, on account of the danger of the patient's becoming an opium-eater in consequence; which has been noted by quite a number of observers to be a not infrequent result in these cases of chronic cellulitis.

POST-UTERINE FIBROID.

Mrs. Sarah S., thirty years of age, and a native of Ireland. She has been married twelve years and has had five children (the last four years ago), but no miscarriages. How long have you been sick, Mrs. S.? "Four years." Were you quite well up to four years ago? "Perfectly." What do you complain of? "Pain at times." Where is it situated? "Here" (placing her hand upon the pelvic region). Are you regular in your monthly periods? "No." In what way are you irregular? "I have my sickness too often, and lose too much blood when it is on me." Have you any pain in your back? "Yes." Is it constant? "No, I do not feel it all the time." Are your bowels regular? "They are always constipated." Do you have any trouble with your bladder? "I feel a very frequent desire to pass water." Do you suffer at all from the whites? "Yes." When your monthly sickness comes on, do you lose a great deal too much blood? "No, not a great deal more than I ought to do." Does it hurt you to stand? "It makes me feel very tired."

Now, gentlemen, you have heard the history as given by the patient. She looks healthy, you will observe, except being a little pale, and I will proceed to tell you what I found in making a physical examination. The patient being placed on her back, I passed my finger up to the os uteri, when the first thing that I noticed was a slight laceration, such as we found in the last case and such as is so frequently met with. It is a little more marked than in the last case, but still by no means sufficiently extensive to give rise to any trouble. Unlike the last case, the cervix was perfectly movable, but still I found a mass filling up the whole post-uterine space. This mass was very hard and much larger than the uterus ought to be, almost closing up the rectum, and yet I could not feel the body of the uterus in its normal position. Now, I said to myself, here is a case of retroflexion with hyperplasia of the uterus, and this was the picture that mapped itself out in my mind. I was not able to decide positively, however, without the introduction of the probe, on account of the unusual rigidity of the abdominal walls in this case, which interfered with the success of any examination by conjoined manipulation. The patient was accordingly placed upon her side and the speculum having been introduced and held by an assistant, I bent the probe to what I thought was about the right curve, and attempted to pass it downward. Finding that this was impossible, I then attempted to pass it upward in the normal direction, but it would not enter the body of the uterus in this way either. So I withdrew it altogether, and making it almost straight, I again introduced it into the cervix, and this time passed it up to the extent of four inches very easily, which was not at all the picture which I had imagined. The reason that I had not felt it in front, was that it was so much farther back from the abdominal walls than usual. A careful examination revealed an immensely large mass blocking up the rectum, and this I found to be a growth attached to the posterior wall of the uterus. But might not this be a mass of inflammatory lymph, as in the last case? No, because when you find a hard mass in Douglas's cul-de-sac, and are able to move it, it is not a deposit of lymph. This is not an absolute rule, but the exceptions to it are exceedingly rare. The lymph, when present, is firmly attached to the walls of the pelvis, and in the last case I could not only not move that, but could not move the uterus either. In the present instance I used the sound to rock the uterus backward and forward in order to ascertain whether the mass, whatever it was, was attached to the uterus, and I found that it undoubtedly was. But, you say, is it not dangerous to employ the sound? Yes, there is certainly some risk in so doing, but I decided that the benefit to be derived from its use was

quite sufficient to justify the latter. Even the simplest procedures in surgery are attended by a certain amount of danger. Many children have died from having their gums lanced, and I think it is Sir Henry Thompson who has noted a number of deaths merely from the passing of the catheter. The size and character of the growth were further determined by introducing the finger into the rectum.

What is the prognosis here? When I speak of prognosis, I do so in the real meaning of the word, which does not require us to tell positively what will be the whole future history of the case. What I understand by the term is, the most logical deductions that you are able to make from ascertained facts in medical literature and your own personal experience. This is a benign tumor, and, as a rule, these hard, round fibroids will permit a woman to go to a good old age. Perhaps I may be mistaken here, and the patient may possibly come back in the course of a year with the tumor as large as your head; but I think this is altogether improbable.

In the treatment there are three principal points to be attended to. The first is to remove the pressure from the rectum by changing the position of the tumor, and this is to be done by throwing the uterus over on to the bladder and thus lifting the mass out of the true pelvis. The pain from which the patient suffers is greatly increased by the pressure of hard fæces in the rectum, inducing a neuralgic condition of the fibroid. For a time the uterus should be thus carried forward two or three times a week, the patient being in the knee-chest position, and then after a little while a Cutter's pessary may be introduced, which will keep it permanently in a somewhat anteverted condition. Should any trouble be created thereby, it may easily be obviated by leaving the pessary out for a time. Secondly, the patient should take about twenty drops of Squibb's fluid extract of ergot night and morning, in order to keep up a constant impairment of the circulation of the uterus. If we had an interstitial fibroid to deal with, we might expect the ergot to act by causing contractions of the uterine fibres; but here we have to depend on the general property which the drug has been shown to possess by Brown-Séquard and many other observers, of diminishing the calibre of blood-vessels. In the third place, we must improve the general condition of the patient. I do not look upon this affection as showing an exuberance of health at all, but as an evidence that her health is depreciated; and our efforts are therefore to be directed towards improving the nutrition and building up the strength.

I have still two points to speak of in connection with this case, and the first is this: Suppose the patient should begin to bleed freely. At present there is not much hemorrhage, but a tumor of this kind is apt to cause flooding by keeping up a continual congestion of the uterus, and the use of the curette upon its lining mucous membrane will be found to control the menorrhagia and often the metrorrhagia resulting from it more effectually than any drug. By this means the condition of the mucous membrane is altered, and in the intervals we thus help the patient to recover the ground lost at the time of her menstrual periods.

Finally, I wish to caution you against giving iron and quinine in cases like this. It is the commonest thing in the world to see such patients taking these two drugs in large quantities, because their attending physicians are desirous of improving and increasing the blood and stimulating the appetite; but from my own experience I can declare positively that they constitute the best possible prescription to excite hemorrhage, and consequently are productive of much harm. It is like giving alcoholic stimulants to a man who is suffering from delirium tremens. It may ward off trouble temporarily, but in the end it only makes his condition a great deal worse. Now our patient theoretically really needs both these remedies, but I feel sure that they would practically only do her further injury.

PERITYPHLITIS, AND ITS TREATMENT.

By LEONARD WEBER, M.D.,

NEW YORK.

(Read before the Surgical Section of the New York Academy of Medicine, December 11, 1877.)

In addressing you upon the subject of perityphlitic abscess, Mr. President, I have reference in particular to abscess resulting from perforation of the appendix vermiformis. Perityphlitis in a general sense, of cæcum or any part of colon, occurs frequently, and may go on to resolution quite as often as to the formation of abscess; and the latter may and often does perforate the bowel or bladder, and the patient will get well without any surgical interference. I have seen a number of such cases before I ever operated for abscess of the vermiform appendix, and, in my opinion they may be considered, apart from this special form of perityphlitis, due to perforation of the appendix vermiformis.

In those cases the characteristic tumor does not grow up from the bottom of the iliac *fossa*, is felt more superficially and higher up along the cæcum or colon, not unfrequently fluctuates, and sometimes disappears over night, being evacuated by the bowel or bladder.

For the literature on the subject, I refer you to my first paper, published in the *N. Y. Med. Journ.* of August, 1871, to the well-known papers by other American authors, and to the Encyclopædias of Virchow and Ziemssen.

For the formation of an abscess after perforation of the vermiform appendix, we have to depend upon a sufficient amount of adhesive inflammation around the ulcerated spot, in order to prevent the escape of fluid into the peritoneal cavity before perforation has actually taken place. When no adhesions have been built up prior to the perforation of the ulcer, general peritonitis will supervene, with early fatal termination. I have made the autopsy of two cases in which there was perforation with no attempt at adhesive inflammation, and general peritonitis was found.

Permit me to give you briefly the history of three cases I operated on since 1874, and to invite your discussion on the mode of proceeding which experience has taught me to adopt.

H. W——, 30 years of age, merchant, a robust and healthy man, who had never before had any trouble with his bowels, came to my office on June 3, 1874, complaining of pain in his abdomen. Ordered purgative. He called again on the 7th, 8th, and 9th of June. Bowels had been relieved, but pains still present, and more in the right lower part of abdomen. Ordered an opiate, strict diet, and rest. June 10th I saw him at his house, found him with fever, and pain in the ileo-cæcal region well marked. No tumor could be felt, the less so as palpation was difficult on account of the great thickness of abdominal parietes and existing tympanites. From this day on, all the usual symptoms of perityphlitic abscess were present, although it was not until the end of the fifth day from my first visit that I was able to make out

the characteristic tumor in the ileo-cæcal region; nor could I at any time feel any part of tumor per rectum. The patient having been kept under the influence of opium, and the tumor steadily increasing in size, I concluded to operate on the ninth day. The tympanitis, which was unusually troublesome and greatly interfered with the patient's respiration and sleep, had had no small share in urging me to operate early.

The operation was done by a four and a half inch incision above and parallel to Poupart's ligament, narrowing down to an inch and a half at the fascia transversalis. The exploring needle having been thrust into the tumor, showed the presence of pus, and the abscess was laid open. From four to six ounces of fetid pus and gas, mixed with small portions of sloughy fibrous tissue, were evacuated, the cavity was washed out with carbolized water, the edges of wound carefully cleansed and united by harelip, and interrupted sutures and a drainage-tube inserted. The further treatment of wound was carried out on the antiseptic plan; the patient progressed favorably, and on the twelfth day after operation a small and hard fæcal lump was discharged. On the fifteenth day an attack of traumatic erysipelas set in, spreading from the wound upwards as far as the short ribs and back over the hip as far as the spine, reaching posteriorly and anteriorly as far as the median line. The accompanying fever was very high, marking sometimes 104 degrees in the axilla, and the pain and discomfort to the patient were considerable. The affected parts, including wound, were freely painted with tar four times daily, and teaspoonful doses of tinct. ferr. mur. exhibited every four hours. The erysipelas spread no further, and entirely left the patient five days after the seizure. The wound, which presented an œdematous and inflamed appearance, and discharged but little yellowish liquid during the attack, suppurated more freely again afterwards, and healed without further disturbance, with a broad and firm cicatrix, on the thirtieth day after operation. The pins introduced to hold the edges of the wound well together caused some sloughing, although they were removed at the end of the second day, and their suppurating tracks took almost longer to heal than the wound itself. About two months after operation the centre of cicatrix was nearly an inch in breadth, and protruded slightly when the patient made efforts to cough. He was ordered to wear a truss to prevent the formation of hernia, and wore it for a year, or more, I believe.

A. Z——, 32 years of age; merchant; a tall and thin man, with a good family history; had always been in fair health until 1873, when he began to suffer from occasional attacks of colic, which were relieved by purgatives, anodynes, and rest in bed. Similar attacks he had also in 1874, combined with troublesome dyspeptic symptoms. In the night of March 28, 1875, I was sent for, and found him suffering severely from an acute attack of pain in the abdomen, more to the right lower side. For some time before this sudden seizure he had been well and in daily attendance upon his business. He presented all the symptoms of incipient peritonitis, and was put under the influence of opium at once. On the fifth day, the tympanitis having yielded, the bowels were evacuated by an enema. I could now feel the tumor in the ileo-cæcal region, and discovering fluctuation, although deep-seated, on the evening of the sixth day, I operated at noon of the seventh, in precisely the same manner as in the foregoing case, reaching the cavity of the abscess without difficulty, and evacuating about six ounces of fetid pus and gas. Although a good deal of sloughy connective tissue was discharged at and after the operation, no foreign body was seen. The wound was treated in the same manner as above, and everything went well for some time, although the patient was excessively weak, requiring constant attendance and careful nursing. In the third week after operation—the wound still suppurating freely—another abscess formed in the neighborhood and a little above the first one, with eventual perforation of the bowel and discharge of pus per rectum. In the sixth week additional inflammation occurred, and an abscess formed close to the left lower side of the first, which perforated the bladder, with free discharge of pus per urethram for about a week. In spite of these secondary abscesses and the continued suppuration from the wound, the patient held out under good nourishment and the generous exhibition of stimulants, and was restored to health three months after operation. The centre of cicatrix was broad and thin, and required the support of a truss. As soon as he was able to be about, I sent him to the mountains of Virginia, where he spent the month of August, using the baths at Hot Springs. He regained his strength, and had no trouble with his bowels afterwards, except a slight tendency to constipation.

E. R——, 17 years of age, clerk, a well built young man, had no serious illness previously; was taken on February 15, 1877, with symptoms of acute peritonitis, which soon became localized in the ileo-cæcal region. Ordered leeches, poultices, and opium. On the 17th less pain in abdomen and generally much better. On the 19th tumefaction more distinct; 20th, abscess pretty well defined; 21st, no change locally; 22d, tympanitis increasing. On the 23d, at 4 P.M., operation by a four-inch incision, narrowing down to an inch and a half at the fascia transversalis, and evacuation of about five ounces of pus and gas. No foreign body on this or any subsequent day. Very little fever, and voluntary stools on the 25th; wound looks well and discharges copiously. Sutures removed on the 26th, and I will here mention that they were of fine silver wire, closely laid, embracing all the tissues, and that no pins were used for lateral support. I was much better satisfied with the appearance of the wound closed in this manner than in the previous cases in which pins were employed. On March 12th the wound had nearly closed, and the patient was well except occasional attacks of colic in the left lower part of abdomen. He very soon got over these, and I did not see him again until about three months after operation, when he presented himself at my office on account of some protrusion of the centre of cicatrix. He was ordered a suitable truss for support. Patients Nos. 2 and 3 have laid their trusses aside, feeling quite comfortable without them. The cicatrices appear to be quite firm now.

When we let these cases and others of abscess of the vermiform appendix that have been published pass in review, we find that, whether they set in abruptly or gradually, with peritonitis and tympanitis more or less severe, they are always marked by considerable pain on pressure in the ileo-cæcal region. There is only one symptom which may be called pathognomonic, a tumor growing from the bottom of the iliac fossa and above Poupart's ligament up towards the integuments. This gradually growing tumor can generally be felt by palpation; rarely can its lower circumference be made out by exploring per rectum. Seldom can we feel distinct fluctuation, and percussion generally yields a muffled tympanitic sound. The abscess containing always pus and gas, the percussion-sound over it cannot be entirely dull.

When shall we operate? The formation of the ab-

scess begins with the adhesive inflammation set up by the ulceration of the vermiform appendix, and experience teaches that, counting from the commencement of peritonitis, at least seven days are required to accomplish agglutinations firm enough for surgical purposes, between the fibroplastic walls of the abscess and the parietal peritoneum. Cases Nos. 2 and 3 go to prove that we can successfully operate on the eighth day, and, other things being equal, I see no reason why we should wait any longer than the second week. We have to deal with an abscess containing fetid pus which we know to be of an aggressive nature, and the sooner we have it evacuated the better for our patient. However, there are a number of cases on record in which the operation has been deferred to the end of the second week and even longer, and the patients have made a good recovery. Sometimes, the general condition of the patient may be such as to induce the surgeon to postpone the operation somewhat beyond the time indicated by the local condition. How long shall the incision be, and where had it best be made? In none of my cases has the cut through skin and fascia been less than four inches in length, narrowing down to two inches at the fascia transversalis. The opening in the wall of the abscess was an inch to an inch and a half long, in order to give me all the facility I wanted for washing out and disinfecting its cavity. You are aware that in three of the cases a tendency to hernia was developed soon after cicatrization, and a truss was required for support for some months, but the patients could soon get along without it. You recollect that the late Dr. Gurdon Buck, in a paper read before the New York Academy of Medicine, July, 1875, communicated two cases of perityphlitic abscess successfully operated upon by him. The plan of operation adopted by him was, first to puncture with a fine trocar, and then make an incision along the needle into the abscess sufficiently large to allow the introduction of the finger into it. It answered the purpose, and the patients got well with a sound cicatrix and no tendency to hernia. Although it has been shown that a long cicatrix must not lead to bulging at the centre, it is desirable to avoid such unpleasant consequences by making the incision no longer than is absolutely necessary, *i. e.* from three to four inches. Dr. Buck's method has one serious defect: the surgeon is obliged to cut in the dark through thick layers of muscle and fascia, and after opening the abscess, cannot wash out and drain its cavity as well as it ought to be done. Moreover, when we close the wound with many and fine sutures as accurately as possible—leaving out all pins for lateral support—we shall get the greater part of it to unite by the first intention, and have ultimately a firm and good cicatrix. And if we instruct the patient to put on a suitable truss as soon as he leaves the bed, and wear it for some months, we shall have guarded against all possible chances of hernia developing at the centre of cicatrix.

In making the incision I go straight for the abscess and operate in the following manner: Putting the thumb of the left hand in the inguinal fold close to Poupart's ligament, I lay the four fingers well upon the upper circumference of abscess, making gentle but firm pressure downward. Midway between thumb and fingers thus placed in position, I divide skin, fascia, and the fibres of the external and internal oblique muscles, enter the exploring needle at a point where I have felt certain that I shall get pus, and getting it, carry the knife through the remaining tissues into the abscess by a single cut. This is by no means a summary proceeding when you have watched your case well from the beginning and become familiar with every feature of it, when you have marked the gradual growth of the abscess, and by repeated examination expelled from your mind all doubts about the presence of pus in a locality where you can but seldom get well-marked fluctuation.

Immediately after operation I wash out the cavity of the abscess with carbolized water, and twice a day thereafter, until the discharge has lost all its fetid odor, and the wound becomes too small for the further introduction of a drainage-tube. Hancock's operation for abscess of the vermiform appendix has not originated in this country, it is true, but Willard Parker has given us a formula for its proper and timely performance, and by careful study it has become a sound and useful mode of surgical practice.

TREATMENT OF DIPHTHERIA BY TURPENTINE INHALATIONS.

By C. EDEL, M.D.,

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Before I enter upon the mode of treatment of diphtheria, it may not be inappropriate to give, in a few words, my opinion concerning the nature of the disease.

I regard it, in the majority of cases, as a local infection from the beginning, affecting the mucous membrane of the nose, pharynx, and larynx, the fatal termination of the disease being brought about by pyæmia. The latter may be either primary in cases where the poison has been absorbed by the capillaries of the lungs or the mucous membranes (and these frequently become fatal after a short duration, even without the formation of membranes); or the pyæmia may be secondary to the formation of membranes, and the poison is then taken into the system in the usual manner.

But we must distinguish this pyæmic fever from the reactive fever, common to all cases of diphtheria, and which I think is only an effort on the part of nature to eliminate the obnoxious substance.

The character of the disease has a close resemblance to the gangræna nosocomialis. If we have under observation a surgical patient, we may be certain about the favorable conditions of his wound as long as his temperature does not suddenly rise. When the latter occurs, all practitioners are aware that we must be upon our guard. It is not necessary that we find the wound in a bad condition immediately, but we are sure that this will follow after a short time, if the wound is not properly treated by disinfectants. If, however, this course of treatment is pursued, the temperature will soon become normal. The cases of secondary pyæmia in gangræna nosocomialis are relatively rare, since a more proper management of the wounds has been adopted, but they occasionally occur, and prove fatal in spite of the greatest care.

The object of my treatment is not to cure the primary pyæmic infection of the "malignant cases," or to cure the "secondary pyæmia" after the formation of membranes, but to prevent the absorption of the poison, the presence of which is indicated by the reactive fever.

Since the treatment of diphtheria by steam inhalations gives relatively the best results, I resolved to combine this method directly with a local disinfectant. For this purpose I use Tiemann's steam-atomizer in the following manner: I have the boiler half filled with water, add about fifteen drops of the oil of tur-

pentine before each inhalation, and then close it. As soon as the vapor escapes, the patient is placed at a distance of three inches from the mouthpiece of the instrument. This distance I found more convenient than to apply the mouth directly to the mouthpiece, since the greater heat might prove injurious and the force of the stream would frequently make it inapplicable to children. Formerly I have used the turpentine with some water in the medicine cup, but this arrangement often fails, and I find it quite sufficient to put the turpentine into the boiler directly.

The inhalations are made every hour for about ten minutes, day and night.

This treatment I have applied in quite a number of cases, and thus far with the most favorable results. Recent cases were cured in twelve hours, *i. e.*, the temperature was reduced and the sores in the throat were clean; in older cases it took sometimes twenty-four hours before the temperature became normal, and about forty-eight hours before the pharynx appeared perfectly clear.

I shall briefly relate a few of the more characteristic cases.

I. December 2d.—W. W——, a boy 6 years of age. When I first saw the patient he had been treated for three days with chlorate of potash locally, and tincture of iron internally. On inspection, the tonsils and pharynx were found to be covered by diphtheritic membranes. The boy complained of pain in the region of the sternum; his breathing was superficial, and he had very marked dyspnœa; his voice, however, was pretty clear. I continued the treatment for eight hours, but seeing that the infiltration had rather increased in extent, I resorted to the above-described inhalations. They were continued during the night, and after twelve hours the patient expectorated a piece of membrane five and a half inches in length and one inch in breadth, which had undoubtedly occupied the whole extent of the trachea; at the same time the pharynx was nearly clean. The pain, of which the boy had complained, ceased immediately after the membrane had been expectorated. The microscopical examination revealed, besides some epithelial cells, the presence of fibrine, small, round cells, and the peculiar organisms called micrococci.

II. November 29th.—B. S., a girl 3 years old. In this case I performed tracheotomy half an hour after I was called, on account of the great dyspnœa. There where no membranes in the throat, and I regarded the case as one of croup. A few hours after the operation the tube could hardly be cleaned from very tough membranes plugging the inner opening. Next morning diphtheritic membranes were seen in the pharynx. I ordered at once the inhalations, but, of course, in this case through the tracheotomy tube. The inner tube was taken out and the steam passed through the opening in the superior curvature of the outer tube into larynx and pharynx, After having used the inhalations for twelve hours, the pharynx was clear, and some relatively thin matter was discharged through the tube. The child recovered entirely, with the exception of a paralysis of the vocal cords, which will probably be cured by faradization.

III. November 28d.—M. R——, a woman 40 years old, in whom the infiltration extended almost over the whole tongue and the greater part of the pharynx; after twenty-four hours the temperature nornal, and about twenty-four hours later the mouth and pharynx clean.

IV. December 22d.—E. M——, 15 years old. Pharynx partly infiltrated; cured in twelve hours.

V. December 31st.—C. E——, 5 years of age; membranes on both tonsils. Inhalations begun on the third day; one tonsil clear after twelve hours, but it took about two days before the membranes on the other tonsil disappeared, the parents having neglected to use the atomizer during the night.

Progress of Medical Science.

URETHRITIS CAUSED BY THE ADMINISTRATION OF ARSENIC.—M. Saint-Philippe publishes in the *Gazette Médicale de Bordeaux* two cases in which the internal administration of arsenic was followed by urethritis. The first was a man of forty, suffering from malarial fever, for which arsenic was prescribed. He had, however, taken but four milligrammes of the remedy when he exhibited all the signs of poisoning. The following day he was attacked by a urethritis, which showed itself in a classical manner, at the same time he positively affirmed that he had not been exposed for more than two months previously. The other patient was put upon arsenic for some skin trouble, but owing to a mistake he took double the dose ordered, so that at the end of eight days he had taken sixteen milligrammes. Symptoms of poisoning now showed themselves, and at the same time the commencement of a well-marked urethritis, which yielded to the usual treatment in fifteen days. Here again exposure was denied for a long time previously, and taken in conjunction with the foregoing case, M. Saint-Philippe was forced to admit an arsenical urethritis, nor does he deem it illogical to suppose that arsenic, while being eliminated with the urine, may produce effects similar to those produced in the digestive tract and on the skin, where it is also eliminated. As, however, this is a toxic rather than a physiological irritation, the poisonous, instead of the simple therapeutic action of the drug, is necessary for its production. This is why it is so rarely met with in practice. This form of urethritis resembles that caused by certain substances known to have a very marked irritant action on the genito-urinary mucous membrane, such as cantharides, certain balsams, and even beer and alcohol in excess.—*Journal de Médecine*, November.

AN EASY, SURE, AND RAPID METHOD OF TREATING PARALYSIS OF THE FACIAL NERVE.—Dr. J. Masecarel claims great success for the following method of treating rheumatic paralysis of the facial nerve: From the first day he introduces a platinum needle a centimetre, or a centimetre and a half, in the direction of the stylo-mastoid foramen, toward the exit of the facial nerve from the cranium. A second platinum needle is placed horizontally in front of the orbit on the paralyzed side, in the superior fibres of the orbicularis palpebrarum; the needles are then connected with the poles of a battery of the desired intensity, and an interrupted current passed during twelve, eighteen, or twenty minutes. It is needless to say that very violent contractions are caused by this plan, almost convulsive in the orbicularis palpebrarum, and sometimes the eyelids are closed at the first sitting. The second day this operation is repeated with the palpebral needle below the eye. The third, fourth, fifth, and sixth days the facial needle is successively introduced into those muscles of the face which prove most refractory; the other needle is always kept near the stylo-mastoid foramen. After the seventh or eighth day of this treatment the paralysis has disappeared for ever in a dozen successive cases.—*Le Bordeaux Médical*, Sept. 18, 1877.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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THE EFFECTS OF SECTION OF THE SPINAL CORD UPON ANIMAL TEMPERATURE.

Some time since the sum of five hundred dollars was granted to Professor H. C. Wood, Jr., of Philadelphia, by the Smithsonian Institute, to enable him to prosecute with thoroughness and success a series of experiments relative to the effects of artificial lesions of the various parts of the nervous system upon the evolution and production of animal heat; the results of the experiments to be published in the Contributions of the Smithsonian Institute.

Through the kindness of Dr. Wood we are enabled to lay before the medical profession his results, so far as concerns the effects of the *section of the cord* upon animal heat.

As is well known, experiments of much the same nature as those which we are about to describe were instituted in 1837 by Sir Benjamin Brodie, and later by Bernard, Schiff, Naunyn, and Quincke, Rosenthal, and Binz. According to these authorities it would seem that if the spinal cord of a rabbit be cut in the lower cervical region (the air of the room being lower than the temperature of the animal's body), the animal's temperature at once falls so that at the moment of death its heat is below normal. If, however, the external temperature be high, and the animal be wrapped in raw cotton, the fall of temperature is succeeded by a rise, so that the animal dies in a state of intense fever. The question naturally arose, of course, as to whether the subsequent rise of temperature was really due to the division of the cord, or was only a direct result of the higher external heat to which the animal was exposed. To settle this point a crucial experiment was undertaken by Naunyn and Quincke, which seemed to prove beyond a doubt that the rise of temperature was to some extent certainly dependent upon the operation.

In conducting his researches, Dr. Wood has confined himself exclusively to experiments upon the dog, other commonly employed animals being too small for the performance of delicate experiments upon the brain and nerves. A wooden box was constructed, open at the top, and about three feet square; also two metallic boxes, the larger of them also open at the top, and three inches smaller each way than the wooden box; the other about three inches smaller each way than the first, and having its top-piece perforated with three holes—a large hole in the centre, and, on each side of this, smaller apertures, into which gutta-percha tubes could be screwed. The arger metallic box was then placed inside of the wooden chest, and the interstices surrounding it carefully and tightly packed with sawdust. Water enough was poured into it—*i. e.*, the larger metal box—completely to surround the smaller metal box when placed inside of it. After cutting its cord, the dog was then placed within the innermost box, the gutta-percha tubes were screwed into place, and a closely-fitting lid to the whole apparatus so adjusted as to cut off both the dog and the water surrounding the vessel which held it from the outer air of the room. A suction-pump was attached to the end of one of the gutta-percha tubes (the end of the other tube being left patulous), so that air might be drawn through the metal box which held the animal. A cut-off from the tube of exit was so arranged that specimens of air could be received into it, and analyzed for heat by a thermometer, and for moisture by a calcium tube. The difference in the number of heat-units existing in the air, after its passage through the box, and in the water surrounding the box which held the dog whose cord was cut, was then estimated by means of the following formula: $Q = w \times t \times$ sp. h.; Q = heat-units; w = weight of air or water; t = rise of temperature of air or water; and sp. h. = specific heat.

The bulk of the air was reduced to the bulk of air at 32°. This was weighed and the specific heat obtained. After a number of painstaking and laborious experiments, Professor Wood has been able to reach the following conclusions, viz.: *At a low external temperature, after section of the cord, there is increased evolution with diminished production of heat; at a high external temperature, both the production and evolution of heat are diminished. After section of the cord the animal dies in winter of cold, and in summer lives much longer on account of the high external heat.* It will be at once noted that this fact has a very important application to narcotic poisoning, to collapse, as seen, after exhaustion by heat, etc., and to thermic fever; the hot bath being the best treatment for collapse and narcotic poison, and the cold bath for thermic fever. [Collapse from heat and thermic fever are usually confounded. In collapse the internal temperature is below normal, while in thermic fever it is above.]

Professor Wood has also discovered the fact that the instant fall of temperature, after section of the

cords, is due to *vaso-motor paralysis, producing paralysis of the arterioles at the surface, thus obliterating the superficial cold layer of the body, and removing the only barrier to the animal's internal heat.* The Doctor has thus shown that *temperature is no guide to the amount of heat given off in such cases, and that fever simply reduces itself to a question of the difference in the relation of the heat-producing and heat-evolving powers; that the heat-evolving power is no longer compensatory to the heat-producing when the cord is cut.*

The experiments of Owsjannikow, which located the governing vaso-motor centre of the brain in a space whose upper boundary is one or two millimetres below the corpora quadrigemina, and whose lower boundary is from four to five millimetres above the point of the calamus scriptorius (*Berichte*, etc.; Bd. XXIII.), have received full confirmation at Dr. Wood's hands.

PREVENTIVE MEDICINE IN ORDINARY MEDICAL PRACTICE.

DR. RANSOME'S able address on State Medicine, published in the *British Medical Journal* for August 18th, must be read in order that the sequel on "Preventive Medicine in Ordinary Medical Practice," delivered by Dr. Ogle, at the recent meeting of the British Medical Association, may be appreciated at its full value. It will be remembered that in his final paragraph Dr. Ransome invokes supplementary aid from voluntary sanitary associations. While conceding the feasibility of forming such associations, not only in large towns, but in every locality, Dr. Ogle places upon the medical profession itself the responsibility of a deficient public opinion on medical and sanitary questions, and argues that, as preventive medicine is ignored in ordinary medical practice, legislative bodies very naturally ignore the profession when they come to frame laws to prevent the generation and spread of diseases. To establish this position, Dr. Ogle reviews the existing relations between patient and doctor, and concludes that, so far from being in harmony with the requirements of modern medical theory, they are nearly the same as they were when medicine meant physic—that is to say, the physician's claims to remuneration still continue to be based upon the quantity of medicine supplied, and upon material data respecting the number of visits, etc. As such claims—payment per bottle or per visit—take no account of enlightened methods of cure, the public cannot be expected to be wiser than physicians themselves, and to appreciate at their true value curative measures of a different kind. So long, argues Dr. Ogle, as the prevention of disease is ignored in the remuneration demanded for medical services, so long the public will conclude that prevention is not considered by physicians as a part of their work, and the influence of such self-devoted men as Anstie will be lost upon public opinion. As the first step towards realising Dr. Ransome's hopes of more enlightened sanitary legislation, therefore, Dr. Ogle argues that the relations of physicians to the public must be readjusted upon a preventive basis, and draws up a plan of readjustment, which is very simple, although, unfortunately, not exactly practicable in the present state of public opinion. First, the family physician is to stand in the relation of health officer to families employing him, as well as in that of medical attendant in times of sickness, a certain sum per annum to be paid for all ordinary work, prevention included. Secondly, he is to receive supplementary fees for extraordinary visits; the medicines, whenever possible, to be supplied by druggists, or at least to be paid for separately, not as a part of the physician's duties. The stipend per annum, by which the physician is constituted health officer of the family, is to be left to a private agreement between him and his client.

Dr. Ogle states, in concluding his remarks on this aspect of the subject, that the arrangement has been tried and proved practicable and satisfactory, although the where and when of such experiments are not designated, nor are any sufficient details given. Of course, the distinctions between ordinary services and special visits must be sharply made in such arrangements, as ceaseless dispute and litigation must necessarily grow out of any ambiguity, however trifling.

There is no doubt that the work of sanitary police, of boards of health, etc., would be exceedingly simplified by the general adoption of Dr. Ogle's plan, which includes specifications for forming co-operative medical and sanitary societies in every town and village, by way of applying preventive measures to such as cannot afford a per annum stipend or even moderate fees for special services, with dispensaries for supplying medicines, hospitals, convalescent homes, and a fund for procuring expensive instruments that are only wanted occasionally. Organizations of this kind would, Dr. Ogle argues, not only secure the introduction of the newest modes of treatment in country towns and villages, but would also be instrumental in forming an enlightened public opinion upon questions of preventive medicine, and in influencing essential improvements in sanitary legislation.

Whatever may be the case in Great Britain, public sentiment in the United States is not likely for many years to become sufficiently enlightened to admit of a readjustment, upon a preventive basis, of the relations between physician and patient, although the practice of paying the medical attendant a yearly stipend has been adopted by some of our wealthy families. But, as concerns the question of gratuitous services, the idea of a co-operative association in each town may possibly furnish the practical solution of a very knotty problem—one in which the dispensaries and pauper hospitals of our large cities had their origin, but which still troubles the average country practitioner. For example, a co-operative medical and sanitary as-

sociation is practicable in any town having a thousand or more inhabitants, and by means of it the causes of disease among the poorer classes could be reduced to a minimum, thus preventing local outbreaks of fever, diphtheria, etc., etc., and relieving the town from the payment of druggists' bills and fees for medical attendance, as well as the physician from calls for gratuitous service.

MEDICAL CERTIFICATES IN THE DAILY NEWSPAPERS.

In a recent issue of a daily paper of this city still appear the advertisements of the Apollinaris water, with the certificates of prominent medical men attached. It is difficult to understand why this is so in the face of rumors that the names of the majority, if not of all, the medical gentlemen have been withdrawn. If such action has really been taken, it either must have been in a very feeble manner, or else advertising firms must consider that when a gentleman once signs a certificate he loses all exclusive proprietorship of his own name. In any event, the onus of an explanation falls upon the writers of the certificates. That no such explanation is offered would seem to lead to the suspicion that the gentlemen in question despise professional opinion, and are more defiant than repentant. The Committee of Ethics of the Medical Society of the County suggested the course which should have been taken, and advised the withdrawal of the names in question. In fact, that such advice was not anticipated long ago, was a matter of surprise, but now that the gentlemen still permit their names to appear, is almost past comprehension.

INTELLIGENT AND EFFICIENT QUARANTINE.

The report of Dr. Vanderpoel. Health Officer of the Port of New York, to the Commissioners of Quarantine, contains some interesting and suggestive facts. It would appear, as far as these facts will allow us to draw any conclusions, that the problem has been solved of securing effective quarantine at the same time that the interests of commercial circles have been amply considered and satisfactorily protected. Heretofore the existence of yellow fever in the port of New York would have been considered a public calamity, and would have called forth the most strenuous exertions on the part of our health authorities to make the quarantine complete and absolute.

Now, however, we are informed by the Health Officer that the arrival of vessels, having had cases of yellow fever on board, is an event much of the time of weekly occurrence. "During at least five months of the year little or no significance is given to the occurrence, and vessels are given an unrestrained pratique, as if no sickness had occurred." And again, "During the period when the transmission of yellow fever is to be feared, and when the examination of suspected vessels is made, 1,143 vessels were at the station in Lower Bay. Of this number 183 arrived from ports known to be infected; 44 vessels arrived from such ports, having sickness during their stay there, on passage or on arrival here; 140 cases of yellow fever occurred upon them when in an infected port, of whom 36 died; 14 on passage, of whom 12 died; 25 in quarantine, of whom 13 died. Of 7 of the 13 deaths 2 died before reaching hospital and 5 were moribund on arrival at hospital; there were 28 cases in hospital, 25 of which were yellow fever; excluding the 7 above mentioned would leave 18 cases, among whom were 5 deaths, it being about the ordinary percentage for the hospital. The remaining death was from Chagres fever." These are significant facts taken in connection with the statement that no vessels were detained in quarantine longer than for purposes of disinfection, and conclusively prove that sanitary measures and commerce need not be antagonistic, but that the former in this instance was a positive aid to the latter.

This system of quarantine, which was first organized by Dr. Vanderpoel, is for all practical purposes as near perfection as it can be, and after a successful trial of six years in the largest port of entry in the United States it presents itself with all the force of an established principle.

Reviews and Notices of Books.

Essai de Thérapeutique Positive, basé sur l'examen de l'urine, et des produits morbides. Par le Dr. M. Conan. Paris: J. B. Baillière et fils. 1876.

Nouvelle Methode Homœopathique. Par le Dr. Finella. Paris: J. B. Baillière et fils. 1877.

1. We have always supposed that the homœopath's hopes of success in treatment were based on the closeness of the resemblance between the supposed pathogenetic effects of a selected drug and the "symptoms" presented by the patient. In the first of the volumes before us, however, we meet with a new departure, and learn that the proper remedy may be accurately ascertained by a simple examination of the urine if practised in accordance with a method devised by the author. After a preliminary examination of the patient has led the physician to believe that some one of a half-dozen different drugs is the proper one, he makes his final selection by bringing the urinary sediment under the microscope and immediately adding a little of the suspected drug—for instance, a drop of tinc. of bryonia. If no change occurs, bryonia is rejected, and chamomilla, perhaps, is next tried. If now the sediment is wholly *dissolved*, the task is ended and chamomilla selected as all-sufficient. If, however, some of the sediment still resists, a drop of some other medicine is added, and so on until the entire deposit vanishes from view. When this occurs the medicine or medicines necessary to produce this effect are the ones that must be prescribed for the patient whose urine is under examination, and a rapid cure may be confidently hoped for. We cannot but admire the ingenuity of the author, and hope that our homœopathic friends will give the method a fair trial.

2. From the days of Hahnemann to the present time,

the majority of the writers pertaining to his school have claimed as an essential feature of their system the necessity of administering a single drug at a time. At most, they have given a qualified consent to the alternation of remedies. Dr. Finella, however, boldly confronts the difficulties of diagnosis and selection, by collecting the various diseases into classes, as of the eye, skin, lungs, etc., and furnishing formulæ for the preparation of compound specifics for their successful treatment. In most cases, No. 1, or the "specifique préparatoire," composed of eleven ingredients, all in the third dilution, must be employed. In a case of chronic disease of the skin, however, after the preliminary use of No. 1 for a few weeks, No. 19 must be given. This contains nineteen remedies, all in the third dilution, except "*kreosotum*" in the fifth. Other classes of disease have their appropriate specifics. By this means the physician is saved the trouble of an extended examination of his patient, and a wearisome investigation of the materia medica in search of a similimum. Dr. Finella's specifics possess an advantage over those of Humphrey, so well known in this country, insomuch as the formulæ of the former are published.

To be fully appreciated, the two works we have here noticed must be carefully studied.

Reports of Societies.

SURGICAL SECTION OF NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, December 11, 1877.

DR. STEPHEN SMITH, PRESIDENT, IN THE CHAIR.

PERITYPHLITIS AND ITS TREATMENT.

DR. LEONARD WEBER read a paper upon the above subject (*vid.* p. 48).

DR. SANDS stated that he had had somewhat unusual opportunities for the study of perityphlitis, and gave the details of twenty cases of this disease which had come under his observation, nineteen of which had occurred in private practice. An analysis of these cases showed the following results: Resolution occurred in 7 cases; recovered after operation, 8; recovered after rupture of abscess into bladder, 1; recovered after rupture of abscess into rectum, 1; died after abscess had been opened, 1; died after an unsuccessful attempt to reach the abscess, 1; died, without operation, of secondary meningitis, 1.

In reviewing his experience, Dr. Sands remarked that the chances of spontaneous recovery by resolution should never be lost sight of, but ought to be carefully estimated in every case before deciding the question of operation. He could recall several instances in which the symptoms, although characteristic, were mild throughout the entire course of the disease, and never indicated suppuration. Usually the fortunate result had followed the use of opium, leeches, and fomentations, which he regarded as the most valuable means of treatment. In these mild cases, resolution had generally occurred early, at the end of the first or the second week. Occasionally the symptoms, although acute at the onset, had quickly subsided under the treatment above mentioned. In rare instances the disease had run a chronic course without suppuration, one patient having had oft-repeated attacks during a period of five months, and finally recovering without the formation of abscess. In these chronic cases benefit seemed to have been derived from blisters and mercurial inunction. The liability to recurrence after resolution was an interesting fact. One of the patients, a young lady he had seen in consultation with Dr. Draper, had a second attack a year after the first one, both unaccompanied with suppuration. Another had abscess two years after the first attack. A third had three attacks during a period of two years, the last one only terminating in suppuration.

In the case mentioned as having died of secondary meningitis, the abscess, although large, and dependent on perforation of the vermiform appendix, was found, post-mortem, in the lumbar region. It was only suspected during life, and did not reveal itself by the usual tumor in the iliac fossa. In the case in which an unsuccessful attempt was made to reach the abscess, the latter was likewise situated behind the ascending colon, and was caused by a perforating ulcer of the posterior wall of the cæcum. General peritonitis and tympanitis existed at the time when the exploratory incision was made, and rendered the examination of the iliac region difficult and unsatisfactory. If, in such cases, an exact diagnosis could be made, or even if the situation of the abscess could be reasonably conjectured, an incision in the lumbar region would be indicated as in the operation of colotomy.

Dr. Sands had found that, in cases terminating in abscess, the signs of suppuration usually became manifest between the first and second week of the disease. Fluctuation was generally absent during this period, and the formation of matter was indicated by the occurrence of chills or sweating, and especially by a continued elevation of temperature, the thermometer often marking from 101 to 108°. In doubtful cases, he had settled the question by the use of the aspirator. In regard to the proper time for opening the abscess, he thought that no rule could be laid down which would so apply to all cases, and that the urgency of the symptoms, as well as the duration of the disease, should be taken into account. Unquestionably, delay was dangerous, and in the only case he had seen which proved fatal after the abscess had been opened, the latter had attained enormous dimensions, and was not incised until the tenth week. But, on the other hand, the operation might be performed too early, before the abscess was ripe, or before it had approached the surface so as to be accessible. He had once assisted a medical friend who operated, with his concurrence, on the ninth day, but no matter could be found, and eleven days elapsed after the operation before the abscess broke into the wound. Perhaps no harm had come from any of these early operations, and it might be urged that they were of service by dividing the resisting aponeurotic and muscular structures that would otherwise have opposed the progress of matter towards the exterior. Nevertheless, he felt inclined to wait a reasonable period, because then the matter would be more likely to be reached, and because time would thus be afforded for the consolidation and adhesion of the tissues overlying the abscess, without which the fetid contents of the latter would be apt to infiltrate the cellular planes, and occasion sloughing. This he had seen in one instance, and the complication rendered recovery tedious. Of the eight cases that were treated successfully by incision, Dr. Sands himself had operated in five, the remaining cases having been seen in consultation. Excepting the one already referred to, in which the operation was undertaken on the ninth day, they were all submitted to operation between the twelfth and the eighteenth day.

As to the method of operating, Dr. Sands preferred the plan originally practised by Dr. Parker to the modification afterwards proposed by Dr. Buck, although he had found that the external incision need not exceed two inches in length. This having been made parallel with Poupart's ligament, and over the central part of the tumor, the abdominal wall should be cautiously divided to the level of the fascia transversalis, when, by the aid of a hypodermic syringe thrust in various directions, if necessary, the precise situation of the abscess could be determined. A deep incision, half an inch in length, then completed the operation. In one or two instances he had washed out the cavity of the abscess by means of a syringe; in the others it was deemed best simply to insert a tent or a drainage-tube.

Lastly, Dr. Sands stated that he believed there was little danger of wounding the peritoneum during the operation, and that he thought the relations of this membrane to the abscess were often misunderstood. It was commonly held that in perityphlitis due to perforation of the vermiform appendix, the matter was situated in the peritoneal cavity, and the abscess circumscribed partly by coils of intestine, adherent to one another and to the adjacent abdominal wall. But he was certain that this was not the case, and that whenever perforation took place directly into the peritoneal sac, fatal peritonitis speedily ensued. When circumscribed abscess was about to form, he believed that perforation of the appendix was preceded by adhesion of the serous membrane investing the appendix to that lining the iliac fossa, obliterating at that point the peritoneal cavity. Perforation then occurring, the fecal matter or foreign body escaped into the loose connective tissue behind the cæcum, and gave rise to suppuration, which, as it extended, usually stripped off and pushed aside the peritoneal membrane, which therefore would not be endangered by the usual incision made over the most prominent part of the inflammatory swelling. He was confirmed in this view of the pathology of the disease by the result of several autopsies he had either witnessed or heard of, and in all of which the abscess was found external to the peritoneum, being sometimes in the pelvic fascia, sometimes in the loose connective tissue of the iliac fossa, and occasionally in that behind the ascending colon. In no case had he seen a circumscribed perityphlitic abscess in the peritoneal sac.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, December 20, 1877.

DR S. S. PURPLE, PRESIDENT, IN THE CHAIR.

RECTAL ALIMENTATION.

DR. AUSTIN FLINT read an interesting paper upon the above subject. The importance of the subject was regarded as sufficient to suggest the question, To whom belongs the credit of having been the first to resort to this method of sustaining nutrition? The author of the paper was not prepared to answer the question. It was Samuel Hood who first suggested it in the present century—in the year 1822. Up to quite a recent date, rectal alimentation had not been regarded as an important measure for sustaining nutrition; at least, only slight reference had been made to it by writers on practical medicine.

Of late, interest in the subject had been somewhat awakened. It had not been altogether because of want of cases, which might show that life could be sustained wholly by rectal alimentation, that such tardiness in recognizing its value had been developed. Reference was then made to a case in which life was sustained for three consecutive months by this means.

A second case was referred to, in which the following clinical facts were made prominent: it was a case of hæmatemesis; exhaustion and exsanguination were very marked. The patient was supported entirely for three weeks by nutritive injections, and the nutritive material was restricted to animal broth, which was tolerated in considerable quantities. Occasional doses of laudanum were added to promote sleep. There was no evacuation from the bowels while rectal alimentation was being pursued. There was a spontaneous evacuation from the bowels, small in quantity, soon after returning to nutrition by the mouth, showing that the nutriment introduced into the bowels had been assimilated.

Reference was made to a third case, in which life was sustained one year and three months by rectal alimentation, and during five years the patient had depended almost entirely upon this method of sustaining nutrition.

Still another case was referred to, in which the patient lived one year under the support chiefly of rectal alimentation.

There were clinical facts sufficient to prove that life could be maintained indefinitely in cases in which recovery was possible, that improvement could be secured in cases in which recovery could not reasonably be expected, and that increase in the weight of the body could be realized by rectal alimentation.

The subject was further studied under three heads:

1. Indications for its use.
2. Appropriate diet to be employed for this purpose.
3. Certain practical rules to be observed.

Rectal alimentation was indicated in obstructions of the œsophagus, the cardiac or the pyloric extremity of the stomach, sufficient to prevent adequate nutrition. It was also indicated in the treatment of gastric ulcer, hæmatemesis, acute gastritis, persistent irritability of the stomach, certain cases of typhoid fever, certain cases of coma, etc.

The kinds of aliment best constituted to form rectal diet was regarded as an important question.

The physiology of the subject was briefly considered in this connection, and it was thought not difficult to understand that, although the aliment met with no digestive juices, the secreting glands, which existed in the large intestine in considerable numbers, might take on a vicarious action when the glands of the stomach and small intestine were not excited into activity by the presence of ingesta.

The idea was also advanced that food introduced into the rectum might excite secretion by the gastric and intestinal glands, and in absence of ingesta in those parts of the alimentary canal, the fluid might pass into the large intestine in sufficient quantity to effect digestion there. Whatever the explanation might be, the clinical fact was well established that digestion of aliment, when placed in the rectum, did take place without the aid of agents which affected digestion outside of the body.

A variety of diet was regarded as better than the persistent use of the same kind of food prepared in precisely the same manner. From analogy, it was reasonable to suppose that such agents as had been found to promote digestion outside of the body might be added to the injections with advantage. Further clinical facts upon that point were needed. The articles now used were meat solution, pancreatic emulsion, Liebig's extract of meat, with or without milk, milk, eggs, mutton and chicken broths. A pancreatic meat

emulsion was mentioned, made as follows: From five to ten ounces of finely chopped meat were added to fully one-third of that weight of the fresh pancreas of the ox, the fat being removed, and mixed with about five ounces of water; the whole was reduced to the consistence of a thick soup.

It was desirable to determine more accurately the affections and conditions in which rectal alimentation was most available, and whether the range of that form of diet might not be extended. Experimental observations upon healthy human subjects would be of interest, and were required. In the cases which had fallen under Dr. Flint's observation, the nutritive injection had not been carried above the rectum. In cases in which the rectum was or became irritable, one-half or a pint of milk could be carried up into the colon and be retained without difficulty. The average quantity of material to be employed in this mode of treatment was from three to six ounces, and the intervals between the injections might vary in length from three to six hours. Small quantities of some preparation of opium might be added to the injection, if they were not well tolerated. It remained to be settled whether or not opium had the same influence upon rectal as upon gastric digestion—namely, to impair it. Preparatory to the beginning of the treatment, the bowels should be emptied either by means of enemata, or by a laxative given by the mouth. As a substitute for drink, when necessary, simple water may be thrown into the bowel, and the surface of the body freely sponged. Alcoholics and medicines might be added to the nutritive injections, or they might be given separately, or they might be used hypodermically. At first, nutritive injections might not be retained, but, if persisted in, they would soon be well tolerated. On the other hand, in some cases they were well tolerated at first, but after a time they were not retained. In such cases it was well to stop them for a short time, when they could probably be renewed with success. It was not thought necessary to wash out the rectum each time prior to using the administration of the nutritive injection. The nutritive injection should be *tepid*. Firm pressure should be made over the anus with a sponge or towel, until the desire to remove the injection had passed away. If the nutritive injections met the requirements of the case, there would follow a sense of comfort and satisfaction the same as after taking a meal in the ordinary way.

The paper being before the Academy for discussion.

Dr. Fordyce Barker gave expression to his own clinical experience regarding the value of this means of sustaining nutrition, by alluding to cases other than those referred to by the author of the paper, in which rectal alimentation could be resorted to with the greatest possible propriety and advantage. There were cases in which paralysis of the muscles of deglutition was developed to such an extent as to preclude the possibility of getting nourishment into the stomach by voluntary action on the part of the patient, and in such instances rectal alimentation might be the means of sustaining life until such paralysis disappeared. Cases of paralysis of the muscles of deglutition as the result of diphtheria were cited, in which nutrition and life were sustained for ten and twelve days wholly by nutritive injections. At the end of that time recovery from the paralysis had occurred to such an extent as to permit the patient to swallow, and ultimate recovery took place. The stomach-tube was used at first, but it soon became impossible to continue its use. Reference was made to a case of paresis of the right side of the body and of the muscles of deglutition, associated with pregnancy and albuminuria. The woman was sustained by rectal alimentation, premature delivery was effected, and good recovery followed.

Reference was also made to a disease which in certain respects resembled what had been described as degeneration of the gastric tubules, but which, so far as his experience went, differed essentially from it, both with reference to its pathology and its results.

While it resembled the disease described as degeneration of the gastric tubules in the fact that there was loss of appetite, nausea, vomiting, progressive emaciation, and rapid development of feebleness, it differed from that disease in certain particulars, as follows: in the first place, all those cases in which degeneration of the gastric tubules and of the glands of the intestines had been found, had occurred in patients somewhat advanced in life. The disease to which Dr. Barker alluded, of which he had seen five cases, had occurred in young subjects, between the ages of 20 and 45.

It was characterized by very excessive vomiting, the quantity of fluid ejected being from two to five times as large as that taken into the stomach, or even from three to six quarts of fluid might be vomited without having taken anything into the stomach. The material regurgitated was usually of a brownish color, was exceedingly offensive, the patients complaining of its pungency; it was acid to the taste, although showing an alkaline reaction. With such vomiting there was rapid emaciation and rapid depression of spirits.

There was absence of all evidence of any organic disease, such as ulcer or carcinoma; there was no tumor, or tenderness, or pains, but simply an excessive regurgitation of fluid from the stomach, as described.

Dr. Barker was of the opinion that in those cases there was no disease of either the glands of the mucous membrane of the stomach or of the intestines, but that it was primarily and essentially a neurotic affection. He was brought to that conclusion by a case in which the patient absolutely refused to be treated by the rectum, but determined to abstain entirely from taking anything by the mouth. This total abstinence, except an occasional swallow of water, was continued for days. At the end of that time the man thought he could take some champagne, and accordingly secured and drank two bottles of iced champagne within a remarkably short space of time, and without producing any deleterious results. From that time he was able to take nourishment by the mouth and retain it, and rapid recovery was made. It was thought that the alcohol and the carbonic acid acted as a sedative to the irritable stomach.

Since that time he had seen three cases, and they were all successfully treated by means of rectal alimentation, with the addition of such doses of anodynes as were necessary to allay all irritation.

With reference to irritability of the rectum such as prevented retention of the nutritive injection, even though opium was added, Dr. Barker had overcome that difficulty by passing the tube high up into the colon, so that the fluid would be thrown into the intestine *above* the rectum.

Dr. E. R. Peaslee regarded the value of rectal alimentation as inestimable. It was sometimes remarked that, if a patient was suffering from some active inflammation, it might be best not to make use of any alimentation at all; it was better for the patient to starve for a time. He was of the opinion, however, that such a view was entirely wrong, and did not believe in it at all; for, if those same pa-

tients, in ordinary health, with a pulse of 65 or 70, and a temperature of 98° or 98¼° F., required a certain amount of alimentation to repair waste of tissues, they required nourishment quite as much when the pulse was 110 or 120, and the temperature 102–3–4–5° F., for the waste of tissue was going on much more rapidly than in health. Dr. Peaslee had acted in accordance with that principle during the past twenty-five years, and if the patient did not retain nourishment when taken by the mouth, no matter whether he had pneumonia, or peritonitis, or any other inflammation, delay was not made more than twenty-four hours in way of trial, before attention was turned towards sustaining the patient, as well as giving proper medicines, by the rectum. If a patient ever required nourishment, it was when he was rapidly being consumed by a temperature of 104° or 105° F. It was thought that we were getting to understand that fact by the treatment of pneumonia now commonly adopted. We now nourished our patients in the best possible manner in the treatment of pneumonia, and the same thing was applicable in the treatment of peritonitis. He would extend this form of alimentation —rectal—very much beyond what had been stated. It could with propriety be used in cases of persistent vomiting, which sometimes occurred in women at about the time of the menopause; in the treatment of the exhausting vomiting of pregnancy; also in vomiting after ovariotomy and in connection with fevers, etc.; in any and every case, if the patient had been twenty-four or forty-eight hours without retention of nourishment taken by the mouth, alimentation should be commenced by way of the rectum. The next question was, What was the proper substance to use for that purpose? That which Dr. Peaslee had employed extensively was prepared as follows: crush or grind a pound of beef-muscle fine; to that add one pint of *cold* water; allow it to macerate three-fourths of an hour, and then gradually raise it to the boiling point; allow it to boil for *two minutes*—no more—and then strain. Dr. Peaslee had sustained a woman ten days by means of injections of beef-tea prepared in that manner, and by beef-tea alone. It should be prepared exactly in the manner described, if all the nutritive elements in the beef were to be obtained. Since the introduction of Leube's pancreatic emulsion, he had employed that preparation. How far up should the material be injected? He had placed it high up in the intestine, but, as a rule, he had not found that it remained so well as when thrown into the rectum. Ordinarily, the irritation produced when the injection was thrown high up into the colon was more than when it was simply introduced into the rectum. That did not militate against the remark made by Dr. Barker, however, because there were cases in which it was better retained when carried high up than when left in the lowest part of the bowel.

The quantity used had been usually three or four ounces every four hours. He preferred to use four ounces and not repeat quite so often.

Why did nutritive material introduced into the rectum sustain the patient?

Dr. Peaslee did not think there was any digestion whatever of the aliment so used. It was important to distinguish between digestion and absorption. Digestion was entirely subservient to absorption. The object here, as in cases of inflammation and fever, when nutrition was sustained by food put into the stomach, was to use nutriment which was already digested, already prepared for assimilation, and which could be at once taken up by the absorbents, either in the stomach and small intestine, or in the rectum, in whichever it might be placed.

Another reason for allowing the nutritive injections to remain in the rectum was because it was much more vascular than other portions of the intestine.

If opium was combined with these injections, absorption was not at all interfered with, but the process of digestion was almost at once arrested by the administration of opium. Reference was made to a single case of gastric ulcer in which life was sustained thirty-one days by rectal alimentation.

Dr. A. H. Smith referred to cases of gastric ulcer in which nutrition had been successfully maintained by rectal alimentation for eleven, sixteen, and twenty-one days. It had occurred to him that defibrinated blood might be employed with success for this purpose. He did not regard what is called Liebig's extract as a reliable article for sustaining nutrition. He was of the opinion that the disrepute which beef tea had fallen into had been greatly engendered by the unsuccessful use of the so-called highly concentrated extracts of meat found in the market.

Dr. Gouverneur M. Smith referred to a case in which there was a most marked increase in the weight of the body as the result of injections of milk alone.

Dr. Peaslee remarked that, so far as his experience went, Liebig's extract so-called was entirely worthless; that Borden's was worth something; but that the only reliable compound of the kind was Leube's emulsion, made after Hoffmann's formula.

The Academy then adjourned.

Stated Meeting, January 8, 1878.

Dr. S. S. Purple, President, in the Chair.

RESIDENT FELLOWS.

Drs. J. H. Edan, G. E. Sussdorf, and Jas. Ciseneros were elected Resident Fellows of the Academy.

BIOGRAPHICAL MEMOIR OF THE LATE GURDON BUCK, M.D.

Dr. Alfred C. Post read a memoir of the late Dr. Gurdon Buck.

Mention was made of the following contributions which Dr. Buck made to the art of surgery:

In 1846 he published a paper in the *American Journal of Medical Sciences* entitled "An Operation for Anchylosis of the Knee-joint." The operation was an original one, and consisted in removing a wedge-shaped portion embracing the condyle of the femur, the patella, and the articular surface of the tibia.

In 1848 he read a paper before the American Medical Association in which he brought forward "Scarification as a Means of Treatment in Œdematous Laryngitis."

In 1853 he read a paper before the same Association "On the Surgical Treatment of Morbid Growths within the Larynx."

In 1855 he read an elaborate paper before the New York Academy of Medicine "On Badly United Fractures of the Thigh."

In the same year he published a paper in the *New York Medical Times* "On the Treatment of Deep Wounds of the Parotid Region." The operation, resorted to for the control of hemorrhage in the case reported, was an original one, and consisted in ligation of the primitive and also the internal carotid arteries.

In 1857 he published a paper in the *New York Journal of Medicine* "On the Treatment of Post-facial Abscess in the Iliac Fossa."

In 1861 he read a paper before the New York Academy of Medicine "On an Improved Method of Treating Fracture of the Thigh." The method brought forward was that of continuous extension by means of adhesive plaster, weight and pulley, and commonly known as "Buck's Extension Apparatus."

In 1867, at the International Exhibition at Paris, a model of this apparatus was entered, and Dr. Buck received a diploma and medal as a testimonial to its great value as a means of treating fracture of the thigh. The idea, however, did not originate with Dr. Buck. The principle of continuous extension had been illustrated by Dr. H. G. Davis in his apparatus for the treatment of morbus coxarius, and it was through him that Dr. Buck became acquainted with the appliance. To Dr. Buck, however, the credit should be given for utilizing the principle in the treatment of fracture of the thigh, and for bringing it prominently before the profession.

In 1869 Dr. Buck read a paper before the Medical Society of the State of New York "On Lithotomy and Lithotrity," and gave the results of operations for the relief of *fifty* cases of stone in the bladder.

In 1872 he published a small volume upon the same subject.

In 1876 he published a small-sized octavo volume "On Reparative Surgery," in which is given his experience in treatment and the operations performed for the relief of deformities produced by burns, gunshot wounds, and other injuries.

The life of Dr. Buck was held up as a model to young men, because it illustrated how much could be accomplished by a steady and uncompromising struggle towards an honorable position in his chosen profession. A fitting tribute was paid to the memory of Dr. Buck as a Christian gentleman.

TO THE MEMORY OF DR. KILBOURN.

Resolutions of respect to the memory of Dr. Kilbourn were read by Dr. Garrish.

ELECTION OF OFFICERS.

The President announced the election of officers as follows:

For Vice-President—Dr. T. G. Thomas. *For Trustee*—Dr. E. R. Peaslee. *For Treasurer of Board of Trustees*—Dr. J. R. Leaming. *For Committee on Admission*—Dr. E. Eliot. *For Committee on Ethics*—Dr. O. White. *For Committee on Education*—Dr. A. C. Post. *For Committee on Library*—Dr. J. Wiener. *For Delegates to the New York State Medical Society*—Drs. J. C. Peters, W. T. White, E. D. Hudson, Jr., T. G. Thomas, and F. A. Burrall.

The Academy then adjourned.

Correspondence.

HOW TO SUPPRESS QUACKERY.

To the Editor of The Medical Record.

Sir:—Your issue of January 5th contains an editorial headed "Albany Ethics, and how to suppress Quackery." To those who, like myself, are regular readers of your valuable journal, the tenor of the article in question was neither surprising nor new, as it forms, in spirit, but one of a series. While no one, however, can gainsay the justness of your views, the solution of the question, "Is the suppression of quackery possible?" remains as remote as ever. Thus far neither legal enactments nor professional ostracism have succeeded in protecting the public from unqualified practitioners, either general or special. I therefore beg leave to suggest a plan—based on the assumption that the public would employ qualified in preference to unqualified practitioners, *if only they knew which is which*—that seems to me likely to remedy the existing evil—if not entirely, at least to a great degree. This is, *to furnish the public, through the medium of the daily press, a more or less extensive list of regular practitioners and specialists.* The manner in which this may be done is very simple. The County Medical Society ask the leading daily papers to set apart a space—as much as may be required from day to day—headed, "List of Physicians recognized by the Medical Society of the County of New York;" under this head the respective papers to bind themselves to receive no advertisement that is not endorsed "*approved*" by the chairman of a committee (either that on ethics or a special committee) appointed for the purpose by the Society. This advertising space, then, is to be set apart exclusively for such advertisements, approved in the manner above described, as any physician in regular standing chooses to pay for. These advertisements are, of course, subject to certain restrictions. To limit them, however, to the simple name, address, and hours would, while sufficient in the case of the general practitioner, be inadequate where the specialist is concerned. The object being to furnish a guide to the public, it must be permitted to state the specialty to which a physician devotes himself (as permitted also in Europe), without, however, holding out any special inducements. (I would here state that, so far as my own individual opinion goes, no one ought to be endorsed as a specialist who has not, by writings, lectures, dispensary work, or in some other satisfactory manner, established a fair claim to his specialty; in other words, there should be no "self-constituted" specialists.) Should a sufficient number of both classes of advertisements offer, the respective papers might conveniently subdivide the space under the respective heads of "General Practitioners" and "Specialists."

While it may be urged that such a list would furnish but a very incomplete register or guide for the public, it would, on the other hand, tend to stamp all medical advertisements *not* under this head as those of irregular practitioners or quacks.

To make the proceeding more complete, I am in favor of having the following *standing* advertisement heading the list (the expense would, I am sure, be cheerfully borne by the profession of our city, whom, if divided *pro rata*, it would cost but a few shillings each annually): *The Medical Register, containing a list of all New York physicians in regular standing, can be seen at* —— (here mention several prominent drug and medical book-stores).

Should my plan be adopted, it would, in addition to the suppression of quackery, subserve another end. You have frequently, in your editorial columns, animadverted on the advertising propensities as well as facilities of certain professors. This discrimination against the untitled members of our profession would be effectually neutralized by the adoption of my plan, which would enable untitled and young physicians to compete with the more privileged on a fairer basis than is possible at present. The elaboration and details of the plan would of course fall to the County Society. Yours very respectfully,

Geo. M. Schweig.

New York, January 10, 1878.

A NEW HIGH-POWER LENS.

To the Editor of The Medical Record.

Sir:—The high importance of any improvement or new form of construction tending to augment the value of the microscope as an instrument for medical investigation, emboldens me to ask for a paragraph or two in your overcrowded journal, by way of bringing to the notice of the profession a new objective invented and arranged by myself. Its merits are, that it introduces the condenser as a part of the objective, and thus converts to practical purposes a hitherto-neglected source of illumination, and that it multiplies the power in diameters by five, and in magnitudes by twenty-five, of any objective to which it may be applied, without in the least diminishing its working distance. A $\frac{1}{10}$-inch Bardou objective, once mentioned in the Record for remarkable defining and penetrating properties, forms the basis of the new lens. With one of Pike's medical stands, **C** eye-piece, and a long and slender adapter constructed from the tube of a small continental instrument, the unmodified lens has given me a power of 1,500 diameters. With all its original excellence of definition, and with a sufficient working distance so that thin covers can be used, the same lens, as at present arranged, gives by micrometer measurement the extraordinary power of 7,500 diameters, with the assistance of a $\frac{1}{8}$-inch condenser introduced as a part of the sub-stage—a power at which the common monad found in perspiration, saliva, and secretions and excretions, can be studied as to details of structure and classification. The diameter of the field at this power is exactly spanned by three blood-corpuscles arranged in linear series; and yet the field has no central depression or cloud, and each corpuscle lies accurately and exactly defined under the eye. By using this modification, with a good $\frac{1}{4}$-inch lens, upon a stand of ordinary construction, the medical investigator may obtain all the results obtained by a $\frac{1}{20}$-inch lens, without any of the inconveniences incident to the use of such lenses.

Francis Gerry Fairfield, A.B., Ph.D.,
Prof. Microscopy and Micro-chemistry,
New York College of Veterinary Surgeons.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from January 6, to January 12, 1878.

Storrow, S. A., Major and Surgeon. Assigned to duty at Fort Laramie, Wy. T. S. O. 1, Department of the Platte, Jan. 2, 1878.

Waters, W. E., Capt. and Asst. Surgeon. To return to San Antonio, Texas, and report in person to the Commd'g General Dept. of Texas for assignment to duty. S. O. 4, A. G. O., Jan. 4, 1878.

Elbrey, F. W., Capt. and Asst. Surgeon. Assigned to duty at Oglethorpe Barracks, Savannah, Ga. S. O. 208, Dept. of the South, Dec. 27, 1877.

Paulding, H. O., 1st Lieut. and Asst. Surgeon. Granted leave of absence for one month with permission to apply for three months' extension. S. O. 1, Dept. of Dakota, Jan. 2, 1878.

Finley, J. A., 1st Lieut. and Asst. Surgeon. Leave of absence extended two months. S. O. 5, A. G. O., Jan. 5, 1878.

Newlands, W. L., 1st Lieut. and Asst. Surgeon. Assigned to temporary duty at Angel Island, Cal. S. O. 1, Div. of the Pacific and Dept. of California, Jan. 2, 1878.

Medical Items and News.

Contagious Diseases — Weekly Statement.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending January 12, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Jan. 5, 1877	0	13	90	2	50	82	0
Jan. 12, 1878	0	9	85	2	70	66	0

Good Samaritan Hospital for Diseases of the Rectum.—An hospital and dispensary, with the above name, has been established in this city. The following constitutes the medical board: Consulting Surgeons, Drs. Willard Parker, William H. Van Buren, Frank H. Hamilton, and Henry B. Sands; Surgeon, Dr. Edward J. Bermingham. This staff will be increased from time to time, as the requirements of the institution may demand, by the appointment of assistant surgeons.

To avoid the abuse of this charity, the managers have decided to adopt the "Provident System," as the following extract from their by-laws will show:

"No member of a family whose income is over ten dollars a week shall be entitled to gratuitous treatment. Those families whose income is between ten and fifteen dollars per week, shall be required to pay ten cents per week while under treatment in the dispensary department. Where the income is over fifteen dollars, but does not exceed twenty dollars, they shall be required to pay twenty cents per week. Where the income exceeds twenty dollars per week, the rate per week shall be fixed at the discretion of the surgeon. All moneys received from this source shall be handed to the treasurer at the end of each month."

Death of Mr. Thomas Treganowan.—At a meeting of the students of the College of Physicians and Surgeons, held January 8, 1878, a committee was appointed to present resolutions respecting the death of Mr. Thomas Treganowan, of South Amboy, N. J., a student of the college, who was suddenly killed on New Year's day while crossing the railroad at Menlo Park, N. J. The committee respectfully report as follows:

Whereas, We have heard with surprise and deep regret of the sudden death of our fellow-student in medicine, Thomas Treganowan, and

Whereas, We would ever bow to an All-wise Providence, which has thus so unexpectedly removed from our midst our esteemed friend and kind-hearted brother, who but a short time since was so full of life and ambition, and who gave rare promise of being an honor to, and a devoted servant in, the profession he had chosen for his life-work; therefore

Resolved, That we will ever cherish his memory with respect, at the same time expressing our profound sorrow at his early death.

Resolved, That we extend our sincere and heartfelt sympathy to his bereaved parents and relations.

Resolved, That a copy of these resolutions be transmitted to his parents, and also be published in The Medical Record.

W. P. Watson,
E. W. Crater,
C. P. W. Merritt, } *Committee.*

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THE

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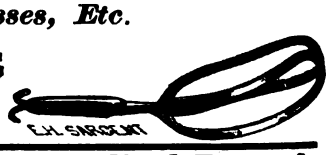

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Each of these **$1.00 per bottle.**

Lœflund's Concentrated Leibig's Food for Infants (Leibig's Soup for infants in a concentrated form), **ready for use**, has been pronounced by the Judges of the Centennial Exhibition: **A perfect Substitute for Mother's Milk**, and therefore awarded a prize. Price, 75 cents per bottle.

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All the above preparations are kept by the leading druggists. Orders by mail promptly filled by

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Award for "GENERAL EXCELLENCE in MANUFACTURE."

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OF ALL KINDS. Also,

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N.B.—Particular attention given to Capsuling **SPECIAL FORMULAS.**

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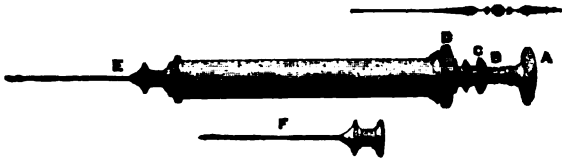

Fig. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

Prices: No. 1, **$4.00.** No. 2, **$4.50.** Postage, .03.
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No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction, they have no superior.

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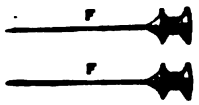
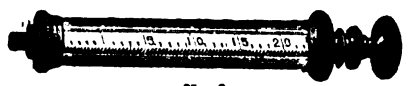
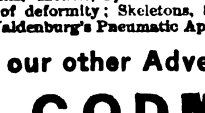
No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case,	**$3.00**	.02

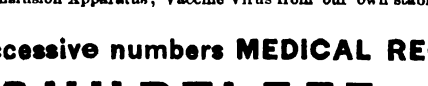




No. 9.

		Postage.
No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, two best steel gilt needles, in neat case,	**$3.00**	.02
No. 7 or No. 9, with two steel unplated needles, either,	**2.50**	.02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case,	**12.00**	.02
No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).		





No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case, **$3.50** *Postage.* .02

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Our new **Illustrated Catalogue of Surgical Instruments,** also a new Pamphlet on Inhalation of Atomized Liquids, by distinguished medical authority, with many valuable formulas, will be forwarded, postpaid, on application.

Atomizers and articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Elastic Hose, Electrical Instruments, Invalids' Articles, **Manikins, Models,** Ophthalmoscopes; Dr. Paquelin's Thermo-Cautery; Pessaries, Rubber Urinals; Sayre's Splints, and apparatus for every kind of deformity; Skeletons, Sphygmographs, Splints, Transfusion Apparatus; Vaccine Virus from our own stables; Veterinary Instruments; **Waldenburg's Pneumatic Apparatus,** &c., &c.

☞ **See our other Advertisements in successive numbers MEDICAL RECORD.**

CODMAN & SHURTLEFF,

Makers and Importers of Superior Surgical Instruments,

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TO PHYSICIANS.

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"The Celluloid truss is a remedy of great importance, which is offered to the public. We say 'remedy,' because this truss is not only an immense alleviation to those afflicted with hernia, but an absolute cure for the complaint, if applied in time. We have unfortunately had considerable experience in this matter, and we are convinced that the last truss invented is the best. This is the Celluloid truss, and sold only by the sole agent, Mr. A. J. Ditman, the eminent druggist, corner of Broadway and Barclay street.

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A truss with a leather pad is subject to the charge of uncleanliness, as the perspiration of the body, especially in summer time, enters the pores of the leather, very shortly imparting to it an offensive and unpleasant odor. The same objection will apply to the elastic trusses of various kinds, as they are all made with cotton or linen fabrics susceptible of imbibing moisture. The hard rubber trusses, though not open to this objection, are subject to another. They will split and crack in cold weather, and they emit an unpleasant odor of rubber.

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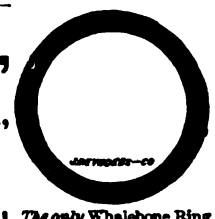

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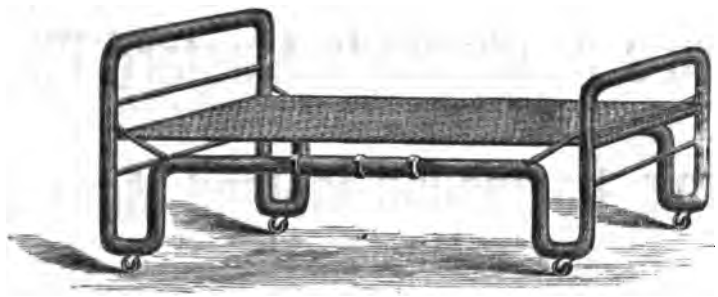

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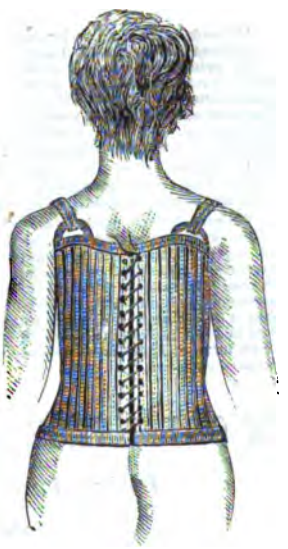

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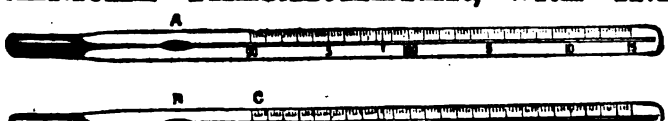

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Original Communications.

TREATMENT OF DIPHTHERIA.

By W. B. RODMAN, M.D.,

FRANKFORT, KY.

The recent articles of Dr. J. Lewis Smith in the October, 1877, No. *Am. Journal Med. Sciences*, and Dr. Billington in the MEDICAL RECORD, January 12, 1878, prompt me to add my testimony in favor of the treatment advocated by these gentlemen for the cure of diphtheria. For five years I have employed the remedies mentioned in their articles, subject to slight modifications. I was not, nor am I as yet aware that there is anything strikingly new in their plan, as quinine, chlorate of potash, and tincture of the chloride of iron form the basis of numerous treatments for diphtheria, published in the various text-books and medical journals for years past; and I believe there are few practitioners in the country to-day who do not employ one or more of these medicines to combat this disease.

In confining myself to the treatment of diphtheria, I cannot, with propriety, discuss the question whether all cases of idiopathic membranous laryngitis are specific or not. I will relate all cases of this affection which have come under my observation in the last five years, and let my readers draw their own conclusions. Speaking for myself, I regard those cases of membranous laryngitis which have occurred during the prevalence of undoubted diphtheria in the family or immediate neighborhood, as diphtheritic. Those cases which have been isolated and have occurred singly, I consider as "croupous," using this word in its common acceptation.

The first case in which I resorted to this plan of treatment was that of a girl three years old, whom I saw in consultation. Five other children and the father had diphtheritic patches on the fauces. The girl had no alarming symptoms until laryngeal trouble began. It was for this complication I was called. The attending physician had used tincture of iron and quinine, a liberal diet, and stimulants sparingly. I suggested the addition of chlorate of potash to the iron mixture, hot sponges to the throat, and over these oiled silk. I ordered the room to be filled with lime-water vapor, which was accomplished by placing hot rocks in a tub of lime-water, not so elegant a method as the hand-ball or steam atomizer, but certainly as efficacious. In addition to these measures, as occasion required, I used alum, in emetic doses, which cleared the air-passages of mucus and any detached pieces of false membrane which might interfere with the respiration. This treatment was carried out for three days without the slightest variation, notwithstanding the fact that the croupous symptoms were alarming, and no apparent improvement took place. On the morning of the fourth day I was shown a piece of false membrane—an exact cast of the trachea to its bifurcation—which the patient had thrown off the night previous. Notwithstanding the cervical glands were enlarged and the breath fetid, there were no immediate constitutional symptoms indicative of systemic poisoning, but in a short time a decided paralysis supervened, which further confirmed my diagnosis of diphtheria. For this I used no treatment, and the child fully recovered after several weeks had elapsed. The remaining members of the family all recovered, the medicines seeming to limit the extension of the membrane and prevent systemic infection.

The next case was in many respects a most remarkable one. On December 25th, 1874, Col. S. (a citizen of Frankfort), age 40, as robust as any man I ever knew, began to complain of sore throat. For several days he was attended by Surg. J. C. Bailey, U. S. A., who was stationed here at the time. He had several ugly looking patches (diphtheritic?) on his tonsils and palate. These were treated by local applications of nitrate of silver, and some constitutional measures were employed, but I do not recollect what they were. January 2d, 1875, at 4 A.M., Surg. Bailey sent for me to see the case with him. The membranous growth had then invaded the larynx, trachea, and larger bronchial tubes. Lime-water vapor from a steam atomizer was most persistently employed, but still the disease progressed until the smaller bronchial tubes became involved, and our patient died of apnœa at 4 P.M. Col. S. had no enlargement of the cervical glands, no unpleasant odor of breath. There was no case of diphtheria in the county at the time nor for several months thereafter. In other respects his case very much resembled one of diphtheria. In him, the singular phenomenon was observed of the voice being almost hushed from membranous formation in the larynx, and yet the respiration was perfectly free until the disease reached the bronchial tubes. I attribute this circumstance to the large calibre of the larynx and trachea in the adult.

In August, 1875, an endemic of diphtheria prevailed in Frankfort and vicinity. The first case was brought to my office. The boy, aged six years, had a pulse of 100, temp. 100°. Upon examination, a membranous patch was found upon each tonsil. Though I had my fears as to the nature of the trouble, my diagnosis was not confirmed until the day following, when his sister was brought to me similarly affected. I pronounced both to be cases of diphtheria, and at once began my usual constitutional treatment. At that time I used no local applications, relying upon the topical effect of the iron and chlorate of potash mixture as each dose was swallowed. In a few days the patches had entirely disappeared from the boy's throat, the enlargement of the cervical glands and fetor of the breath were gone. He seemed to be well, and I discontinued my treatment and visits. Two days after, I was sent for again. I found the child almost moribund from asthenia. There was no appearance of false membrane anywhere. He died in a few hours, although stimulants and concentrated food were pressed to the utmost. This case taught me a lesson which I now most rigorously observe. At present I never fail to keep up my general remedies for several days after all symptoms of the disease have subsided, preferring to do too much rather than too little. In a series of sixteen cases which came under my own care during this endemic, this was the only one I lost, although three of the series had alarming laryngeal complications. One of these cases I think proper to relate.

My little cousin, Hallie R., age two years, began to complain of sore throat on Sept. 9th. Upon inspection, diphtheritic patches involved both tonsils and palate. I say diphtheritic because the disease was then prevalent in the city, and a sister of Hallie was at the same time attacked with it. I gave her quinine in mucilage of slippery elm, also large and frequently repeated doses of the iron and chlorate of potash mixture. Under this plan she rapidly recovered, and by the 15th I pronounced her well. Profiting, however, by my experience, I continued the remedies until the 20th, and then dismissed her. On the evening of the 28d, she had decided symptoms of croup. I examined her

throat thoroughly and not the slightest trace of membrane was visible. I recommenced the use of the quinine, iron, and potash mixture, applied hot sponges to the throat, and kept the room full of lime-water vapor by hot stones, etc., as in the first case mentioned. I resorted, occasionally, to turpeth mineral as an emetic, regarding the case as one of croup and not diphtheria. I succeeded, in this way, in dislodging enormous quantities of a thick, tenacious mucus, thereby relieving temporarily the labored breathing. The case went on from bad to worse until the night of the 25th, when I thought tracheotomy inevitable. I sent for Asst. Surg. Elbrey, U.S.A., to see the case and assist me in the operation should it become necessary. We concluded to wait a few hours longer, and in that time the child began to improve; a piece of false membrane was expectorated, and from this time she rapidly recovered. At the time I treated this case I was inclined to regard it as one of non-specific membranous laryngitis, and I believe that Dr. Elbrey coincided with me in my opinion; but I think now that the diphtheritic influence was still prevalent, though the child had seemed perfectly well for more than a week.

In the family of Robert Quire, living within a mile of town, I treated four cases of diphtheria. Two of his children, aged four and two years respectively, had diphtheritic laryngitis. By pursuing the same line of treatment as in the preceding case, both recovered. The younger child, however, had paralysis to the extent that it could not stand alone, and did not walk for more than six months unless holding by a chair.

I have never seen a single case of undoubted diphtheritic laryngitis die where this treatment was employed from the beginning; the four cases, occurring in the children above mentioned, comprising all such which have come under my notice. That this treatment may fail me in the future I do not doubt, for it may fall to my lot to meet with cases in which nothing will do good.

Of four cases of supposed croupous laryngitis (cases isolated as to time and place) which I have seen, three died, one recovered. The case of Col. S. has already been noticed. Another, a girl six years of age, was seen by Dr. Sawyer for the first time after an illness of four days. He pronounced her condition an almost hopeless one, decided œdema of the lung being then present. The next day I was called in consultation; tracheotomy was immediately performed—the patient lived twenty-four hours after, and succumbed to the lung complication. A boy, aged two years, had been sick with "croup" for five days. When I first saw him he was almost moribund. Tracheotomy was performed three hours after my first visit. He lived about thirty minutes after the completion of the operation. The successful case was that of a child, aged four months, whom I saw in consultation with Dr. Sawyer. There was undoubted membranous formation in the larynx and trachea. Lime-water vapor (with carbonate of ammonia?) seemed to rescue the little fellow, after a glorious struggle of two days.

What the result might have been in these isolated cases of membranous laryngitis which proved fatal, had the measures advocated in this article been employed in time, no one can tell. The result of treatment speaks for itself in the diphtheritic cases which I have seen, and in those cases related by others adopting a similar course.

The prescription which I generally use for a child five years old, is as follows:

℞. Tinct. ferri chloridi,
Potass. chloratis.....ȝss ʒ ss.
Syrup. limonis,
Aq. destillat.....ȝss ʒ iij.
M. Sig. Teaspoonful every two hours.

℞. Quin. sulph.....ʒj.
Div. in chart. viij.
Sig. One with alternate doses of the mixture.

I direct the nurse to give the quinine in mucilage of slippery elm. I think that children take it more readily in this way than any other. I spray the throat with solutions very much like those recommended by Dr. Smith, but should laryngeal symptoms supervene, I prefer to fill the room with lime-water vapor in the manner before mentioned. Under these circumstances the child can breathe nothing else; there is neither the intermission nor the terror which accompany the use of the atomizer.

The above prescription is singularly like that of Dr. Smith in October, 1877, number of *Am. Jour. Med. Sciences*, and were I not able to produce from the prescription files of my apothecary, for years past, exact copies of the one which I have written, I might fear the charge of plagiarism. One objection to Dr. Smith's prescription is that it contains no water, the menstruum being altogether syrup. Children take the prescription which I offer without trouble.

I will close this report by relating a case recently under my care, which I think fairly illustrates the power of this treatment to control the progress of diphtheria.

January 1, 1878, I was called to see Willie McC., aged six years. He had then been sick three days. Pulse 120, respiration 28, temperature 104°. Cervical glands enlarged, breath fetid. Upon inspection I found an ugly-looking, grayish patch, as large as a silver quarter, completely covering the rigid tonsil. The palate and other tonsil were dry, red, and glazed. The prescriptions above are exact copies of those I ordered for him. In three days the membrane came away; pulse, temperature, and respiration became normal, and appetite good. The throat still presented more of a red and glazed appearance than I liked. I concluded that three times a day was often enough to administer the remedies, and so ordered. Next evening pulse 110, temperature 103°, and a patch of membrane as large as one's finger-nail had formed on the left tonsil. I ordered the doses to be given as frequently as at first, and the throat to be sprayed with carbolic acid and lime-water. The constitutional symptoms at once abated, the membrane never increased in extent, and in a few days I dismissed him well. I will state further, that by isolating this case, and the use of chlorine gas as a disinfectant, I have so far stopped the spread of the disease.

I do not wish to claim too much for this treatment. Thus far, with one exception, the only severe cases of diphtheria which I have had, have been those with laryngeal complications. Some might have been more severe but for the remedies used. I would rely upon this plan in preference to any I know, in all cases of diphtheria, whatever might be their type.

JANUARY, 1878.

THE TREATMENT OF DIPHTHERIA.

BY C. E. WILLARD, M.D.,

PRESIDENT GREENE CO. MED. SOCIETY, CATSKILL, N. Y.

UNDER the head of "Original Communications," in the MEDICAL RECORD for January 12, 1878, is an article on Diphtheria, by C. E. Billington, M.D., and as his treatment is very similar to the course of treatment

I arrived at after many trials, close observation, much worry of mind, and almost constant attendance during three epidemics of diphtheria, I feel constrained to add my mite to what has already been written upon this subject, partly in corroboration of Dr. Billington's article, and partly to induce others to test the treatment pointed out in this paper.

I have recently had in my practice twenty-three cases of diphtheria, with but two deaths.

Of course, all these cases were not equally severe. The recovery in several instances, however, was contrary to all expectation.

I will give in brief the course I have generally pursued. In place of Dr. Billington's iron and glycerine mixture—

℞. Tr. Ferri chloridi..... ʒi. to ʒiss.
Glycerine,
Aquæ.....aa ʒi.
M.

I have, in the majority of my very severe cases, used the following:

℞. Tr. Ferri subsulphatis..... ʒi. to ʒij.
(Monsell's solution)
Aquæ..... ʒij.
M.

thoroughly washing the throat with it, after which I have the patient swallow five drops of the ferri subsulph. diluted in a little glycerine and water, and alternate this with potassæ chlorate, every hour. Once in from four to six hours I give (Squibb's) carbolic acid internally, after first cleansing the throat by gargling with the same, and I make it a special point to always have the throat well rinsed (with the carbolic acid water) previous to taking nourishment.

From four to six times during the day, and once or twice during the night, in extreme cases, I order the vapor of lime to be thoroughly inhaled from ten to twenty minutes, by placing a pail with a little warm water in it near the patient, cover both with a sheet, and drop a lump of lime into the pail, which will begin to boil in a few seconds.

I remove as much of the false membrane as I possibly can, and as often as I can, without injuring the mucous membrane of the throat. To accomplish this, I sometimes take a very thin piece of whalebone, and by scraping it quite sharp along one edge, and doubling it together like a hair-pin, I introduce it below the tonsils, and, much after the manner of reopening a freshly sealed envelope, I gently peel off the false membrane.

I have on several occasions, by this method, averted imminent suffocation. After ridding the throat of what membrane I can in this manner, I at once apply a moderately strong solution of carbolic acid.

I also keep a pail partly filled with the *acid water* near the bed, and order the patient to spit everything into it—in other words, not to swallow *any* of the mucus from the throat. In this manner I have hoped to cut off a part of the poison from being absorbed into the system through the agency of the stomach. The amount expectorated in twenty-four hours is quite astonishing.

I have the house generally disinfected, and as a prophylactic, place the whole household on carbolic acid (Squibb's) ten drops to a goblet of water, letting them use it as a drink. I think I have derived much benefit from this in preventing the spread of the disease.

Of the two cases I lost, one died of paralysis of the heart, and the other from the membrane extending down into the bronchial tubes, causing suffocation.

I have one case on hand at present, and that is doing well.

In nearly all of my cases the membrane has *first* formed on the *left* tonsil or *left* side of the throat. After calling the attention of several other physicians in our town to this fact, they were enabled to corroborate it in their own practice.

Since adopting the above course of treatment my success has been quite uniform, and decidedly in advance of any treatment I had used heretofore.

ON REPORTS OF FATAL AND "SHOCKING" RESULTS OF VACCINATION.

By HENRY AUSTIN MARTIN, M.D.,

BOSTON, MASS.

My attention has just been called to the report of "death following vacination" in your issue of Dec. 22d. Fortunately this case needs no tedious and difficult investigation. A child, three years old, vaccinated in an atmosphere poisoned with the miasma of scarlet fever (which the reporter calls a "cutaneous disease"—a very mild term, surely, for a fever the contagium of which is the most subtle and deadly, in its manifold and protean manifestations, of all its dire family), died from the inoculation with that poison, on the 22d day after vaccination with a quill of bovine virus obtained from a reputable source in St. Louis. A number of other children, vaccinated in the same atmosphere, manifested symptoms precisely the same in character, though not in degree, and did not happen to die; while many other patients, vaccinated in other places with virus taken from the same animal at the same time, exhibited no symptoms except those of a regular and perfect evolution of *vaccinia*.*

Although the reporter seems in great doubt how to class his case, hesitating about erysipelas and syphilis, to neither of which has it the remotest analogy, there does not seem much doubt that it was a case of septicæmia associated with phlebitis and thrombosis, and that the immediate cause of the sudden and unexpected death was the passage of an embolus *directly* (as the vaccination was probably on the left arm) into the heart and instantly arresting its action. If a child were inoculated with pure vaccine lymph, and an hour after with the venom of the viper, and died, would it be fair to even mention vaccination as an element of the case? Yet this is essentially what is done by any one who charges to vaccination the death of a child vaccinated in an atmosphere loaded with volatile contagium of the deadliest character. The reporter speaks of a "mild" epidemic of "scarlatina." The contagium of scarlet fever, is always the same; whether its manifestations in a given subject, or group of subjects, are "mild" or otherwise depends on accidents and influences of which we have either very little knowledge or none at all. The cases reported by Dr. Hawes afford us one item of positive knowledge, viz.: that the inoculation of the contagium of even a "mild" form of that "cutaneous disease" called scarlet fever is far from being a mild or safe operation. No physician would knowingly vaccinate a child in the same house or even neighborhood with a case of hospital gangrene or malignant erysipelas; and if he would not, then even more reluctant should he be to vaccinate in

* This fact, not mentioned by the reporter, was communicated to me at the meeting of the American National Medical Association, in June last, at Chicago, by the gentleman who furnished the virus with which Dr. Hawes' fatal case was vaccinated. Dr. Hawes fails to state an important point, viz., whether the other children who manifested septicæmic symptoms were vaccinated with virus from the same animal.—H. A. M.

an atmosphere impregnated with the even more subtle and lethal poison of diphtheria or scarlet fever. Vaccinate an old adult of broken constitution, and, a week after, let him lie, drunk, with his vaccinated arm buried in a snow-drift for four hours together; let mortification and sloughing of that portion of the skin occupied by the inflamed vaccinal areola take place, and attribute the result to vaccination. Is that fair? But I have known just such a case so reported, and others in all essential respects analogous. These cases *happened* to be after the use of humanized vaccine virus, but I doubt not that they might have happened, under similar circumstances, after that of bovine virus. In 1859, a "doctor" in a country town in Massachusetts was employed to vaccinate the inhabitants. He wished to economize his virus, broke up two and a half scabs, and put the powder into an ounce phial, filled with pure snow-water (he was *so* careful it should be "pure"). From this precious solution the doctor inoculated all comers for ten days without effect, good or bad, vaccinal or other. On the eleventh day, when it was in evidence *at the inquest*, that the bottle, being opened, notwithstanding the purity of the snow-water, such a stench filled the room in a minute, that it was absolutely necessary to open a window, he "*vaccinated*" twenty-five adults. Of these, three, the oldest and least able to bear such inoculation, speedily died; some nine or ten escaped with shattered constitutions and ruined left arms, and would not have been so fortunate as even thus to escape, but for the heroic and efficient treatment of an excellent surgeon, Dr. Gilman Kimball, of Lowell, Mass. Most of the remainder suffered more or less severely. Were these deaths and disasters results of vaccination? Had they anything to do with vaccination? Yet these cases ("The Westford Cases") have been quoted again and again against vaccination and revaccination, and will be so quoted till the end of time. The crusts happened to be of human origin; but I doubt not that an eleven days' solution of bovine vaccine crust, of beefsteak, or canvas-back duck, in *pure* snow-water, would, by inoculation, induce like results. Indeed, I *know* that solutions of beef and mutton, in water of ordinary purity, *did* induce in animals just such symptoms and deaths, after a certain stage of putrescence was reached in the experimental hands of Orfila.*

Thirty-three years of study and daily experience in these matters convinces me that, at the bottom of ninety-nine hundredths of the more terrible stories against vaccination will be found either a gross lie or exaggeration, or some piece of inexcusable malpractice like that just indicated, and that vaccination, properly so called, either with humanized or bovine virus, has really nothing to do with them. The objections to humanized virus are, outside the possible one of being the vehicle of syphilis, principally that its use is liable to the complication of erysipelas, usually of a mild and manageable type, that its use is very apt to be followed by the irritable spurious form of vaccinia, not protective from variola, and that it possibly *always* induces a less permanently protective form of vaccinia than bovine virus, or virus of early removes from the animal. The terrible cases now and then, far too often, appearing in the journals, are the results, like the Westford cases, of (1) the inoculation of animal matter in a certain condition of putrescence; (2) the vaccination of patients in a very morbid condition, who should not be vaccinated at all; (3) the vaccination of elderly or very young persons, and their subsequent exposure to protracted and extreme cold; and (4) the vaccination of patients in a poisonous atmosphere, forgetful of the fact that a volatile atom of contagium is just as inoculable as the particle of contagium contained in the albuminous coating of a charged vaccine-point. The wonderful safety of vaccination, the rarity of serious results, and the insignificance of the fee usually paid for its performance, have all contributed to lead to a forgetfulness that any caution is necessary in performing it to avoid danger, or any inspection of the course and perfection of the result to secure the development of a protective form of vaccinia.

A very large number of vaccinations are made without inquiry as to surrounding influences, morbid or septic, and without the physician ever again seeing his patient. When the profession fully and generally appreciate the possible dangers of vaccination, and that any sort of "sore arm" does not necessarily insure the highest possible protection from small-pox; and when the vast mass of the people also shall feel that vaccination means something more than a very trivial operation, and are willing to pay for the care and repeated visit or visits which should be given to every vaccination, we shall have fewer reports of cases like that of Dr. Hawes, and a much diminished prevalence of variolous disease, following, within even a few months, a performance of the operation which should have prevented it.*

* M. Orfila, "Traité de Toxicologie." Paris, 1843. Tome II., page 630 et seq. "Des Matières Putrifiées."

* In the latter part of 1861, I wrote to that eminent vaccinator, Robert Ceely, of Aylesbury, England, the ablest *original* investigator of cow-pox in the animal since Jenner, for a supply of virus from his famous "stock," obtained by variolation of kine. Not till June 9, 1862, did he answer me, and the following extract from his letter of that date explains the delay, and is very appropriate here:

"The fact is that an epidemic of *scarlatina* having prevailed here for several months past, I have been *obliged* to suspend *all* vaccination till the last fortnight, and as I was desirous of sending you some recent lymph, I have been compelled to defer my reply till now. The lymph which I now send, I have been enabled to revive from tubes which I have kept in store since last December. It is, to my mind, quite satisfactory in its effects, being derived, about six years since, from the inoculation of a cow with the virus of human variola."

This "stock," I may observe, was characterized by an extreme mildness and shortness of duration of the *vaccinia* induced by its use. I propagated it for several years, and have alluded to its peculiarities at great length in my forthcoming report on Animal Vaccination.

A RARE CASE

OF PERIPACHYMENINGITIS SPINALIS, WITH HEMIPLEGIA; COMPLETE RECOVERY.

By L. PUTZEL, M.D.,

NEW YORK.

Wm. T——, æt. 22 years, no hereditary tendency to nervous diseases; patient perfectly healthy until March 8, 1876, when he suddenly felt pain in left shoulder, which soon extended into the other shoulder and into the cervical and upper dorsal regions of the spine; this was attended with strongly-marked torticollis on the left side. The next day, March 9th, patient was admitted to Roosevelt Hospital. For permission to publish his history during his stay in that institution I am indebted to the kindness of Dr. Wm. H. Draper, under whose care the patient was for a part of the time.

On March 13th a swelling was noticed on the back of the neck, on the left side, and a diagnosis of deep abscess in the neck was made. From March 10th to 20th the patient's temperature varied irregularly from 100° to 104°; pulse rapid, and an eruption resembling typhoid appeared on the back and chest;

patient had severe pains in the back and in left extremities. From March 20th to April 1st patient had complete paralysis of the bladder. He now began to suffer from feeling of "tight band" around the lower part of the chest; this lasted eight to ten weeks. Paralysis of motion now began to show itself in the left arm, and soon spread to the left leg; there was also some anæsthesia on the left side of the body. At the end of March paralysis was almost complete on the left side. On April 2d patient began to slowly regain power over the paralyzed parts; the anæsthesia gave way to hyperæsthesia. For a week succeeding this date there was intense pain on the left side; the left leg and arm are now slightly contractured; some pain in right arm. During the whole illness temperature did not go above 105°, and was very irregular.

Patient kept on steadily improving, and was discharged from hospital July 19th. During his sickness patient had fibrillary twitchings in muscles of left side; was costive from the beginning of the attack; never had headache or other cerebral symptoms, except slight strabismus; formication and tingling in left side at times. The patient first came under my own observation about the end of September, 1876, at the Class for Nervous Diseases in the out-door department of Bellevue Hospital. Patient then had partial left hemiplegia; the left arm and forearm were each half an inch smaller than on the right side; the movements of lower limb are much more affected than in the upper limb; patient drags the limb very markedly in walking, and must use a cane; he has a feeling of numbness in the adductors of the thigh and flexors of the leg; sensation otherwise normal; reaction of muscles to electricity is normal for both currents. In the left rhomboid minor muscle is found a small, indurated mass, which is very slightly sensitive to pressure. Patient was treated by local faradization. About the end of December, 1876, the swelling in the rhomboid muscle became tender. and was treated with flying blisters. It persisted until the middle of January, and then disappeared for a few weeks, to reappear again in various places in the right and left rhomboidei and levatores anguli scapulæ. These swellings were somewhat tender on pressure, hard, circumscribed, and immovable. On February 28th patient drew my attention to a small abscess situated over the third and fourth dorsal vertebræ; this was opened, and discharged a small amount of thick pus. On March 1st a very small piece of bone was discharged through the opening, and the next day patient entered Bellevue Hospital, where Dr. Jacobi laid open a sinus extending four inches upwards along the course of the spinous processes; the sinus was probed without any dead bone being found. On the posterior superior angle of the left scapula I obtained a feeling of crepitus, and the patient winced when this spot was pressed upon. The patient left Bellevue after a few days, but was still kept under treatment at the Dispensary by local faradization until July 1st, when he returned to work, approximately cured. On November 20th the patient again reported to me with the sinus completely closed, the swelling and induration in the muscle entirely gone; there is still a slight feeling of roughness over the posterior superior angle of the scapula. The muscular power on the left side is completely restored, the patient now working in an iron foundry without experiencing any difficulty.

Remarks.—The case is evidently one of inflammation within the spinal canal; the exact location of the lesion is a matter of considerable obscurity. In my opinion the diagnosis lies between meningitis spinalis simplex and peripachymeningitis spinalis. My reasons for adopting the latter view are as follows:

1. All of the symptoms of the disease can be readily explained on the theory that it was due to a suppurative inflammation in the cellular tissue between th dura mater and the vertebral bones.

2. Some of the symptoms characteristic of menin gitis were absent.

a. There were no cerebral symptoms whatever; a case of severe spinal meningitis, especially when the cervical portion of the meninges is affected, without the supervention of any cerebral manifestations, is an exceedingly rare clinical experience.

b. No tenderness was observed along the spinous processes, and none of that rigidity of the spine so characteristic of spinal meningitis.

c. There was absence of increased reflex excitability.

3. Paralysis came on later than is usual in cases of meningitis simplex.

4. In cases of meningitis, attended with as much paralysis as was present in this case, there is usually a co-existent myelitis, and recovery is therefore not so complete as in this instance.

5. If we examine the clinical history carefully we will find that the local symptoms were chiefly confined to the left side of the body. The case was, in reality, a spinal hemiplegia, and differs from all others hitherto recorded in the fact that motion and sensation were affected on the same side. The power of voluntary motion was very much diminished on the affected side, while the disorders of sensation, consisting of formication and tingling, hyperæsthesia of the skin, intense pains and then numbness, were also confined almost exclusively to the left side.

These facts prove conclusively, to my mind, that the diseased process must have produced pressure upon the roots of the nerves on the whole left side of the spinal canal, and while it would be highly improbable that a meningitic process should be limited to the whole length of only one lateral half of the cord, it is readily conceivable that this should take place in the peridural connective tissue, where the disease is not so likely to spread as on a serous membrane.

A very interesting question presents itself to our notice when we come to consider the etiology of the affection. Was the inflammatory exudation within the substance of the rhomboid muscle the primary cause of the peripachymeningeal inflammation, or was it secondary to this inflammation?

Although it is impossible to absolutely determine the causal connection existing between these two trains of occurrences, I think that the weight of evidence and probability is strongly in favor of the first assumption.

A review of the bibliography of the subject will throw some light upon the question. After very diligent search I have been able to find records of only seven cases of this disease. Of these one is reported by Mr. John Simon in the "Transactions of the London Pathological Society" for 1855; two cases were reported by Traube before the Berlin Medical Society in 1863; one case detailed by Mannkopf in the *Berlin Medicinische Wochenschrift*, 1864; one formed the basis of a dissertation by Mueller, "Ueber Peripachymeningitis Spinalis," Koenigsberg, 1868; the sixth case is described by Leyden in the "Klinik der Rueckenmarkskrankheiten (no autopsy); and the seventh is also reported by Leyden in the *Berlin Klinische Wochenschrift*, Dec. 17, 1877.

In Mr. Simon's case, the disease followed a fracture of the spine; a large quantity of pus was found from two inches below the foramen magnum along the

whole length of the cord between the dura mater and the inner surface of the vertebræ; the inner surface of the dura mater, the pia mater, and the cord were perfectly normal; two abscesses were found outside of the spinal canal and connecting with it through the intervertebral foramina.

The history of this case, together with the post-mortem appearances, prove that the perimeningeal inflammation was secondary to the abscess formations outside of the canal.

In one of Traube's cases, there were so many minute abscesses in the deep spinal muscles, and the symptoms of their formation appeared so late after the development of meningeal symptoms, that it evidently points to the primary development of the meningeal affection.

Traube's second case is reported so meagrely that it is uncertain whether the peridural tissue was at all implicated, or whether the inner surface of the dura and the pia mater were alone affected; in either event the clinical history renders it very probable that the abscesses found in the spinal muscles were of a secondary nature.

Mannkopf's case is reported very fully and clearly, and it is rendered almost certain by Mannkopf's own arguments, that the disease was secondary to a deep-seated inflammation in the cellular tissue around the larynx and in the deep tracheal muscles. From this situation, the inflammation could be traced along the cellular tissue backwards through the intervertebral foramina into the connective tissue between the dura mater and the 7th cervical and 1st and 2d dorsal vertebræ on the left side posteriorly, forming a tumor there which pressed on the cord; with the exception of slight anæmia, under the site of the tumor, the spinal cord and its membranes presented no abnormal appearances whatever.

Mueller's case, which I have been unable to consult in the original, originated, according to Leyden (in whose clinic the case was reported), in an inflammation around a sarcomatous growth in the subpleural tissue and thence passed through the intervertebral foramina into the perimeningeal connective tissue.

In Leyden's case (no autopsy) the primary symptoms were due to an abscess which was opened in the neighborhood of the left anterior superior spinous process of the ilium and then followed the symptoms of the chronic meningeal affection.

In Leyden's latest reported case, the history is as follows: In March, 1873, patient received a severe blow in the spine and left shoulder. In first few weeks there was pain in left shoulder, with paresis of left arm and some paresis of lower limbs which soon disappeared. His condition remained nearly stationary until January, 1876, when there was an exacerbation of the pains in back and legs and, a week afterwards, paraplegia occurred with paralysis of the sphincters. Towards the end of February, decubitus; in April, 1876, death. Post-mortem revealed a mass about three millimetres thick surrounding the dura mater from the 3d to the 10th dorsal vertebræ; this mass presented the appearances of a chronic inflammatory exudation. The cord was in a condition of acute compression-myelitis. Muscles of left arm showed chronic interstitial myositis; the inflammatory process extended along the loose tissue between the muscles and large nerve-trunks. Leyden thinks it very probable that the whole process originated in the left shoulder and from thence penetrated into the spinal canal.

We find, then, that of the six cases hitherto reported, five were secondary to inflammation outside of the spinal canal and two were apparently primary. The *à priori* evidence is, therefore, in favor of the secondary origin of the affection in our case.

Positive evidence, however, is not wanting to point in the same direction. In the first place, patient states that he noticed the swelling in the neck on the first day of his admission to Roosevelt Hospital, thus showing that the inflammation in the external tissues was at least coincident, in point of time, with the beginning of the spinal affection and, in all probability, antedated it. Secondly, the discharge of a piece of bone from the fistula, together with the fact that I obtained crepitus over the superior posterior angle of the scapula, in the immediate neighborhood of which the swelling first appeared, is quite conclusive to my mind that the morbid process was originally a necrosis of a portion of the scapula, and that the pus, instead of bursting outwards, passed inwards through the intervertebral foramina and there set up a suppurative inflammation around the dura mater.

252 E. 48TH STREET.

Reports of Hospitals.

UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

CLINIC OF WILLIAM GOODELL, M.D.,

PROFESSOR OF GYNÆCOLOGY.

(Reported for the MEDICAL RECORD.)

CYSTITIS IN THE FEMALE.

VERY few women are free from this trouble at some period or other in their lives. If the womb happens to be retroverted, or anteverted, the consequent pressure upon the neck of the bladder is very likely to bring on inflammation. Again, it may be due to the pressure of a neighboring tumor or one of the internal organs, or be the result of a tedious labor or forceps case. It is very hard to treat cystitis successfully. One method has been to perforate the bladder and remove the irritation, by making a vesico-vaginal fistula. The great difficulty lies in the innate tendency of such artificial fistulæ to heal up at once, so that it needs our constant attention, and perhaps several operations, to keep the fistula open. Knowing how hard it is to cure a natural vesico-vaginal fistula (*i. e.*, one produced during the process of labor, or by some other natural cause), this difficulty in keeping an artificial opening patulous must seem very remarkable to you, and yet such is always the case. The bladder is usually very much thickened by the cystitis, and not only is the operation a very delicate and laborious one, but, as I have said above, a clean-cut incision tends to heal rapidly.

We may attempt to get at the root of the disorder by the introduction into the vagina, each night and morning, of a suppository containing one grain of opium and one grain of belladonna. Or, we may use rectal suppositories containing one grain of the watery extract of opium. Joined with this treatment, which gives very good results in some cases, only the lightest of food should be allowed. Suppose, however, that we are led to believe that the cystitis is largely due to the acrid qualities of the urine. Of course, when this is the case, our efforts must be directed to the neutralization of the urine, and I should

prescribe from ten to fifteen minims of liquor potassii thrice daily in milk. Joined with this, the same amount of the tincture of belladonna may be administered. If both of these modes of treatment fail, we may try to cure by injections into the bladder, say of from four to five ounces of a solution containing from two to three grains of morphia. The bladder absorbs but very slightly, still this injection must not be long retained. A German gynæcologist has lately advised the injection of normal urine into the bladder. The bladder is of course intended for healthy urine, and I have no doubt that this method has great merit, though I have not yet tried it.

Of late years an operation has been devised for the relief of cystitis. If you pass your finger through the junction of the urethra and bladder, you will touch, in the vast majority of cases, a very painful spot. This tenderness may be due either to the presence of a fissure or unhealed ulcer. Physicians in England have cured cystitis by forcibly dilating the urethra. If the cystitis be dependent upon the ulcer, the partial paralysis of the constringing muscles consequent upon the dilatation is the best possible remedy. The woman, after the dilatation has been accomplished, passes her water with far more ease through the yielding sphincter.

I remember one instance where I performed dilatation without any success. It was the case of a woman who had remained all day in a stage-coach without making her water, as a consequence of which imprudence she had a terrible attack of cystitis, joined with retroversion of the womb. As I say, dilatation did no good in that case.

This patient that I bring before you to-day was confined with her second child on the 23d of March, 1877. She is to-day in the third month of a third pregnancy. Ever since the birth of her first child she has suffered from dysuria. Lately she has been obliged to pass her water twenty or thirty times during the day, and from five to ten times during the night. You remember that I dilated this woman's urethra before the class on the 7th of last March. So much good was effected by that dilatation, that she wants me to perform the operation a second time.

Sometimes we give rise to dangerous bleeding during the process of dilatation, but the hemorrhage is usually controllable. If much blood escapes, just pass a threaded needle underneath the part and close up the wound with a stitch.

You see that while I have been talking to you I have introduced a uterine dilator, and have been gradually and gently dilating the sphincter. I usually have a slight laceration; to-day the tear has been the cause of quite considerable bleeding, owing to the highly congested state of the parts. Some doctors use the uterine forceps for dilating, but I prefer this instrument. After inserting it and separating the blades as far as necessary, I allow it to stay in for a short time. You see that it is provided with a little rat-hook which holds it in place. I think that I have now dilated sufficiently to enable me to insert the tip of my little finger. By gently forcing my finger, I am getting it in further and further. I always take this opportunity to investigate the bladder and see that there is no stone in it. There is none here, and moreover, I am not able to discover any serious roughness of the lining membrane of the bladder, except just at the neck. I have passed my little finger all the way in, you see, and will now do the same with my index finger. No harm can happen from this if it be done carefully. I may say in passing that very many physicians insert their little finger into the bladder for the purpose of diagnosticating tumors, etc.

In the vast majority of cases, dilatation is followed by signal success. This woman has only to rise once or twice at night, instead of five or ten times, as formerly. By the way, let me call your attention to the remarkable association existing between the brain and the bladder. When one's bladder is irritated, and not working rightly, the attention is sure to be directed to that organ, and the more we think of it, the more frequently we have to pass water.

I have succeeded in getting the second joint of my index finger through the sphincter, and I think that I have now carried the dilatation far enough. I told you that this woman was in the third month of pregnancy. Some would, no doubt, consider any operation, such as dilatation, dangerous under the circumstances, but I am quite sure that no harm will come of it. I shall order the woman to bed until she is entirely over the effects of the ether. There will be very little pain consequent upon the dilatation.

HÆMATOMA IN DOUGLAS'S POUCH.

This case comes to us as one of tumor of the womb. I am inclined, at first sight, and without questioning the woman, to doubt this statement and rather consider the case one of pelvic cellulitis or pelvic peritonitis. The text-books say that these two are distinct diseases, but I am led to think them, if not one and the same disease, at least very hard to separate. The cellulitis is very likely to, in fact always does, involve the neighboring folds of the peritoneum.

This woman is 42 years old and married. She has had no children, and has suffered from a great deal of dysmenorrhœa at each monthly period. Now, what do these two things suggest? Why, a flexion of the neck of the womb. She tells me that she has been suffering in this way ever since she was seventeen years old. Early in her eighteenth year she went to a doctor for the dysmenorrhœa, and he did something to enlarge her cervical canal, which operation greatly relieved her. She says, by the way, that she menstruates every three weeks.

Just about three weeks ago she had one day a very violent pain across her stomach. Soon after this there was a strong desire to defecate, which could not be satisfied. Since that time she has had constant pain and has always felt a tumor internally.

From what the woman tells me, I am inclined to put my first suspicions entirely out of the question, and say that I believe the patient has had a hemorrhage into Douglas's pouch; that immediately after the hemorrhage the pouch bulged, and so gave rise to the desire to defecate. She was sick a day or two after this pain, and the flow was very abundant. I can feel the tumor on the right side, and can move it slightly. Let me make a rectal and vaginal examination. First, let me pass my finger into her vagina. I feel two tumors, one behind and one before. The tumor in front is not painful. The diagnosis is puzzling. I think the tumor in front is the womb. I can very easily determine this point by passing a sound. Yes, my sound passes in and shows the womb to be of the normal size. But how about the other tumor. What is that? I can move it much more than I could were it cellulitis. Undoubtedly there has been an effusion of blood into Douglas's pouch, which effusion has produced a slight pelvic peritonitis. When blood is effused into, and confined by, a shut cavity, the peritonitis or septicæmia is never so universal as it otherwise would be. By passing my finger into the rectum I am able still more clearly to fix the seat of

the tumor, and at the same time note the fact that the rectum is greatly flattened. It requires some force to pass my finger through the flattened portion; now I have done so, and I find the tumor filling the position of the pouch, hard and immovable. We know that Douglas's pouch is lower on the left than on the right. In exact accordance with this fact I find that the tumor is lower on the left than on the right side.

Pelvic hæmatocele is sometimes exceedingly serious. What is the cause of it? At the time of the monthlies the Graafian follicle may burst before the fimbriated extremity of the Fallopian tube is in relation to receive it, and so blood escapes into the abdomen and gravitates into the pouch. Or there may have been a retention of fluid at the monthlies which was forced from the womb into the Fallopian tube, and so out into Douglas's pouch. Sometimes, you know, extra-uterine fœtation occurs; in fact, there may be hemorrhage into Douglas's pouch from many causes. I believe that hæmatoma in Douglas's pouch occurs frequently without our knowledge.

How are we to treat this pelvic hæmatocele? It may happen, as I have just said, at a monthly period, and is attended with pain and collapse. Of course, we must make a vaginal or rectal examination as soon as we see the case. We find perhaps an obscure fluctuation in Douglas's pouch—the blood is lying loose there, and has not yet, it may be, entirely congealed. The patient must be kept absolutely quiet, and astringent drinks, such as sulphuric acid, lemonade, etc., administered. Opium enough should be given to lull the pain and keep the patient thoroughly quiet. For a number of hours following the attack very slight nourishment should be given. Stimulants should be refrained from, and the patient kept as low as possible, until all immediate danger from peritonitis has passed away. If the woman is married, her vagina should be packed with ice; if a virgin, the ice had better be placed outside.

HABITUAL CONSTIPATION WITH FISSURE OF THE RECTUM.

There is supposed disease of the womb in this case. The woman complains of bearing-down pains and menorrhagia at her monthly periods, and of excessive leucorrhœa between times. No examination has been made thus far, and treatment has only been through the mouth. She has had very obstinate constipation. Costiveness of a very pronounced character is common in women. Men are generally glad to defecate when the desire comes, but women do everything to put off the act, from over-modesty or other causes. This statement holds good not only with reference to the bowels, but also as regards the bladder. You have no idea how often the most violent cystitis is produced by continually restraining the desire to urinate. This patient tells me that her bowels have not been moved freely for *seven years*, and are never moved except by the use of medicines. She says that defecation gives her so much pain that she puts it off as long as possible, and so never takes purgative medicine except once in ten days or so, when she buys an ounce or so of sulphate of magnesia.

I have had the woman put thoroughly under the influence of ether so as to allay spasm and relax all the muscles, and I shall now proceed to make a most careful examination. There is very evidently a post-uterine tumor of some sort or other. I think this will turn out to be a hardened collection of fæces. I shall also probably bring to light one, if not more, fissures of the rectum. Let us see what goes on in the case of obstinate constipation. A species of fermentation ensues, and a large part of the fæces are reabsorbed, giving a yellowish tinge to the complexion and bringing on a chronic torpidity of the liver.

With my finger in the vagina I discover the womb pushed upward and forward, and behind it a hard tumor. I shall now have to make a thorough rectal examination; but, before doing so, it will be well to have my hand and fingers covered with carbolized oil. I am going to use my left hand for this dirty work (I shall probably have to remove the impacted fæces by hand), and I want to enforce upon you all the necessity of working as well with your left hand as your right. Suppose I were called an hour hence to make an examination of a pregnant woman: I might produce the gravest results were I to use the same hand that I am now using, for I could not be absolutely certain that it was free from impurities. However thoroughly I might cover it with carbolized oil, and wash it afterwards with carbolized soap and water, some little taint might still remain, enough to cause septicæmia in a pregnant woman. So all of you should learn to use your left hand when occasion demands, so that the right hand may be kept for cleaner and more delicate work.

Now, what do I discover with regard to this post-uterine tumor? I can indent it slightly by pressure. It is probably a collection of hardened fæces. Two years ago the woman had a child, and if there had been any impaction it would have been forced out then by the descending head. There are three points in the large intestines where obstruction may occur; it rarely, if ever, happens in the small intestines. Those three points are: the caput cæcum in the right iliac fossa, the sigmoid flexure, and the rectum.

Movements of the bowels in some women occur only after very long intervals. Dr. George B. Wood speaks of one case where there had not been a movement for the space of six months.

Where there is such stubborn constipation we generally find, upon examination, a fissure of the rectum. This always renders defecation exceedingly painful. Constipation would give rise to all the symptoms of which this patient complains. Thus, the menorrhagia and leucorrhœa would be caused by the congestion of the womb consequent upon the stasis of the blood in the vessels of the intestines. This might also produce fissures and bleeding piles. The frequent tenesmus may be very easily mistaken for bearing-down pains.

I am going to set to work and break down and remove this collection of hardened fæces. This sometimes requires the handle of a spoon, but I think I can bring them down with my hand in the present instance. But, first let me see if I can discover any fissure of the rectum. To do this I pass one finger into the vagina and evert the lower portion of the rectum. There is a small fissure on the posterior wall. Fissures may be cured in two ways, viz.: 1. By cutting through the adjacent muscular fibres; and 2. By overstretching the sphincter ani. I much prefer the second method. To do this, insert your two thumbs into the rectum and pull them apart until the sphincter begins to yield, or you feel the rami of the ischia on each side. To do this requires the employment of considerable force.

Having stretched the sphincter, I am now better able to remove the fæces. As far as I can reach I feel lumps of hardened fæces. I am able to push them down by the aid of a finger in the vagina. Here is one lump which has entirely lost its fæcal odor and seems to be covered with a sort of false membrane, so long has it been retained. In the present instance I am able to break up these lumps with my hands, but

in some cases I have found them so hard as to require the assistance of a pair of polypus forceps to remove them. I have now removed all the lumps, and am glad to see that the womb has gradually been falling back into place. Evidently, the tumor which she has felt for so long a time was nothing but hardened fæces.

Upon what treatment shall I place this woman? To-night I shall order her ten grains of blue mass, and to-morrow morning two tablespoonfuls of castor-oil. I think that I have removed all the hardened fæces, but if it turns out that the transverse colon is obtructed, she must be given a "gravity injection" filling up the entire lower bowel. Of course, this must not be given while under ether, or we should have no guide as to the quantity of water injected, and thus might inject so much as to burst the bowel.

As regards after-treatment, the patient must be taught to go to stool regularly every day, and to eat certain kinds of food only. For medicine, I shall order the following prescription:

℞. Ext. colocynth. comp..... gr. ij.
Pulv. rhei ..... gr. i.
Ext. belladonna..... gr. ¼.
Ext. hyoscyami..... gr. ss.
M. et in pil. No. 1 divide.
S.—To be taken at bedtime.

In some cases $\frac{1}{60}$ of a grain of strychnia may be added to the above with advantage. Iron must not be employed at present, as it tends to constipate. As regards local treatment, I shall advise the patient to rub her groins and abdomen with a flesh-brush or rough bag of camel's hair. I want here to say a word in strong recommendation of the treatment known as "*massage*." While under this treatment, one of whose items is a daily, painstaking, kneading of the muscles, I have even been able to administer iron without constipating. Indeed, during the second and succeeding weeks of the method by "*massage*," I have noticed a considerable tendency to diarrhœa. I think that the above-mentioned methods of treatment will relieve the woman's torpid liver and congested womb.

Progress of Medical Science.

Sleeplessness and its Treatment.—Dr. Ainslie Hollis, in writing on this subject, maintains that, although the quantity of blood in the brain is diminished during sleep, this diminution is not the sole cause of slumber, for we may have the former without the latter. An increase in the cerebral blood-supply, however, may produce wakefulness, as in the paresis of the cerebral vaso-motor nerves from exhaustion. Sense impressions have the same effect by the continual stimulation of the higher nervous centres. An increase in the velocity of the blood-current through the brain is a frequent cause of wakefulness, as in the irritable and hypertrophied heart. The wakefulness of anæmia is ascribed by Willemin to changes in the nervous elements of the brain, and a consequent modification of the circulation therein.

The treatment of wakefulness he classifies under two heads:

1. The induction of natural sleep.
2. The production of narcosis, or artificial rest.

One of the most efficient means of inducing natural sleep is the application of mustard plasters to the abdomen. According to Schüler, this produces first dilatation, and subsequently contraction of the vessels of the pia mater; changes due to the constriction or dilatation of the peripheral current-areas of the skin. Preyer, of Jena, advocates the administration of a freshly made solution of lactate of soda, or of some milk, or whey, on the hypothesis that sleep may be induced by the introduction of the fatigue products of the body. Where the insomnia depends upon brain exhaustion, Dr. Hollis recommends the administration, just before bed-time, of a tumblerful of hot claret and water, with sugar and nutmeg. The alkalies and alkaline earths are useful when acid dyspepsia is associated with the insomnia. Electricity has been used in the paresis of the vaso-motor nerves due to an overworked brain. In hot weather, sprinkling the floor of the sleeping apartment with water lessens the irritant properties of the air, adding much to the comfort of the sleepers; possibly the quantity of ozone is at the same time increased.

The artificial rest obtained by the use of narcotics seems to be due to a direct interference with the functional activity of the nervous system. Dr. Hollis does not consider the bromides to possess hypnotic properties, although they undoubtedly act as sedatives on the nervous system, and as such may occasionally induce sleep.—*The Practitioner*, Dec., 1877.

Bearings of Chronic Disease of the Heart upon Pregnancy and Parturition.—Dr. Angus Macdonald read a paper on this subject before the Obstetrical Society of Edinburgh, in which he deduced the following conclusions:

1. Chronic heart disease constitutes a grave contra-indication to marriage, more especially if it assumes the form of anything approaching to severe stenosis of the mitral, or to serious aortic incompetency; in such cases, we ought, if consulted, to dissuade from marriage.

2. There is much less danger in the case of mitral insufficiency pure and simple. But still the risk is even then considerable.

3. In all, when consulted, we ought not to give our sanction to marriage, if in chronic heart disease there are any serious symptoms of cardiac disturbance present, such as attacks of dyspnœa, breathlessness, palpitation on exertion, hæmoptysis, etc., and this injunction ought to be the more imperative the younger the patient, and the more recent the acute disorder which has given rise to the chronic lesion.

4. Such patients as are married and have chronic heart disease, ought not to be allowed to suckle their children, as that appears to tend to keep up the cardiac hypertrophy, and increase the risks likely to arise from the defective heart.

5. All possible causes of cold and all severe exertion should be avoided during the pregnancy, if possible, and more particularly during the latter months of it.

6. Premature labor should seldom or never be recommended, because it is so much more likely to do more harm by disturbing the action of the heart and the condition of the lungs, than any good it might produce by terminating the evil effects of the pregnancy. It is to be remembered that relief of symptoms is not certain after delivery, or anything like certain.

7. The only conditions which seem to warrant the induction of premature labor, are the presence of influences which unduly distend the abdomen, and thus keep the diaphragm in a state of continuous elevation.

8. The same careful principles of management

ought to guide us in the case of a patient with chronic heart disease during pregnancy and the lying-in period, as in any other state of the system, similarly complicated with heart disease.

9. In almost all the cases I have met with, chloroform has been given, and apparently with benefit during delivery. If carefully administered, I think it cannot but be useful in all cases.

10. All legitimate means ought to be used to lessen the effects of the down-bearing efforts, and therefore the judicious and timely application of forceps or of turning is extremely important. In cases of a large amount of liquor amnii, timely rupture of the membranes is calculated to be of great service, as it allows the diaphragm to descend, and thus lessens the embarrassment of the lesser circulation.—*The Obstetrical Journal of Great Britain and Ireland*, November, 1877.

Dyspepsia.—In a communication to *The Practitioner* for December, 1877, T. Lauder Brunton, M.D., F.R.S., treats the subject of dyspepsia in an original and interesting manner. For the physiology of the digestive act, and the pathology of the affection in question, he has drawn largely on Dr. Beaumont's reported observations on St. Martin. He treats his subject under two heads, transient and chronic indigestion, including under the first head subacute gastritis, and under the second, chronic gastritis and atonic dyspepsia. Transient indigestion, such as Dr. Beaumont has shown is accompanied by red patches and abrasions of the gastric mucous membrane, may be caused by *a*, an excessive quantity of food; *b*, an improper quality of food; *c*, mechanical chemical qualities of food. The two first causes act mechanically, the third chemically, either through some irritant property of the substance ingested, or through the production of some irritant substance after ingestion, as of butyric acid from the decomposition of fat. This state will pass away under the use, for a short time, of unirritating food in small quantities, but recovery is materially hastened by the administration of a cathartic. Subacute gastritis, Dr. Brunton attributes, among other causes, to the effect of draughts. In the treatment he recommends the use of bismuth and magnesia, combined, if the vomiting is excessive, with hydrocyanic acid and bromide of potassium. If the pain at the epigastrium be severe, a warm poultice, or even a mustard plaster should be applied. In the treatment of chronic gastritis he recommends very highly the use of bicarbonate of soda with some vegetable bitter. When given before meals the alkali stimulates the secretion of gastric juice, while the bitter is supposed to lessen the secretion of mucus. The symptoms of atonic dyspepsia are similar to those of chronic gastric catarrh, with the exception of the epigastric pain and tenderness, and the tongue, instead of being red, or covered with fur through which enlarged papillæ project, is rather pale, flabby, moist, and marked with the teeth at the edges. This condition depends upon weakness of the nervous and circulatory systems. Alkalies and bitters are here also useful, but in addition we must attend to the general condition of the patient, and in these cases strychnia or nux vomica is a most useful adjunct, increasing as it does the excitability of the reflex centres.

Etiology of Goitre.—Dr. Mackenzie considers that the etiology of endemic goitre must be looked for in the geological formation of the territory in which the disease is found. His theory is that the disease depends upon some poison, as yet undetermined, which is absorbed through the agency of the drinking water. In support of this, he quotes Sir Thomas Watson, M'Clelland, Dr. St. Lager, Mr. George Lebour, and others, who all maintain the agency of the water, the two last pointing out sulphate of iron as the offending ingredient, while M'Clelland claims that distinction for the salts of lime and magnesia. Dr. Mackenzie has confined his observations to Great Britain, and, while he does not feel inclined to accept sulphate of iron as the poison for which he is looking, he agrees with Dr. St. Lager in saying that the disease depends upon some of the metalliferous earths. The poison, he continues, has been traced to the soil, the water has been proved to be the vehicle of the poison, and it now only remains to isolate that poison. It may be that goitre is due to some metal or salt with which we are already acquainted, or it may be that spectrum analysis will bring to light some new substance which is the poison so long sought in vain.—*Medical Examiner*, October 25, 1877.

Excision of the Knee-Joint.—Prof. Fenwick, of Montreal, claims that excision of the knee is an operation of greater magnitude than amputation at the lower third of the thigh, statistics showing the mortality to be 27 per cent. in the former, against 22 in the latter. In children the discrepancy is still greater. The removal of the epiphyses and consequent loss of growth in the length of the limb is another drawback to the operation in children. The existence of tubercle of the lung, or of extensive disease of the heart or kidneys, or of any of the important viscera, are contra-indications to excision of the knee-joint. Prof. Fenwick agrees with Mr. Cadge in deeming it useless to excise the knee for disease of the synovial membrane, and quotes Mr. Price, who records twenty-one cases in which the operation was performed for this cause, which were all unsuccessful. Acute suppuration of the joint is, as a rule, unfavorable to excision, although, it is granted, exceptions may occur. From the records of many British surgeons it would appear that in acutely painful articular disease, those cases in which the cartilages and bones are affected are most favorable for excision, and in selecting this operation its advocates recommend its early performance. In military practice the operation is not advocated; the records of our late war show eleven cases, with only two recoveries. Prof. Fenwick then relates the histories of thirteen cases in which the operation was performed for chronic disease of the knee-joint at the Montreal General Hospital. Of these cases nine were cured, one was doubtful, one died, and in two amputation was subsequently performed.—*Transactions of the Canada Medical Association.*

The Detection of Particles of Hepatic Structure in Abscess of the Liver.—Prof. Fenwick urges the examination of the pus from abscesses in the hepatic region as a means both of diagnosis and of prognosis. If the quantity of hepatic substance is large, it may be detected by simply shaking up the pus with distilled water, and examining the precipitate. But if the ulcerative process is going on but slowly, and the hepatic substance is present, in the discharge, in but small quantities, it may be necessary to add a few drops of ammonia to the water, and thus liquefy the pus before the presence of liver-cells may be satisfactorily determined. The abundance of these cells will indicate the activity of the destructive process, and the probability of recovery.—*The Lancet*, November 17, 1877.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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THE MEETING OF THE STATE MEDICAL SOCIETY.

THE meeting of the Medical Society of New York is always an event in which the physicians throughout the State are specially interested, and in which the profession of the country have some concern. As a society it is a model of its kind, and is perhaps more representative in character for the area over which it extends its usefulness than any similar organization elsewhere. The system of government is probably as perfect as can be found in any scientific society, at the same time the details pertaining thereto are not magnified into importance at the expense of strictly scientific work. In fact, far from the latter being the case, the business detail is entrusted to committees, the Society being called upon merely to approve or disapprove the recommendations. So far at least its example is a worthy one for sister societies throughout the country. In regard to the number and character of its scientific communications, it is equal, if not superior to any. But these are acknowledged facts, and are repeated here merely for the sake of introducing some general remarks upon this year's proceedings. As a meeting, the recent one was a success—that is to say, the attendance was good; there were a number of scientific papers presented, and the usual sessions of the Society were well filled with business up to the hour of adjournment. Compared with the previous year, however, the papers were not so numerous nor so well selected, but there was abundance of opportunity for necessary discussion.

It was a matter of regret that the legality of the meeting was not assured before the time appointed for it; not so much on the ground that the proceedings in a medical sense were any the less valuable, but that the correction of a foolish and stupid error was made necessary in open meeting.

We trust, however, that the matter will be fairly settled by the next regular session, and that the time for meeting will be fixed definitely and permanently. There was no other course left for the Society than to call the present meeting an adjourned one, and formally adopt its proceedings at the next regular Session in June. All the trouble could have been avoided by a simple notice of a change a year in advance of the time when it should have been consummated. That this was not thought of last year, when the time of the meeting was changed, is a reflection upon the ordinary astuteness of those members who were conversant with the provisions of the statute, and who either engineered the innovation or tolerated its being made. Let us, however, congratulate the friends of the Society that they have at last touched bottom, and have a promise of a sure foundation for all rulings upon this particular point in the future.

The absence of the President-elect was a misfortune under the circumstances, and helped to foster in the minds of many a distrust in the ultimate success of the meeting. The duties of the office were, however, performed by the Vice-president, who, at the disadvantage of being called on in an emergency, acquitted himself to the satisfaction of all. The absence of the customary presidential address was not generally deplored, and we believe that the time is not far distant when it will be dispensed with altogether, and the time allotted to it devoted to the more strictly scientific business of the Society.

The questions of ethics which came up for adjudication were of some importance. The committee to whom such questions were referred acted wisely and well. In regard to the communication from the County Society, relating to the more explicit interpretation of certain portions of the Code, its action was judicious. It very properly declined to define the law unless some particular case came before it, appealing from a definite decision of a County Society. In other words, the committee did not consider itself competent to prejudge any hypothecated case.

The decision upon the resolution of the Niagara County Society was a literal interpretation of the sentiment of the profession, and will stand on its own merits. We wish we could say as much for the action regarding the erasure of the name of a certain food company from a paper read before the Society. The reason for this course was simply that the food manufactured by said company was patented by them. It does not appear that the article of the Code which refers to the use of patents had anything to do with the particular question at issue. The particular food was recommended by the author of a paper as superior to all others of its kind for alimentation in certain diseases, and the process of its manufacture was described. Although all apparently acknowledged that the article was serviceable, yet because it was patented its name was expunged from the records. Viewed on general principles, this was pandering more to prejudice than to reason.

Every physician believes that it is derogatory to professional dignity "to hold a patent for any surgical instrument or medicine," or "to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them," but we are at a loss to see the application of these principles to the article under consideration. It is, in the first place, not a medicine, the process of manufacture is not a secret one, and its use is not restricted to the sick. In other words, it is merely an article of general commerce, and its manufacture is protected by a patent for purely commercial reasons. With patent medicines and patent mechanical appliances for the sick the case is so different as scarcely to need comparison.

The selection of the nominating committee, according to the new rule, was a practical success, and the suggestion to alter the statutes in accordance with said rule is eminently proper.

In conclusion, we cannot resist the temptation of congratulating the Society on its choice of president for the ensuing year. Dr. Roosa is a gentleman who has fairly won his present distinction, and cannot fail to perform the duties of his office to the satisfaction of all concerned.

MEDICAL CERTIFICATES IN THE DAILY PAPERS.

THE names of the medical gentlemen of this city, which have been so long attached to the certificates of mineral waters, published in the daily papers, have disappeared at last.

It is but fair to the gentlemen concerned, to state that the majority, if not all of them, soon after the RECORD drew attention to the matter, ordered their names to be withdrawn from the advertisements. The Medical Society of the County added its official recommendation to such a course, and helped, through its Committee of Ethics, to complete the work.

It appeared for a time, however, that the wishes of the writers of the certificates were not to be gratified, and that the mineral water company had determined to publish the certificates in spite of the protests. This, however, was not the case, for as soon as the matter was brought to the knowledge of the proprietors in London, orders were at once issued to remove the certificates from all but strictly medical publications. The company in so doing express a regret that their course heretofore should have been subjected to professional criticism, but state that the publication of medical certificates in the daily papers is common in Great Britain. While we admit the truth of this, we fail to see why this proves that such publications are proper. It is somewhat astonishing that such journals as the *Lancet*, the *British Medical Journal*, and the *Dublin Press and Circular* do not lend their powerful influences to the suppression of this subtle and dangerous form of quackery. The profession there are governed by the self-same code as ourselves, and are bound by the same obligations to each other. It is true, however, that the British Medical Association adopted the Code of Ethics of the American Medical Association only very recently, and it may not have had the opportunity of understanding its purport, or of applying its principles; but the official organ of the British Association, and the *Lancet*, have no excuse for such ignorance.

Now that the names of our own physicians have disappeared, the question arises as to the course which may be pursued by the County Society. This body has the subject under consideration, but in view of the circumstances of the case it will be hardly necessary now to do more than express the sense of the Society in the course pursued by the certificate-writers, which, if properly done, will be a censure in itself, and will prepare the way for the prompt discipline of all future transgressors of the Code. If the County Society gives its opinion explicitly on this point, there need be no trouble concerning the medical certificates in the daily papers in the future.

THE EYE AND EAR RELIEF OF ALBANY, NEW YORK.

WE have been assured that the circulars of the Eye and Ear Relief of Albany, to which reference was made in an article on Albany Ethics in a previous issue, were intended for the medical profession only, and that their circulation has been strictly limited to that body. We state this on the authority of Dr. Robertson himself, which is sufficient to place the statement, as a matter of fact, beyond question. Therefore, that portion of our remarks concerning advertising before the public is not based upon the facts as we understood them at the time of writing the article. We owe this to Dr. Robertson as a simple matter of justice to his motives, and make the correction with pleasure.

Reports of Societies.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Seventy-Second Annual Meeting.

HELD IN ALBANY, JANUARY 15, 16, AND 17, 1878.

TUESDAY, JANUARY 15TH.—FIRST DAY.—MORNING SESSION.

THE Society met, pursuant to adjournment, in Albany, at 11 o'clock A.M., and was called to order by the Vice-President, DR. A. L. SAUNDERS, of Madison County.

Prayer was offered by REV. RUFUS W. CLARK, D.D.

VICE-PRESIDENT SAUNDERS alluded to the fact that circumstances had developed which rendered it necessary for him to discharge the duties of President. On the 20th of December he learned from Dr. Jenkins, the President-elect, that he would be unable to attend the present meeting. In the intervening time he had been unable to prepare any address. He would state, however, that the profession continued to advance both in this and other States. It was his earnest hope

that whatever mistakes might have been in the past should be met manfully, and in a manner becoming the medical profession.

COMMITTEE ON CREDENTIALS.

DR. SAUNDERS then announced the Committee on Credentials, as follows: Drs. N. C. Husted, E. H. Lyman, and H. N. Porter.

THE SECRETARY read a communication from Dr. Jenkins, in which he expressed his appreciation of the honor conferred in electing him as the presiding officer of the Society, but declined the acceptance of the office.

DR. PORTER, of Albany, the Treasurer, presented a communication from Dr. Jenkins, transmitting his check for $25 as a donation to the treasury of the Society.

The letter containing the declination of Dr. Jenkins was received, and ordered to be placed on file.

The check was received with thanks, and its accompanying letter ordered to be placed upon record.

ANNOUNCEMENT OF COMMITTEES.

THE VICE-PRESIDENT then announced the following committees:

For *Committee on Arrangements.*—Dr. Wm. H. Bailey, Dr. Wm. Manlius Smith, and Dr. J. N. Northrop.

For *Business Committee.*—Drs. E. R. Squibb, William C. Wey, and D. B. St. John Roosa.

DR. C. H. PORTER offered a series of resolutions to the effect that only delegates and permanent members, who had registered and paid their dues, should be permitted to vote for members of the Nominating Committee in the several Senatorial district caucuses; that each caucus should select a Chairman and a Secretary, and that each Chairman should report the result of the caucus to the Society in writing. The resolutions were adopted.

A recess was then taken to enable the Committee to arrange the order of business.

On reconvening, after a lapse of twenty minutes, DR. BAILEY, Chairman of the Committee on Arrangements, reported the following members by invitation: Drs. G. T. Stevens, Wm. H. Murray, John Thompson, E. Van Slyke, D. H. Cook, and W. L. Purple, Albany; A. E. McDonald, of New York; P. B. Collier, of Valatie; and Wm. D. Lamb, of Lawrence, Mass., Delegate from the Massachusetts State Medical Society.

COMMITTEE ON ETHICS.

THE VICE-PRESIDENT then announced the following Committee on Ethics: Drs. William C. Wey, D. B. St. John Roosa, and James Chapman.

DR. E. R. SQUIBB, Chairman of the Business Committee, then made some remarks as to the legality of the present meeting.

DR. GOULEY moved that the matter be referred to the Business Committee, with power. The motion was carried.

DUDLEY OBSERVATORY.

An invitation was received from the Directors of the Dudley Observatory, requesting the Society to visit that institution. The invitation was accepted with thanks, and between 7½ and 8½ o'clock Wednesday evening fixed upon as the time.

LAW REGULATING FEES FOR EXPERT TESTIMONY.

DR. DIMON, of Cayuga Co., asked the advice of the Society as to the proposition to secure the passage of a law giving proper compensation to medical experts when summoned as witnesses.

The matter was referred to the Business Committee.

DIPLOMA CONFERRED.

The Business Committee announced a communication from the Censors of the Western District, with reference to granting a diploma to ALPHONSE DAGENAIS.

DR. C. M. ALLIN, of New York, moved that a diploma be granted in accordance with the unanimous recommendation of the Censors, and that it be signed by the Vice-President and the Secretary. Carried.

The Society then adjourned, to meet at 3 P.M.

FIRST DAY.—AFTERNOON SESSION.

The Society was called to order at 3 P.M. by the Vice-President.

COMMUNICATIONS FROM COUNTY SOCIETIES.

Under this head, DR. H. G. PIFFARD, of New York, presented a communication from the Medical Society of the County of New York, making inquiry with reference to the meaning of certain sections of the Code.

On motion, made by DR. C. M. ALLIN, of New York, the communication was referred to the Committee on Ethics.

REPORT OF COMMITTEE ON PUBLICATION.

The report of the Committee on Publication was read by DR. E. R. SQUIBB, of Brooklyn. Among the recommendations made by the Committee were the following:

That the amount charged for the Transactions be the publisher's price until the volumes were four or more years old, when, if more than 100 copies remained unsold, they might be disposed of at fifty cents per volume; that when such editions were reduced below 100 copies the price should be raised to one dollar; that each county society should be required to take annually a number of copies equal to five times the number of delegates such county society sends to the State Medical Society; and that the dues of permanent members and delegates should be paid at the beginning of the year.

The report, as signed by Dr. Wyckoff, the Secretary, and Dr. Squibb, and all its recommendations, was adopted.

COMMITTEE ON NOMINATIONS.

For First Senatorial District—Dr. J. W. S. Gouley, of New York County.

For Second Senatorial District—Dr. D. Guernsey, of Dutchess County.

For Third Senatorial District—Dr. M. H. Burton, of Rensselaer County.

For Fourth Senatorial District—Dr. E. D. Ferguson, of Essex County.

For Fifth Senatorial District—Dr. G. W. Cook, of Otsego County.

For Sixth Senatorial District—Dr. J. H. Chittenden, of Broome County.

For Seventh Senatorial District—Dr. Theodore Dimon, of Cayuga County.

For Eighth Senatorial District—Dr. James Chapman, of Orleans County.

Reading of papers being next in order, DR. EUGENE BEACH, of Gloversville, reported a case of

PUNCTURED WOUND OF THE STOMACH, WITH RECOVERY.

The wound was two inches below the point of the sternum and almost exactly in the median line. There

were marked symptoms of collapse, the patient vomited blood and also passed blood by stool.

Two weeks after the occurrence of the accident the patient was up, and at the end of two months appeared entirely well. He had previously been a strong and healthy man.

Dr. A. McLane Hamilton presented a

CONTRIBUTION TO THE STUDY OF AUDITORY EPILEPSY.

An illustrative case was reported. The paper will be published in a subsequent number of the Record.

It was discussed by Dr. Roosa, of New York.

PENILE FISTULÆ IN THE ANTE-SCROTAL REGION.

Dr. Robert F. Weir, of New York, read a brief paper upon the above subject, and illustrated it with colored plates.

The history of a successful operation was reported.

Dr. George Bayles, of New York, presented

A CLINICAL OBSERVATION RELATING TO VACCINATION DURING ATTACKS OF PERTUSSIS.

The conclusion reached was that vaccination exerted a favorable modification upon whooping-cough.

Dr. Cronyn, of Buffalo, remarked that the influence of vaccination upon the course of pertussis had long been recognized, and that he had resorted more or less to it in the treatment of uncomplicated cases during the last thirty years.

REGISTRATION OF VITAL STATISTICS, AND METHODS TO BE ADOPTED TO SECURE DESIRED RESULTS.

Dr. Elisha Harris, of New York, read a paper relating to records of mortality and prevailing diseases. The paper was discussed by Drs. Furbeck, Squibb, and Harris.

Dr. Wm. H. Bailey, Chairman of the Committee on Arrangements, announced the following members by invitation: Drs. Maurice J. Lewi, C. S. Merrill, V. O'Leary, G. H. Newcomb, S. B. Ward, W. G. Tucker, Amos Fowler, J. B. Stonehouse, and Louis Balch, of Albany; Dr. H. H. Beecher, of Norwich, Chenango Co.; Dr. Chas. Hammon, of Schenectady; Drs. A. W. Shiland and R. H. Sabin, of West Troy; Dr. A. J. Long, of Whitehall, and Dr. A. W. Tupper, of Granville, Washington Co.; Dr. C. W. Adams, of Middleville, Herkimer Co.; Dr. E. W. Carmichael, of Sand Lake, Rensselaer Co.; Dr. Chas. E. Willard, of Catskill; Dr. F. S. Greene, of Coxsackie; Dr. Wm. T. White, of New York. The Society then adjourned, to meet at 8 P.M.

First Day.—Evening Session.

The Society was called to order at 8 P.M. by the Vice-President.

REPORT OF THE WORKINGS OF THE INTERNATIONAL CONGRESS HELD AT GENEVA IN 1877.

Dr. E. Seguin, of New York, presented, by invitation, the claims of priority of the American physicians in the movement for the introduction of more uniformity in physic and in pharmacy, and the culmination of this movement in the nomination of an international commission, to whose members all progress of the question must be communicated. Of the the seven commissioners chosen, two are American, two French, one Swiss, another Norwegian; the secretary is Belgian; the president is a professor of surgery of Turino. It was to be hoped that the spirit of this commission would be truly international and progressive, and the American members were determined to give the claim of their compatriots all the prominence it deserves before the International Medical Congress of 1879, which will meet in Amsterdam. The remarks and narrative of Dr. E. Seguin were received with the same earnestness with which he made them.

REPORT ON THE ANTISEPTIC SYSTEM.

Dr. Stephen Smith, of New York, made a report regarding the use of antiseptics in surgery after Lister's plan, and reported several cases.

The paper was discussed by Drs. Weir, of New York, Hutchinson, of Brooklyn, Minor, of New York, Chapman, of Orleans Co., Wolcott, of Utica, Cronyn, of Buffalo, and Squibb, of Brooklyn.

The discussion took the usual routine, and cases were cited in which remarkable recoveries had taken place without the use of the antiseptic system in its details.

RECEPTION AT THE DELAVAN HOUSE.

An invitation was extended to the State Medical Society, by the Albany County Medical Society, to attend a reception at the Delavan House, Wednesday evening, at 9 o'clock.

The invitation was formally accepted by the Society. after which an adjournment was made, to meet on Wednesday, at 10 A.M.

Wednesday, January 16th—Second Day—Morning Session.

The Society was called to order at 10 A.M. by Vice-President Saunders. Prayer was offered by Rev. John McClellan Holmes, D.D. The minutes of the previous day were read and approved.

MEMBERS BY INVITATION.

Dr. Bailey, Chairman of the Committee on Arrangements, announced the following names of members by invitation: Drs. O. D. Ball, E. B. Tefft, Harriet A. Woodward, R. J. Bullock, of Albany; Dr. Maurice Perkins, of Schenectady; and Dr. Meigs Case, of Oneonta.

Dr. J. G. Richardson, of Philadelphia, was introduced as delegate from the Pennsylvania State Medical Society, and made an appropriate response.

THE GOVERNOR'S RECEPTION.

Dr. Bailey also announced that Governor Robinson had expressed a desire to see such of the members of the Society as might be pleased to favor him with a call on this, the regular evening in the week for his receptions.

REPORT OF TREASURER.

Dr. Porter presented his report, which was referred to an auditing committee, composed of Drs. Govan, of Rockland Co., and Burr, of Broome Co.

The report showed that the finances of the Society were not in the most favorable condition, and Dr. Squibb remarked that the sooner the members and delegates became acquainted with the fact the better. Unfortunately, the receipts from the sale of the Transactions did not meet the expense of publication. It was hoped, however, that the provision made with reference to the disposal of books hereafter might replenish the treasury in a satisfactory manner, as far as the publication of the Transactions was concerned.

The Librarian's report was read by the Treasurer.

REPORT OF COMMITTEE ON ETHICS.

Dr. Wey, chairman of the committee, reported upon the communication sent up from the New York County Medical Society, to the effect that Sections 3

and 4 of Article 1, "On the duties for the support of professional character," and also Section 1 of Article 4, "Of the duties of physicians in regard to consultations," were so clear and explicit that they required no special explanation, and therefore the committee was disinclined to offer any comment, inasmuch as there was no evidence of specific violation mentioned; and that county societies were clothed with ample power to require submission, to settle all individual relations with its members, and to inflict salutary censure and penalty. From the action of county societies an appeal might be made to the State Medical Society. The report was unanimous.

On motion made by DR. SQUIBB the report was, without discussion, accepted and adopted.

CODIFICATION OF THE BY-LAWS.

The report of DR. HUTCHINS, of Brooklyn, who was unavoidably absent, was read by Dr. Hutchinson, of Brooklyn. It was accepted and adopted, and will appear in the next volume of Transactions.

CHANGE OF TIME FOR HOLDING THE ANNUAL MEETING—PROGRAMME FOR CORRECTING THE ERROR MADE WITH REFERENCE TO HOLDING THE PRESENT MEETING.

The Business Committee reported that it was desirable to retrace and correct steps made in error relative to the present meeting, and offered resolutions to the effect, (1.) That this meeting, commencing January 15, 1878, is hereby declared to be an adjourned meeting, from June, 1877; (2.) That an annual meeting be held in Albany on the date for holding the next annual meeting—the third Tuesday in June, 1878—when by a quorum, consisting of the presiding officer of this meeting, the Secretary, the Treasurer, and twelve other permanent members or delegates, the transactions of the present meeting shall be ratified.

The report and resolutions were unanimously adopted.

The Business Committee then reported a resolution making provision for changing the time of holding the annual meeting of the Society to the first Tuesday in February. Dr. Goff, of Madison Co., offered an amendment that the annual meeting be held on the third Tuesday of January. Amendment lost. The original motion was then carried by a large majority.

REPORT FAVORING THE PASSAGE OF A LAW RELATING TO EXPERT TESTIMONY.

The Business Committee reported a resolution recommending the passage of a law securing proper compensation for expert testimony.

The resolution was adopted, and on motion made by Dr. Mosher a committee of three, with Dr. Dimon, of Cayuga, as chairman, was appointed to represent the Society in efforts to secure the passage of such a law. The Committee consists of Dr. Dimon, Dr. H. D. Didama, of Syracuse, and Dr. J. V. Kendall, of Baldwinsville.

The Committee on By-Laws made a report, which was referred to Dr. Hutchins, of Brooklyn. The report related to requirements of medical students before commencing the study of medicine.

COMMITTEE ON HYGIENE.

The Business Committee reported that Dr. Stoddard, Chairman of the Committee on Hygiene, was unable to be present, on account of the death of Dr. Dean, of Rochester.

DEATH OF DR. DEAN.

DR. ROOSA presented a resolution, to be sent by telegram to the family of Dr. Dean, expressing the profound sympathy of the profession in their irreparable loss.

The resolution was unanimously adopted.

DEATH OF MEMBERS.

DR. SQUIBB announced the death of Dr. Hiram Corliss and Dr. L. B. Cobb.

SPECIAL ORDER OF BUSINESS.

The resolution introduced at a former meeting by Dr. E. M. Moore, of Rochester, regarding the examination of medical students preparatory to receiving the degree of Doctor in Medicine, was to be the special order for the hour reached; but, owing to the absence of Dr. Moore, on account of the death of Dr. Dean, the committee was continued and the subject passed over until next year.

THE AUDITING COMMITTEE

reported that the Treasurer's account had been found to be correct.

Report adopted and committee discharged.

MISCELLANEOUS BUSINESS.

DRS. H. C. HENDRICK, F. D. BEEBE, and J. C. NELSON were appointed a committee to invite members of the regular profession, who were members of the Legislature, to attend the sessions of the Society.

Reading of papers being next in order, DR. WALTER B. CHASE, of Windham, read upon

LACERATION OF THE CERVIX UTERI AS A FACTOR IN UTERINE DISEASE.

The paper was discussed at length by Drs. Fordyce Barker, A. Jacobi, and H. T. Hanks, of New York.

DISTRICT SCHOOL HYGIENE.

DR. JEWETT, of Canandaigua, read a brief paper upon the above subject, which was referred.

HONORARY MEMBERS.

Communications from Dr. Louis Necker, of Paris, France, and W. A. F. Brown, of Dumfries, Scotland, acknowledging election to honorary membership, were read by the Chairman of the Business Committee.

The Society then adjourned, to meet at 8 P.M.

SECOND DAY.—AFTERNOON SESSION.

The Society was called to order at 8 P.M. by the Vice-President.

The first order of business was the reading of papers.

COMMITTEE ON HYGIENE.

DR. A. N. BELL, of Brooklyn, read a portion of the report of the Committee.

The report on hygiene, from the Medico-Legal Society of New York City, and presented by Dr. C. S. Wood, was called for, but no response was made.

DR. MAURICE PERKINS, of Schenectady, read a brief and valuable paper upon the

ESTIMATION OF UREA.

IMPROVED METHOD OF DETECTING LEUKÆMIA IN ITS EARLY STAGES, AND FOR ENUMERATING WHITE BLOOD-GLOBULES IN DISEASE GENERALLY.

DR. JOSEPH G. RICHARDSON, of Philadelphia, read an interesting paper upon the above subject, which will be published in a future number of the RECORD.

On motion, made by DR. N. C. HUSTED, the thanks of the Society was extended to Dr. Richardson for his

valuable scientific and voluntary contribution to the Transactions.

ISCHÆMIA OF THE RETINA.

Dr. Thos. R. Pooley, of New York, read a paper upon the above subject. It was discussed by Dr. Roosa, of New York.

Dr. Arthur Matthewson, of Brooklyn, read a paper on

DIAGNOSIS OF INTRA-CRANIAL TUMORS, WITH REPORT OF CASES.

MEMBERS BY INVITATION.

Dr. Bailey reported the following names of members by invitation:

Drs. C. E. Nichols and Wm. S. Cooper, of Troy; W. H. T. Reynolds, of Albany; J. L. Archambeault, of Cohoes; Mary Dubois and H. Burdell, of Albany, James D Jones, of Schenectady; James R. Leaming and E. D. Hudson, Jr., of New York; G. L. Ullman, L. C. B. Graveline, P. J. Keegan, S. A. Russell, and Thos. M. Trego, of Albany; and Eli Fox, of Mohawk, Herkimer.

HYDROBROMIC ACID.

Dr. E. R. Squibb, of Brooklyn, read a concise note upon the above subject.

Dr. Goodwillie, of New York, read a paper upon

THE SALIVARY GLANDS—SOME OF THEIR DISEASES AND TREATMENT; ILLUSTRATED BY WAX MODELS.

The history of a case in which a salivary fistula was healed, was reported.

Dr. Benedict, of Syracuse, reported a case of

INTUSSUSCEPTION, WITH SLOUGHING AND EXTRUSION OF A PORTION OF THE SMALL INTESTINE.

The woman recovered, and subsequently died, when it was found that separation occurred about nine inches above the ileo-cæcal valve.

Dr. Giberson, of Brooklyn, presented some

SURGICAL NOTES, WITH A CASE OF NERVE-STRETCHING IN SCIATICA.

The nerve was cut down upon, the finger passed beneath it, and sufficient lifting done to raise the body from the table. Recovery good. The case had resisted all ordinary treatment.

The surgical notes related to operations under the influence of nitrous oxide.

A somewhat lengthy discussion followed regarding the comparative merit of the different anæsthetics. It was participated in by Drs. Matthewson, Goodwillie, Roosa, Squibb, Wey, Wolcott, Benedict, and Giberson.

The Society then adjourned, to meet at 10 o'clock on Thursday morning.

Wednesday Evening.

After visiting Dudley Observatory, the members of the Society and invited guests were handsomely entertained at the Delavan House, by the Medical Society of the County of Albany.

Thursday, January 17th.—Third Day.

The Society was called to order at 10 A.M., by Vice-President Dr. A. L. Saunders, and prayer was offered by Rev. Wm. S. Smart, D.D.

The minutes of the previous day were read and approved.

Dr. Bailey, of the Committee on Arrangements, reported the name of Dr. M. G. Planck, of Schenectady, as member by invitation.

COMMUNICATION FROM NIAGARA COUNTY—ACTION OF THE SOCIETY WITH REFERENCE TO THE CODE OF ETHICS.

Dr. Squibb, from the Business Committee, announced the reception of a communication from Niagara County, which had inadvertently escaped notice at the last meeting of the Society. The communication contained a request that the State Medical Society should take action upon an accompanying resolution, for the purpose of declaring an authoritative decision regarding certain questions connected with the Code of Medical Ethics.

The resolution was as follows:

Resolved, That it is a breach of the Code of Medical Ethics, for a member of a county society which is entitled to send delegates to the State Medical Society, and who is in the *general practice* of his profession, to use upon his sign or bill-heads, or in advertisements, the words "Eye and Ear Infirmary," or "Oculist and Aurist."

Dr. Burr, of Binghamton, moved that the resolution in the communication be adopted as the sense of the Society.

Dr. Chapman, of Orleans, seconded the motion.

Dr. Squibb explained that the passage of the resolution simply affirmed the opinion of the Society, that such terms as those referred to should not be used by a member while in *general practice*.

Dr. Wm. H. Bailey, of Albany, moved to amend by striking out the words "general practice," believing that the use of such words as referred to in the resolution was wrong for the specialist as well as the general practitioner.

Dr. Cook called for the reading of the Code upon the point in question.

Dr. Squibb read sections relating thereto, and expressed the opinion that the words "Eye and Ear Infirmary" implied the *treatment* of *the poor gratis*, and that the words "Oculist and Aurist" referred to the treatment of *special diseases*.

The passage of the resolution was for the purpose of giving general information to the profession in the State, and was not the action of the Society upon a given case.

The amendment offered by Dr. Bailey was unanimously adopted; aff., 45.

The original resolution, as amended, was then unanimously adopted; aff., 46.

CENSOR TO THE UNIVERSITY OF SYRACUSE.

Dr. Wm. H. Bailey, as Censor to the University of Syracuse, presented his report, which was accepted, and ordered upon the minutes.

REPORT OF COMMITTEE ON NOMINATION.

Dr. E. R. Ferguson, Essex, Secretary of the Committee, read the following report:

For President—Dr. D. B. St. John Roosa, of New York.

For Vice-President—Dr. Judson C. Nelson, of Truxton, Cortland Co.

For Secretary—Dr. Wm. Manlius Smith, of Manlius, Onondaga Co.

For Treasurer—Dr. Charles H. Porter, of Albany.

For Censors—Southern District: E. R. Peaslee and E. Eliot, New York, and E. H. Parker, of Poughkeepsie. Eastern District: H. B. Whiton, Troy; J. L. Babcock, Albany; J. P. Sharer, Little Falls. Middle District: M. M. Bagg, Utica; G. W. Cook,

Otego; C. G. Bacon, Fulton. Western District: C. C. Wyckoff, Buffalo; H. Jewett, Canandaigua; C. Green, Homer.

Committee on Correspondence.—First District, T. A. Emmet, New York; Second District, D. Guernsey, Amenia; Third District, R. H. Ward, Troy; Fourth District, T. B. Reynolds, Saratoga; Fifth District, S. G. Wolcott, Utica; Sixth District, J. G. Orton, Binghamton; Seventh District, H. B. Wilbur, Syracuse; Eighth District, C. E. Rider, Rochester.

Committee on Prize Essays.—W. W. Ely and E. M. Moore, Rochester; T. F. Rochester, Buffalo.

Committee on By-Laws.—Wm. C. Wey, Elmira; Wm. Manlius Smith, Manlius; and Wm. H. Bailey, Albany.

Committee on Publication.—H. D. Didama and Alfred Mercer, of Syracuse; Wm. Manlius Smith, Manlius; C. H. Porter, Albany.

Committee on Hygiene.—E. V. Stoddard, Rochester; C. R Agnew, New York; J. G. Orton, Binghamton; M. H. Burton, Troy; D. Guernsey, Amenia; E. Hutchinson, Utica; H. Jewett, Canandaigua.

Permanent Members.—First District: John H. Hinton, J. R. Leaming, and D. B. St. John Roosa, New York, and C. H. Giberson, Brooklyn. Second District: Levi Lounsbery, Stone Ridge, Ulster Co.; P. R. H. Sawyer, Bedford, Westchester Co. Third District: F. B. Parmelee, Greenbush; J. C. Hutchinson, Troy. Fourth District: M. H. Ballou, Mechanicsville, Saratoga Co.; A. J. Long, Whitehall, Washington Co. Fifth District: J. K. Lanning, Fly Creek, Otsego Co.; H. G. Ducois, Camden, Oneida Co. Sixth District: G. W. Avery, Norwich; J. H. Chittenden, Binghamton. Seventh District: J. W. Palmer, Victor, Ontario Co.; W. W. Porter, Syracuse. Eighth District: James Chapman, Medina, Orleans Co.; Wm. Gould, Erie.

Honorary Members.—Clarkson T. Collins, Great Barrington, Mass.

Eligible to Honorary Membership.—L. Auguste Mercier, Paris, France; Christopher Heath and J. C. Bucknill, London, England; H. J. Bowditch, Boston, Mass.; J. S. Billings, U. S. Army.

DELEGATES.

To the Medical Society of the State of Pennsylvania.—G. L. Halsey, Unadilla, Otsego Co.; Wm. C. Wey, Elmira.

To the Massachusetts Medical Society.—H. P. Farnham and J. L. Banks, New York.

To the Connecticut Medical Society.—N. C. Husted, New York; E. M. Lyon, Plattsburg; R. F. Weir, New York.

To the Medical Society of New Jersey.—H. S. Crandall, Leonardsville, Madison Co.; J. C. Nelson, Truxton; Wm. Govan, Stony Point.

To the New Hampshire State Medical Society.—B. F. Smith, Mt. Upton, Chenango Co.

To the Vermont State Medical Society.—C. E. Nichols, Troy; W. H. Ballou, Saratoga Co.; A. J. Long, Washington Co.

To the Rhode Island Medical Society.—A. L. Saunders, Brookfield, Madison Co.; C. M. Allin, New York.

To the Canadian Medical Society.—J. N. Northrip, Albany; E. D. Ferguson, Dannemora, Clinton Co.; E. F. Edgerly, Port Henry, Essex Co.; B. F. Sherman, Ogdensburg.

To the Medical Society of the State of Ohio.—J. R. Pooley, New York; Wm. H. Leonard, East Worcester, Otsego Co.

Censor for the College of Medicine of Syracuse University.—J. S. Bailey, Albany.

Delegates to the American Medical Association.—C. S. Wood, T. Addis Emmett, J. M. Minor, and J. W. S. Gouley, New York; A. N. Bell, Kings; G. J. Fisher and J. Foster Jenkins, Westchester; E. H. Parker, Dutchess; M. H. Burton and R. B. Bontecue, Rensselaer; C. H. Porter, Albany; John P. Gray, Oneida; G. W. Cooke, Otsego; Theodore Dimon, Cayuga; Geo. Burr, Broome; H. Jewett, Ontario; H. C. Hendricks, Cortland; S. G. Wolcott, Oneida; Leroy McLean, Rensselaer; A. J. Long, Washington; J. Mortimer Craw, Jefferson; J. H. Chittenden, Broome; A. Van Der Veer, Albany; T. B. Reynolds, Saratoga; E. M. Moore, Monroe; J. C. Hutchinson and E. R. Squibb, Kings; E. Harris and Stephen Smith, New York; Wm. C. Wey, Chemung; E. R. Hun, Albany; T. F. Rochester, Erie; W. S. Ely, Monroe; A. Flint and F. H. Hamilton, New York; F. Hyde, Cortland; D. B. St. John Roosa, New York.

CERTAIN RECOMMENDATIONS.

The Committee on Nomination also recommended Drs. C. L. Stiles, of Tioga, and W. S. Cooper, of Rensselaer, as eligible to permanent membership.

On motion the report was accepted.

DR. COOK moved that the portion of the report relating to eligibility to permanent membership be laid upon the table.

DR. SQUIBB remarked that the effect of Dr. Cook's motion would be, if it prevailed, to omit the question from the report, and place it in a position from which it could be raised at any future time, if the Society so ordered.

The omission of this portion of the report was regarded as a simple compliance with the by-laws of the Society.

DR. COOK'S motion prevailed by a vote of affirmative thirty to negative nine.

On motion, the report, as amended, was then adopted.

On motion made by DR. COOK, the Vice-President was instructed to cast for the Society an affirmative ballot for the election of all the officers named in the report as amended.

MODIFICATION OF THE STATUTE.

The Business Committee moved that the Secretary and Treasurer be directed to procure such modification of the statute from the legislature as may be necessary to legalize the new mode of selecting permanent members by representation. Carried.

REGISTRATION OF VITAL STATISTICS.

DR. E. HARRIS, of New York, offered a resolution by the passage of which the Society encouraged a thorough registration of vital statistics throughout the State.

Reading of papers being next in order,

DR. L. D. BUCKLEY, of New York, read a valuable paper

ON DIET AND HYGIENE IN DISEASES OF THE SKIN.

Reference was made to the various kinds of food employed in feeding children, and to the different methods of preparation.

A QUESTION OF MEDICAL ETHICS.

In the paper mention was made of food prepared by "The New York Food Company."

DR. SQUIBB suggested that the name of the company should be omitted, inasmuch as the article of food prepared by them was patented. The simple omission of the name of the company was all that was necessary to relieve the Society of a technical

violation of ethics in accepting the paper as it was read.

Dr. Buckley thought the name could do no harm, and that it would aid the physician very much in obtaining a proper article of diet for children.

Dr. Mosher, of Albany, remarked, that if retaining the name would be of positive service in the treatment of disease, it should be considered as an incidental advantage, and be accepted.

Dr. Squibb remarked that the same question was involved as came before the Society two years ago, when in a paper bromo-chloralum was recommended in the treatment of diphtheria. The suggestion which he had made was not aimed at the company at all, but, in his opinion simply the retention of the name in the paper read would be a violation of the medical ethics of the Society.

The Vice-President, Dr. Saunders, opposed the retention of the name of the company, if the paper was to be accepted by the Society.

Dr. Mosher remarked that if our ethics stood in the way of having the best things possible for the cure of disease, it would be wisdom for the Society to so change its Code that we could have the best.

Dr. Squibb remarked that he thoroughly agreed that we should change the Code of Ethics, but that until such change was made we should not change our policy.

Dr. Hutchinson, of Oneida Co., remarked that he endorsed the suggestions in the paper, and should be sorry to see it refused admission to the transactions, but at the same time he did not wish to have the Society endorse either proprietary medicine or food.

Dr. Craig moved that the paper be referred to the Committee on Publications.

Dr. Mosher seconded the motion.

Dr. Squibb remarked that such a motion, if it prevailed, would throw the entire responsibility upon that committee, and thought therefore, it would be better to decide the question in the Society.

Dr. Bulkley signified his willingness to omit the name of the company from his paper, if it was the wish of the Society, and also the name "Nestlé," which had been used.

Dr. J. S. Bailey moved that, "As the sense of the Society, it would be wise to leave the names referred to out of the paper before it appeared in the transactions."

Almost unanimously carried.

The Business Committee *again* called for the paper by Dr. George T. Stevens, of Albany, but received no response.

REPORT ON SCHOOL HYGIENE FROM THE MEDICO-LEGAL SOCIETY OF NEW YORK CITY.

Dr. Squibb, of the Business Committee, remarked that the only remaining paper to be read was a report on School Hygiene, from the Medico-Legal Society of the City of New York.

The report had been presented by Dr. C. S. Wood, of New York, and set down to be heard in connection with other papers and reports upon the same subject. At the time that subject was under consideration, the report was called, but the gentleman who was to read it was not present. It had been called since, but Dr. Wood was not present, and he would therefore now volunteer to read the report himself, inasmuch as Dr. Wood had returned to New York.

Dr. E. Harris moved that the report be accepted, and that the thanks of the Society be extended to the Medico-Legal Society, through Dr. C. S. Wood. Carried.

Dr. Van Derveer, of Albany, presented a paper

ON A SUCCESSFUL CASE OF THE REMOVAL OF A UTERINE FIBROID THROUGH THE POSTERIOR WALLS OF THE VAGINA; AND ELECTROLYSIS IN THE TREATMENT OF UTERINE FIBROIDS BY MEANS OF CUTTER'S NEEDLES.

It was read by title and referred to the Committee on Publication.

Dr. Craig moved that the thanks of the Society be extended to Dr. Saunders for the courteous and dignified manner with which he had presided over its deliberations. Unanimously carried.

Dr. Stiles moved that the thanks of the New York State Medical Society be extended to the Albany County Medical Society for their handsome entertainment at the Delavan House on Wednesday evening. Unanimously carried.

The Secretary reported that 157 permanent members, delegates, and invited guests had been registered.

The minutes were then read and approved.

On motion made by Dr. Squibb, Chairman of the Business Committee, the Society adjourned, to meet on the third Tuesday in June, 1878, which meeting is to be held in the city of Albany, by a *quorum*.

Obituary.

EDMUND RANDOLPH PEASLEE, M.D., LL.D.,

NEW YORK.

Dr. Edmund Randolph Peaslee, the distinguished ovariotomist, died in this city, of pneumonia, Jan. 21st, and within one day of completing his sixty-fourth year. During the past few weeks he had been more than ordinarily driven in his professional labors, and, as a consequence, his general health began to suffer. Just preceding the attack of pneumonia of which he died, he was summoned to the central part of the State to perform an operation. Wishing to economize his time in order to meet other engagements, he rode by rail the whole of one night, performed the operation the following day, and returned the following night, having no rest for thirty-six hours. It would appear that this was beyond his strength, and pneumonia seized upon him at a time when, physically speaking, he was least prepared to meet it. He was ill for about a week, and was not considered in positive danger until within a few hours of his death, when he quietly and suddenly sank.

Dr. Peaslee was born at Newton, N. H., on Jan. 22, 1814. He was educated at Dartmouth College, and was graduated in the same class with Dr. Bartlett, the present President of that university, in the year 1836. He remained at Dartmouth as a tutor until the year 1839, when he entered the medical department of Yale College, from which he was graduated in 1840. During the following year he began the practice of his profession at Hanover, N. H., and also commenced the delivery of a series of lectures on anatomy and physiology at Dartmouth College. He became a professor of those two branches in 1842, and continued to hold that chair until the year 1870. In the year 1843 he was appointed lecturer on anatomy and surgery at Bowdoin College, and was professor of these branches of education during the period from 1845 to 1857, when he gave up anatomy, but continued to act as professor of surgery until 1860. Dr. Peaslee was appointed Professor of Physiology and General Path-

ology, in the year 1851, at the New York Medical College, and from 1858 to 1860 he accepted the Professorship of Obstetrics in the same institution. In the year 1856 the degree of Doctor of Laws was conferred upon him at Dartmouth—his Alma Mater. He was elected Professor of Gynecology at Dartmouth College in 1872, and at Bellevue Hospital Medical College in 1874. He was elected a Trustee of Dartmouth College in the year 1870. He took up his residence in this city in the year 1858, and since that time he has been engaged in the active and responsible duties of his specialty of diseases of women in general, but ovariotomy in particular.

Dr. Peaslee's communications to medical literature were numerous and varied. His tastes were, however, in the direction of surgery, and most of his communications in the different medical journals of the country were upon subjects connected with that department of the healing art. Finally, the circumstances of his practice developed a specialty for him of diseases of females, which, with his surgical tastes, naturally led to the higher walks of ovariotomy. For the latter operation he soon gained a well-deserved reputation, which, after the publication of his book upon the subject, became world-wide, and made him a recognized authority. It is unnecessary to say here what was the effect of the appearance of this work, stamping as it did the individuality of one of the most original workers in that particular line of study. His great success as a specialist was in no small degree due to the liberal and broad culture which prepared him for the place he was to occupy, and in his case particularly, it was the natural outgrowth of an earnest and faithful devotion to general practice. He published many valuable papers in this journal, which lately was his chosen vehicle for communication with the profession. Elaborate and valuable articles were also published from time to time in the *American Journal of Medical Sciences*, *American Medical Monthly*, *New York Medical Journal*, and the *North American Review*.

As a writer he was logical, terse, and convincing, having the rare faculty of bringing out the salient points of his subject in strong relief. As a speaker he was earnest and impressive rather than dogmatic and boisterous, and always carried his audience with him, the natural feebleness of his voice alone operating to his disadvantage.

With the exception of his treatise on Ovariotomy, which must be considered the crowning effort of his life, he published but one other work, that on Human Histology, in 1854. During his residence in this city he was honored with the following positions: President of the Pathological Society, President of the New York County Medical Society, President of the Academy of Medicine, President of the American Gynecological Society, Attending Surgeon of the New York State Woman's Hospital, Consulting Physician to the Strangers' Hospital, Corresponding Fellow of the Obstetrical Society of Berlin, Corresponding Fellow of the Gynecological Society of Boston, and honorary member of the Louisville Obstetrical Society.

As an operator he was bold, yet judicious. Always very careful in his diagnosis, when once his mind was settled regarding the feasibility of an operation, everything else bent to its accomplishment. In regard to the operation of ovariotomy, he was particularly careful of all details, insisting upon certain methods of preparation of the patient and of the operator, which were not observed by others. To these precautions he was inclined to attribute much of his remarkable success in some of the most formidable cases. Notably among the matters of treatment peculiarly his own, was the washing out of the peritoneal cavity in cases of suppurative peritonitis, a method of practice which his earnest advocacy succeeded in establishing.

In general appearance Dr. Peaslee was never robust, but, on the contrary, gave the impression of feeble health, which impression was heightened by his pale cast of countenance, thoughtful and solemn expression, and feeble voice. Still his health was always good, and he was capable of bearing an amount of fatigue from which young and stronger men would shrink.

Dr. Peaslee lived to make an impression upon his day and his generation, the world was made better and wiser for his having lived in it, and he has left behind him a name which shall be cherished by his professional brethren as one of the brightest on record.

Correspondence.

DEATH FOLLOWING VACCINATION.

To the Editor of The Medical Record.

Dear Sir:—The admirably penned report in your issue of December 22d, of a "Death following Vaccination," must have been read by many physicians with closest attention.

This recital of a sad ending, after the most careful use of bovine virus, will revive in many minds the old doubt as to whether bovine lymph does not sometimes beget an undesirable and even a hazardous degree of local action. It will suggest the inquiry whether in case of the abandonment, as now seems probable, of humanized virus, because of its conceded dangers when carelessly selected and used, the universal substitution of bovine stock may not have *its* drawbacks and dangers—dangers, too, that no precautions can wholly avert, as in Dr Hawes' case.

I have before me a circular written in the interest of an animal vaccine establishment, in which it is stated that "vaccination with animal virus certainly does not entail a risk of any greater degree of inflammation than is commonly met with in the use of an active humanized stock. . . ."

Though the observation of one man counts for but little, I have been led to question the correctness of the above statement. I have, in several instances, known severe local action to follow the use of animal virus. In one there was great swelling, extensive sloughing, and weeks of suffering. Had this occurred in a feeble child instead of a strong woman, it might have ended fatally.

I would like to know whether others have observed any difference, and especially whether any one has known a fatal result to follow the careful use of humanized lymph in a healthy child.

Wm. T. Plant, M.D.

Syracuse, N. Y.

Why Milk Sours During Thunder-Storms.—Dr. Malvern Iles, of Baltimore, as the result of numerous experiments, has arrived at the conclusion that the acidity of milk after a thunder-storm is due to the development of lactic and acetic acids, which, in its turn is due to the surrounding oxygen being converted, by electricity, into ozone. The development of the acids, of course, causes the precipitation of the casein.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from January 12 to *January* 19, 1878.

KINSMAN, J. H., Capt. and Asst. Surgeon. Ordered before the Army Medical Board, New York City, for examination for promotion, and, on completion, to return to his proper station. S. O. 9, A. G. O., Jan. 10, 1878.

CALDWELL, D. G., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Texas, to proceed to New York City, and, on arrival, report by letter to the Surgeon-General. S. O. 9, A. G. O., Jan. 10, 1878.

BENTLEY, E., Capt. and Asst. Surgeon. Ordered before the Army Medical Board, New York City, for examination for promotion, and, on completion, to return to his proper station. S. O. 9, C. S., A. G. O.

BARNETT, R., 1st Lieut. and Asst. Surgeon. Assigned to temporary duty at this Headquarters, in the office of the Medical Director. S. O. 8, Dept. of the Gulf, Jan. 14, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending January 19, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Jan. 12, 1878....	0	11	91	3	83	80	0
Jan. 19, 1878....	0	10	82	3	78	88	0

SPENCER WELLS.—Mr. Spencer Wells, the ovariotomist, has resigned his position as Surgeon to the Samaritan Hospital, London, and has been elected Consulting Surgeon. He is said to have performed ovariotomy in this hospital and private practice over nine hundred times. In four hundred and four hospital cases the deaths were ninety-nine.

MEDICAL MATTERS IN NEW YORK, BY AN OUTSIDER.—An amusing and piquant letter concerning medical matters in New York appears in the issue of *The Clinic* (Cincinnati, Ohio) of Jan. 12th. We commend its reading to such celebrities here as may be anxious to know how they impress casual visitors.

ALLEGED DEATHS FROM VACCINATION AT SHEFFIELD.—Inquests have recently been held at Sheffield on three children who have died soon after vaccination. From the medical evidence, it appears that death was caused in all three by erysipelas and bronchitis. The children were vaccinated by an unqualified assistant named Turner, in the employment of a Mr. O'Meara, who appears to be proprietor of a number of dispensaries in Sheffield, and in charge of one of these he had placed Turner. The jury returned a verdict against Turner in two of the cases, and he is committed for trial at the Assizes on a charge of manslaughter. The coroner passed some severe, though just, strictures on the loose way in which Mr. O'Meara conducted the practice of this dispensary, which he had practically entrusted to an unqualified assistant. As the evidence will be more fully and completely given at the Assizes, we shall reserve further comment till then.—*British Med. Jour.*

PREVENTION OF CATARRH.—A writer in an English contemporary states that he has been successful in warding off attacks of catarrh by the daily use of a grain of quinine.

MIXED PRESCRIPTIONS AND AMATEUR PRESCRIBING.—Mark Twain, in a recent number of *Belgravia*, declares that a certain skipper in the North Pacific has lost his faith in medical combinations: "There is something rotten about this medicine-chest business. One of my men was sick—nothing much the matter. I looked into the book; it said, 'Give him a teaspoonful of No. 15.' I went to the medicine-chest, and I see I was out of No. 15. I judged I'd get up a combination somehow that would fill the bill; so I hove into the fellow half a teaspoonful of No. 8 and half a teaspoonful of No. 7, and I'll be hanged if it didn't kill him in fifteen minutes. There's something wrong about this medicine-chest system that's too many for me!"

THE DOGMA OF HUMAN RESPONSIBILITY, more especially as it relates to inebriety, was ably considered by the Rev. J. Willett in a paper read before the Annual Meeting of the American Association for the Cure of Inebriates. Although he considers drunkenness a disease, he claims it to be both a voidable and a curable one; voidable by a proper exercise of that self-control which every individual should possess, but curable only by the use of a certain amount of restraint, for which residence in a hospital is necessary. The influence of an inherited appetite, Mr. Willett thinks, can scarcely be overestimated, and, as a proof of the evil effects of the disease, he quotes Dr. Dugas, of the Georgia Medical College, who says: "I do not hesitate to proclaim it as a law of almost universal application that three successive generations of drunkards will leave no issue. The third generation may have children, but not one of these will be reared."

A CASE OF ARSENICAL POISONING TREATED WITH DIALYZED IRON.—The following case is reported by Dr. T. B. Reed: Miss S. accidentally left in the pocket of her gown a paper of arsenious acid, which had been procured to kill rats. Some days after, she filled the same pocket with gumdrops and bonbons, and sat down to her work. She noticed an unusual quantity of white powder on her candy, but carelessly brushed it off without further thought. Probably an hour and a half passed in this way, when she suddenly became deathly sick, and was, at the same, time seized with an intense pain, feeling as if "she had had a pure mustard-plaster on the inside of her stomach." She now remembered the arsenic, and immediately endeavored to relieve her stomach with warm water. Failing in this, she hastened to the Doctor's office, who administered half a tablespoonful of dialyzed iron (Wyeth's) from a sample bottle on his table. This gave almost instantaneous relief, and the dose was repeated in ten minutes, then every half hour, and later, every hour during the day. There was no return of pain except some slight cramps in the lower bowel and limbs, and a dose of magnesia, mucilaginous drink, soft food, and an occasional dose of the iron completed the cure in a few days. In the pocket were found two gumdrops and one bonbon, all thickly covered with a white powder. This was carefully removed with a brush, and found to weigh $3\frac{1}{2}$ grains. The gum and sugar was then removed, and the remainder weighed $2\frac{1}{15}$ grains. This shows that a considerable amount of the poison must have been taken.—*Philadelphia Medical Times*, December 8, 1877.

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THE

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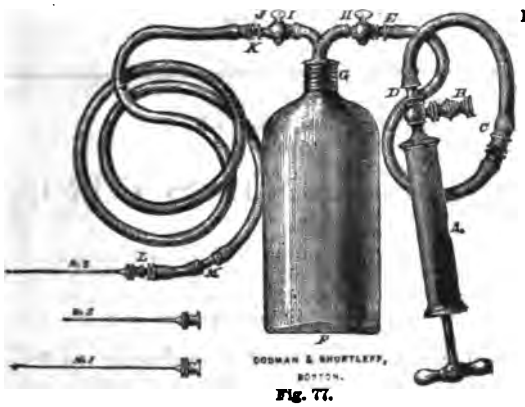
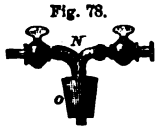


Fig. 68.

Fig. 77.

Fig. 78.



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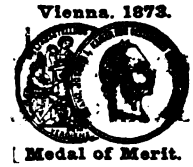
Vienna. 1873.  Medal of Merit.

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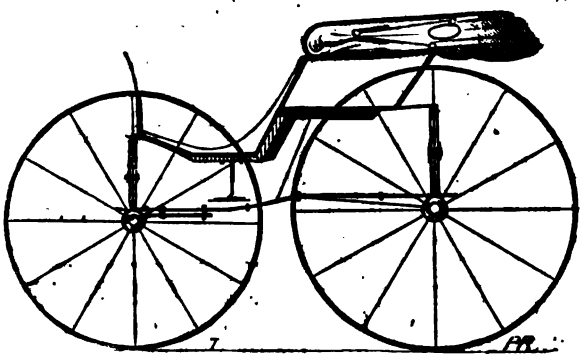

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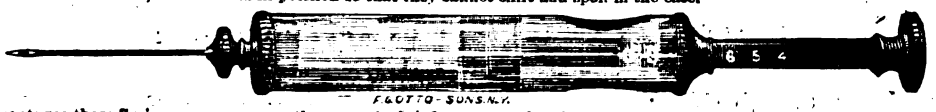

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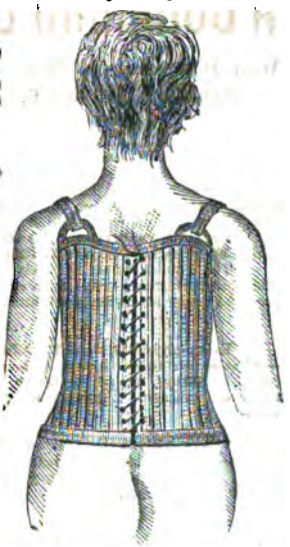

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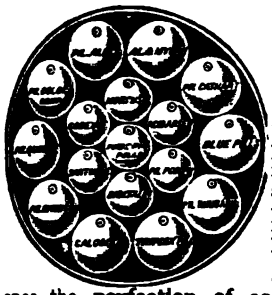

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DISEASES OF THE NERVOUS SYSTEM.

A Lecture Delivered in Bellevue Hospital Medical College, Dec. 1, 1877.

By C. E. BROWN-SÉQUARD, M.D.

(Reported for The Medical Record.)

SYMPTOMS DUE TO PARALYSIS CAUSED BY DISEASE IN THE CEREBELLUM (*continued*)—DISORDER OF MOVEMENT—RELATION BETWEEN THE CEREBELLUM AND THE SEXUAL ORGANS—GENERAL PARALYSIS—DISEASE IN ONE SIDE OF THE CEREBELLUM AND IN THE SIDE OF THE BRAIN OPPOSITE—PARALYSIS CAUSED BY DISEASE IN THE CRURA CEREBRI—EFFECT PRODUCED UPON THE THIRD AND UPON THE SIXTH PAIRS OF NERVES—EFFECT PRODUCED UPON THE OPTIC NERVE—EFFECT PRODUCED UPON THE TUBERCULE QUADRIGEMINA BY DISEASE IN THE CRUS CEREBRI—DISORDER OF MOVEMENT—THE CORPORA STRIATA AND THE OPTIC THALAMI—NOTE OF THE THEORY THAT A PART OF THE CORPUS STRIATUM POSSESSES THE POWER OF THE WHOLE—DIFFICULTY IN DIAGNOSIS OF THE CAUSE OF PARALYSIS WHEN THE LESION IS SITUATED IN THE CORPUS STRIATUM—SYMPTOMS OF HEMORRHAGE INTO THE CORPUS STRIATUM—SYMPTOMS OF DISEASE IN THE OPTIC THALAMI—CHANGE IN REFLEX FACULTY—PARALYSIS OF BLOOD-VESSELS—AMAUROSIS PARALYSIS CAUSED BY LESIONS IN THE CENTRUM OVALE.

Gentlemen:—In my last lecture I gave you the symptoms usually present when there is paralysis caused by disease in the cerebellum. I shall to-day conclude what I have to say relating to that question. You may remember I said that when there is disease in the cerebellum there is very frequently disorder in movements of the body, and I characterized that disorder as one similar to what is observed in the movements of a drunken man. Lately, Professor Carpenter, who for a long time admitted the view that the cerebellum is the nervous centre for muscular sense, has, in consideration of experiments published by Ferrier, which seem to show that the cerebellum is a centre for the movement of the eyes, modified that view and come to conclude that if disease in the cerebellum produces disorder in the movements of the body, it must be on account of the instability of the muscles of the eye. You can easily understand that a man whose eyes are constantly oscillating, sees things before him constantly in motion. In consequence of this you can easily understand that such a man will have the same disorder in his movements as he sees in objects which surround him. The peculiar agitation, however, which exists in cases of disease of the cerebellum cannot be explained in that manner, for, if it were true, we should find the disorder of movement ceasing as soon as the eyes are closed. Although it is so, in certain cases, yet in most cases of disease of the brain there is no pretence whatever that disorder of movements in the limbs, have the limbs as the centre of the trouble. Galvanization of certain parts causes movements of the eye, but it is believed that by far more frequently what is observed there is due to reflex influence. Just the same thing has been produced by tickling the soles of the feet, causing movements of the muscles of the face, but we do not conclude that the centre which governs the movements of the muscles of the face is in the sole of the foot, and the same method of reasoning leads us to deny that the part galvanized is the centre which presides over the movements of the muscles of the eye. After canvassing five or six hundred cases of disease of the cerebellum, I do not find mention made of any trouble in the eyes of the patient in a majority of them, and in most of the minority in which any mention was made with reference to the eyes, it was simply to say that there was no trouble there. It is only in a trifling number of the cases that there has been any eye trouble at all, and the trouble, when present, varies immensely. In some cases there has been strabismus in one or other of the eyes; in other cases, other troubles, so that we have seen the greatest variety of effects produced upon the eye in disease affecting the cerebellum. It is certain, however, that a peculiar disorder of movement is somewhat frequent in these cases.

There are two other peculiar features which have also been observed in disease of the cerebellum, as regards disorder of movements. These two features, frequently, are just the opposite, one from the other; just that, however, may come from disease in the same part of the brain. There are cases on record in which a deposit of tubercles in the same part of the cerebellum, the central portion on the left side and very nearly of the same dimensions, one of which was accompanied by a tendency on the part of the patient to run forward, and in the other a tendency to go backward. Indeed, as you find disease in the same place in the brain in an immense number of cases without such movements, you cannot admit that there is any peculiar power then to produce direct movement forward or backward, or sideways, for disease in the cerebellum may produce a rotary movement, as well as movements backward and forward. All these varieties of movement you can also find in connection with disease located in other parts of the brain; so you are not to look upon them as anything essential, although, perhaps, they occur more frequently with disease in the cerebellum than with disease elsewhere in the brain. Rotary movements form an exception to this rule, for they occur more frequently from affections of the pons varolii, just at the place where the crus comes into it, or in connection with disease in the crus itself, than in disease in the cerebellum. But other parts have that power; as disease of the suprarenal capsule has been known to produce rotary movement, and so has disease of the auditory nerve without organic disease in the brain, produced the same phenomenon. We have the remarkable case of the Duke of Wellington, who received at the hands of a quack an injection of a strong solution of nitrate of silver into one of his ears; the Duke rotated with great rapidity, and the man not being satisfied, repeated the injection the following day, and produced the same rotary movement of the body. Such a movement can be developed, therefore, not only by disease in the cerebellum, but by disease in many other parts of the nervous system.

RELATION BETWEEN THE CEREBELLUM AND THE SEXUAL ORGANS.

To continue what I have to say, I have to mention a fact which has been the subject of great discussion, and that is, the influence which, as has been supposed, the cerebellum exerts upon the sexual organs. It has been said that the cerebellum is the nervous centre which presides over sexual desire. Certainly there are cases in which, that organ being diseased, there has been loss of sexual power. At the same time, just the reverse may be true, and with inflammation affecting those parts, there may be an increase of sexual

power and desire. Inflammation affecting the cerebellum may cause either loss or increase of sexual power. Still more, examination of an immense number of cases brings us to the conclusion that there is no definite relation between sexual power and the cerebellum. For, an immense number of cases are found in which there was no change whatever in sexual power and desire, although the cerebellum was extensively diseased. There is upon record a most remarkable case, which goes to establish what I have been saying. It was a case in which there occurred the most important destruction of the cerebellum known; there was no trace of the cerebellum found at autopsy, and the pons varolii was very much diminished in size, due to absence of the fibres, which go into the cerebellum. In that case, if the cerebellum is the nervous centre that presides over the sexual organs, there would have been present phenomena which are quite different from what was developed, for the patient, a girl, was addicted to masturbation, to a most wonderful degree. We cannot say that her excessive sexual desire was due to irritation in the cerebellum, for that portion of the brain was entirely absent. In that case there was, on the one hand, an entire absence of the cerebellum, and on the other, there was constant sexual excitement. If the cerebellum is the nervous centre for the sexual organs, these two facts cannot be reconciled.

GENERAL PARALYSIS IN CASES OF DISEASE OF THE CEREBELLUM.

I pass now to other points relating to the cerebellum in connection with paralysis, and to one in particular, which is a most important point, as it relates to paralysis itself.

I have said that if the cerebellum has any function, at least which I know of, it is a producer of nerve-force. The only thing, I repeat, which, to my knowledge, is constant in cases in which there is considerable alteration in the cerebellum, is diminution of strength in all parts of the body without reference to the localization of the disease; it may be in one lobe or the other, upon the surface, or in the central part of the cerebellum. There is something like a general paralysis in cases of considerable disease in the cerebellum; but besides this the variety of localized paralysis which may be developed is extremely great.

PRESSURE UPON THE PONS VAROLII.

There is no doubt that, in most cases in which localized paralysis appears when there is disease in the cerebellum, it is due to pressure produced upon the pons varolii. In those cases the paralysis, almost invariably, is upon the opposite side of the body. You will find this particularly in cases in which the disease in the cerebellum is able to exert considerable pressure; it is especially marked where there is great hemorrhage into one lobe of the cerebellum, necessarily giving rise to pressure upon the pons varolii beneath it.

The same thing may occur in cases of considerable tumor in the cerebellum, producing pressure upon the pons varolii, and in these cases the paralysis is due to an effect produced upon the pons varolii in reality, and to an effect produced upon the cerebellum in appearance. But disease of the cerebellum certainly can produce paralysis. There are cases in which limited disease in the back part of the cerebellum has been accompanied by paralysis, either upon the same side or upon the opposite side of the body. There are cases in which slight softening in the cerebellum has been attended by localized paralysis, and certainly we cannot admit that in such cases the paralysis was due to pressure upon the pons varolii. All forms of localized paralysis may arise from disease in the cerebellum that can scarcely be supposed to exert pressure upon the pons varolii. There may be paralysis affecting the face, the tongue, or any part of the body. Still, as a rule, you will find hemiplegia, caused by disease in the cerebellum, existing without paralysis of the tongue or of the face. Now, if you have a patient stricken down with apoplexy, showing symptoms of hemorrhage into the brain, consisting of hemiplegia, loss of consciousness, difficulty of breathing, coma, etc., which generally accompany hemorrhage in the encephalon—if you have these symptoms, and you find there is no appearance of facial paralysis, no appearance of paralysis of the tongue; and if you find, after the patient has recovered from the first effects of the blow, that there is vomiting, amaurosis, or diminution of sight, and considerable headache, you can, with a great probability of being correct, say that there has been hemorrhage into the cerebellum. If the patient also has some disorder of movement accompanying his hemiplegia, you have another reason for believing that the disease is in the cerebellum.

DISEASE IN ONE SIDE OF THE BRAIN AND IN THE CEREBELLUM ON THE OPPOSITE SIDE.

There are other features which are extremely striking with regard to paralysis in connection with disease in the cerebellum. It has been pointed out by Andral that when there is disease on one side of the cerebrum, and also on the opposite side of the cerebellum, you are to look for paralysis upon the side corresponding with the disease in the cerebellum. This is true in nearly all the cases, whether there is softening or hemorrhage, or some other disease. There are exceptions, however, and I know of two such cases. In one of these there was a deposit of tubercles scattered in the anterior and middle lobes of the brain upon the right side, and also tubercles on the left side of the cerebellum; in this case there was paralysis upon the right side of the body, upon the side corresponding to the seat of disease in the cerebrum, contrary to the rule laid down by Andral.

When atrophy is found occupying a considerable extent of the large brain, you will almost always find some atrophy also in the cerebellum, but upon the side opposite to the seat of the change in the cerebrum. In the future you may perhaps be obliged to pay more attention to this fact than has been done in the past. Indeed, much which will be of interest will have to be found in the relation which exists between one-half of the cerebellum and the opposite side of the brain.

PARALYSIS PRODUCED BY DISEASE IN THE CRURA CEREBRI.

I now pass to the consideration of paralysis as it occurs in connection with disease affecting another part of the nervous system. This part, at the base of the brain, for what I have chiefly to say in this course of lectures, is full of interest. It is quite certain that the crus cerebrum upon one side is, according to the generally accepted theory, the only part which establishes a connection between the same side of the brain and the opposite side of the body. As there is no other channel of communication between the spinal cord and brain except through this narrow portion, what pathology there is with reference to this part is by far more important for the admitted views in science than that relating to any other part at the base of the brain. There is no possibility of escape as regards that part. It is a necessity according to the theory so generally and universally admitted that all the fibres which

serve for voluntary movement pass there; all those going from the right side of the brain to the left side of the body are in the right, and those from the left side of the brain to the right side of the body are in the left crus. What are the facts about this? In the first place I will say that, if the theory were correct, when there is disease located upon a small portion of that part of the brain, striking only a limited number of fibres, for instance, the outside fibres, you would always see paralysis limited to certain muscles of the body; to muscles of the arm, of the face, of the legs, one or both, or to the muscles of the arms or legs. But such is not the fact. There are many cases of disease located in one crus cerebrum in which a limited number of fibres were destroyed at the front part, at the back part, upon one side, or within the crus, and in all these instances, if paralysis has been present, it has affected nearly all the muscles, and generally upon the opposite side of the body. There is, therefore, for disease which has destroyed only a small number of fibres, by far more paralysis as regards extent than there should be. This objection is of very great importance. You may find, for there are such cases, that an arm is paralyzed by disease in the crus cerebrum, and the general belief is that the disease is so located as to destroy anterior or middle fibres in such cases. The arm, however, may be paralyzed, whatever the disease may be in the crus, and we generally find that the arm alone is paralyzed when the entire crus cerebri is destroyed upon one side. So there is no connection between the seat of the paralysis or its extent and the situation of the disease in the crus cerebrum, such as there should be if the universally admitted theories were correct.

Still more: there are cases of considerable disease, indeed, according to the statements of some writers, of complete destruction of the crus by abscess; for instance, as in the case of my friend, Prof. Jackson, of Boston, with complete absence of marked paralysis.

Still more: there are cases, recorded by good observers—indeed, four to my own knowledge—in which there was disease in the crus cerebrum upon one side, with paralysis upon the corresponding side of the body. So, with reference to these, as with reference to other parts of the brain, you may find that disease will be present either without producing paralysis, or that it will produce paralysis, both in degree and extent, which it should not; that it will produce paralysis upon either side of the body, when, according to the theory, it should *always* be upon the side of the body opposite to the seat of the disease in the crus.

But more than this: there are many cases upon record—five have occurred to my own knowledge—in which the crus cerebrum on both sides was in a great measure destroyed without producing any marked paralysis. From these last facts you must be led to admit what I have stated a number of times during this course of lectures is true, namely, that a few fibres are amply sufficient to establish communication between the centres of will-power and the muscles.

EFFECT UPON THE THIRD AND UPON THE SIXTH PAIRS OF NERVES.

The symptoms which accompany paralysis, caused by disease in the crura cerebri, are very interesting indeed, and very frequently can show where the disease is. As you well know, a large number of muscles in the eye are moved by the third pair of nerves. Disease in the crus cerebrum affects that nerve almost necessarily, unless the disease is in the back part of the crus, and there will be a certain amount of dilatation of the pupil, showing that there is paralysis of the constrictor fibres of that part of the organ. There will be strabismus, due to the persistent action of the sixth pair of nerves, drawing the eye outwards, and in consequence diplopia. There is besides, paralysis of the muscle which elevates the eyelid, producing ptosis. So, there is ptosis, strabismus, diplopia, and dilatation of the pupil existing in most of these cases. If the disease is in the back part of the crus, the third pair of nerves may escape injury.

It has been considered that the back part of the crura cerebri is the part through which the conductors for sensitive impressions make their way to the brain. That view is radically false, for there are many cases in which there has been destruction of that part without any trace of anæsthesia. There is one case of this kind upon record, in which there was hyperæsthesia instead of anæsthesia.

EFFECT PRODUCED UPON THE OPTIC NERVE.

But there are other features which may lead to diagnosis when disease exists in the crura cerebri, producing paralysis. As you know, fibres pass in this neighborhood which belong to the optic nerve, so that there is very frequently amaurosis, due to disease in the back part of the crus especially, and there may be present what has been described under the name of hemiopia, or loss of sight in one-half of each eye. So, you see, we have the symptoms for making a diagnosis in a number of these cases in which there is disease of the crus upon one side producing paralysis upon the opposite side of the body. Even when there is paralysis upon the same side, diagnosis may be made, although then it would be very difficult in most instances.

EFFECT PRODUCED UPON THE TUBERCULAR QUADRIGEMINA BY DISEASE IN THE CRURA CEREBRI.

When disease exists in the back part of the crura cerebri, there may be injury of the tubercular quadrigemina. These parts have been considered the centre for vision. Certainly they have a great influence upon vision, but disease can exist there without marked amaurosis, or hemiopia, directly. If there is amaurosis, it may exist either upon the corresponding side, or upon the opposite side, or it may exist in both eyes. As a rule, the amaurosis will be upon the opposite side; the hemiopia either in both eyes, or in one eye, but chiefly in the eye upon the opposite side. Unfortunately for the sake of diagnosis, the variety in these symptoms, which may be present in cases of disease of the brain, is extremely great. Still, by a complete analysis of the phenomena observed, diagnosis can be made.

DISORDER OF MOVEMENT.

When the tubercular quadrigemina are involved there will frequently be present a disorder of the movement something like that seen with disease in the cerebellum, although by far less marked. The kind is detected chiefly by asking the patient to close the eyes, when, if due to strabismus or diplopia, you will find that he can stand firmly upon one foot. This is also present with disease in other parts of the brain, but is more marked when the disease is in the tubercular quadrigemina than elsewhere. It is more marked when the disease is at the base of the brain than when in other parts, but most marked when the disease is at the level of the tubercular quadrigemina. It is this which has led physiologists to conclude that the tubercular quadrigemina is the centre for muscular sense. The centre is not there evidently, as we find disease in those parts without producing any lack of

power in balancing the body or in giving direction to its movements.

THE CORPORA STRIATA AND THE OPTIC THALAMI.

We will now pass to the study of other parts of the brain. As you well know, there are two large ganglia, which, part of one, and the whole of the other, protrude into the lateral ventricle of the brain. One, the corpus striatum, is divided into two distinct parts called the intra- and extra-ventricular. Prior to the time of the experiments of Fritsch and Hitzig, the intra-ventricular portion of the corpus striata was considered as the voluntary motor centre. Again, I have to dissent. For, disease in the intra-ventricular corpus striatum, which was believed to be employed in moving muscles, if it produced irritation, would produce convulsions frequently. But there is no part of the brain which has so little power in producing convulsions as the corpus striatum, especially its intra-ventricular portion. This is a decisive fact against admitting that that part is a voluntary motor centre or that it is a centre in connection with others which are admitted to exist in the convolutions of the brain. According to the new views the corpus striatum has not been altogether disposed of. With reference to its function, however, the absence of convulsions when it is irritated by disease is a decisive fact. The facts also with reference to paralysis in connection with disease in the corpus striatum are quite decisive. For there is almost complete, and, in some cases, entire destruction of the corpus striatum without producing a marked paralysis. There is certainly no relation between the extent, degree, and duration of the paralysis and the lesion in the corpus striatum. There are cases in which disease in the corpus striatum has been exceedingly limited in the front part of that organ with complete and persistent paralysis upon the opposite side up to the time of death. The facts, therefore, are quite in opposition instead of being in harmony with the admitted theory regarding the function of this part of the brain. My friend and former assistant, Dr. J. Hughlings-Jackson, holds the view that a small portion of the corpus striatum can perform the function of the entire organ. He knew perfectly well, for he had seen such a case, that if the greater part could be destroyed without producing paralysis, the smaller part could possess the power of the whole, and therefore brought forward the hypothesis. This is a possible thing; but when we find that the entire organ is diseased, without producing paralysis, there is an end to the theory. Still more, we may find disease in both intra-ventricular corpora striata at the same time, without being accompanied by any marked paralysis. This has occurred in more than one case. Although, one case well established would be sufficient, and there are many such cases in which disease more or less complete, has occurred in those two parts at the same time, without producing marked paralysis. The fact that the corpus striatum has no special signs by means of which we can say that paralysis arises from disease in that part of the brain would seem to make the question of diagnosis extremely difficult.

But the diagnosis can be made in this manner.

SYMPTOMS PRODUCED BY HEMORRHAGE INTO THE CORPUS STRIATUM.

In the first place, we will study the effect produced by hemorrhage in that part of the brain, for hemorrhage into the corpus striatum is by far more frequent than hemorrhage in other parts of the brain. There is no part, except, perhaps, the optic thalamus, in which hemorrhage occurs more frequently than into the corpus striatum. There is another exception, yet it can scarcely be called such, and that is hemorrhage between the corpus striatum and the optic thalamus; there are several such cases. The occurrence of miliary aneurism, described by Charcot, is extremely common in the blood-vessels in these two ganglia, and also in the blood-vessels between them, and it is this fact probably which accounts for the frequent occurrence of hemorrhage in those parts. If you have to deal, therefore, with a case of paralysis upon one side of the body with symptoms intimating the occurrence of hemorrhage in the brain, there is a great probability that it has taken place in the corpus striatum, or in its immediate neighborhood. But there are other ways of making a diagnosis; The symptoms previously mentioned and dependent upon paralysis of the third pair of nerves; the existence of amaurosis and disordered movement, the patient showing either a tendency to turn around or to go forward or backward. All these symptoms are by far less frequent, however, when the disease exists in the corpus striatum; vomiting may be present, but occurs less frequently, and also hyperæsthesia, which occurs very frequently with disease in the base of the brain, will be absent in almost every instance of disease in the corpus striatum. So that by passing in review all the symptoms which you know to be very frequent, when disease is in the base of the brain, and knowing that disease in the corpus striatum does not usually produce them, you will be able to arrive at a reasonable conclusion that the disease is in that part. If you add that the patient has had no convulsion, you will have another reason for locating the lesion in the corpus striatum, and this leads me at once to speak of the symptoms accompanying disease in the optic thalamus, for they differ immensely from those which accompany disease in the corpus striatum.

SYMPTOMS OF DISEASE IN THE OPTIC THALAMI.

Disease in the optic thalamus very frequently indeed produces convulsions. The optic thalamus is perfectly able to produce paralysis, and this is an important point against the views so universally admitted by physiologists and physicians. For, the optic thalamus has not been considered by any one as being the seat of the will power for any voluntary movements; and yet hemiplegia, or other kind of paralysis, appears just as frequently from disease in the optic thalamus as from disease in the corpus striatum. We have here again a very clear reason against admitting that paralysis is developed in cases of brain disease because of destruction of nerve-centres in any part of the organ.

The paralysis caused by disease in the optic thalamus has features which are most interesting. There is almost always, in cases of disease in the optic thalamus, change in the reflex faculty. In the paralyzed limbs, or if but slightly paralyzed, reflex irritation disappears or is very much diminished, or just the reverse may be present; that is, considerable increase of reflex movements.

Another important feature is frequent paralysis of blood-vessels upon the opposite side of the body, when there is disease in the optic thalamus. Not that I consider the optic thalamus as the centre for the vaso-motor system, but the fact exists, and is important for diagnosis.

This is the reverse of what you very frequently find in cases of disease of the pons varolii. In disease of the pons varolii very frequently the limbs upon the opposite side of the body are extremely cold, and it

requires considerable destruction of the pons for the reverse to be observed. In disease of the pons varolii, instead of having paralysis of the vaso-motor system, there is excitation and consequent contraction of the blood-vessels and diminution of temperature on the side of the body affected.

The optic thalamus is certainly a most interesting organ to study, and I wish I could dwell at length upon its significance in disease.

But there are other features which are extremely remarkable. The optic thalamus, although it is not the centre for vision, is very frequently, when diseased, the cause of amaurosis Still more, it is very frequently the cause of loss of all the senses upon one side, and almost always, but not always, as there are exceptional cases, the loss of senses is upon the opposite side. The optic thalamus acts much in the same manner as the trigeminus nerve. You know it was shown long ago by Magendie that, when the trigeminus nerve is divided, there is loss of the special senses upon the corresponding side. The action of the thalamus differs from that of the trigeminus, but it resembles it inasmuch as there has been observed alteration of nutrition and change in structure of the eye similar to that caused when there is disease of the trigeminus. This change in structure of the eye has been observed in two cases in which there was disease in the optic thalamus to my knowledge, and probably there are more upon record.

The optic thalamus, or at least a part in that neighborhood, has been considered by many physiologists as the centre for perception or sensation. This is absolutely wrong, and some of the more recent observers have given up that view. I will say, as regards the pretended passage of these fibres conveying sensitive impressions, that those fibres which go from this part to the posterior lobes of the brain, are, almost every day, found destroyed without producing anæsthesia at all. So if these are facts which seem to show that there are fibres, passing through the internal capsule, which serve to convey sensitive impressions, the destruction of those fibres does not produce phenomena which are in harmony with the requirements of the theory.

PARALYSIS PRODUCED BY LESIONS IN THE CENTRUM OVALE.

I now pass to other parts of the brain, and let us first study the effects produced by lesions in the radiating white fibres which go to make up the centrum ovale, or the white matter of the cerebral lobes. Those parts can produce paralysis, and the paralysis produced by lesion there can be just as great as paralysis produced by lesion in any other part of the brain. A lesion occupying the most distant parts of the brain, either in the posterior, the middle, or the anterior lobes, can produce paralysis. There is in that fact evidence quite clear and quite abundant against the view which I am fighting. We find that disease in any part of the centrum ovale can produce complete paralysis upon the opposite side of the body. If that alteration is limited in the posterior, the middle, or the anterior lobe, how can it be that all the voluntary motor fibres are destroyed in such a limited part of the brain? This certainly cannot be admitted. When the disease is located only in a small part of the white matter of the brain, we cannot reconcile the fact which follows with the requirements of the theory. There should be only a simple localized paralysis—a slight degree of paralysis; but, on the contrary, we find that complete hemiplegia occurs, which is persistent from disease in those parts. The reverse also is found, and an entire, or almost entire, hemisphere has been destroyed without producing any marked paralysis. In collecting facts we have found a series which show that either paralysis or convulsions may exist either upon the corresponding side or upon the opposite side. The paralysis exists almost always upon the opposite side; in some cases, perhaps one out of three hundred, it will be found upon the same side. Not so, however, with convulsions, for when the white substance of the brain is diseased you will find them upon the corresponding almost as frequently as upon the opposite side. It is due to irritation only that such convulsions are present.

THE TREATMENT OF FRACTURE OF THE SHAFT OF THE HUMERUS.

CLINICAL LECTURE DELIVERED IN BELLEVUE HOSPITAL,

BY FRANK HASTINGS HAMILTON, M.D.

(Reported for THE MEDICAL RECORD.)

GENTLEMEN:—I will occupy a portion of the hour to-day in discussing the subject of fracture of the shaft of the humerus. Please remember that I confine my remarks to fracture of the shaft of the bone, the same as when speaking of fracture of the shaft of the femur, and make no allusion whatever to fracture near to or involving either the upper or the lower extremities of the bone. It is in the humerus, more frequently than elsewhere, that we find ununited fracture. Next in point of frequency, ununited fracture occurs in the femur. The position of this bone is quite analogous to that of the femur; that is, it is the upper bone of the upper extremity, and it stands alone, having no other bone attached to it, as does also the femur in the lower extremity. The positions of these two bones, then, are in many respects alike, but there are important points of difference.

TO OVERCOME THE SHORTENING.

In case of fracture of the shaft of the femur, the greatest difficulty in the way of treatment is to overcome the tendency to shortening.

There are two reasons why, in case of fracture of the shaft of the femur, this tendency should be the first object of attention, while, in case of fracture of the shaft of the humerus, it may be considered as secondary. First, the femur is one of the main bones of the extremity upon which we walk, and any considerable shortening will cause a halt in the gait. In case of fracture of the humerus, the shortening that occurs with ordinary treatment is of no importance, because unless revealed by careful measurement, the patient will know nothing about it.

In the second place, in case of fracture of the femur we have a muscular force to deal with which is immensely more powerful than that which is brought into action in case of fracture of the humerus, hence the tendency to shortening is so much the greater in the former case. Indeed, I may say at once, that this indication in the treatment of fracture of the humerus, namely to prevent shortening, is unimportant. The patient will not recognize it, if it occurs, and I am not quite sure but that the bone unites a little more completely and certainly because of the fact that the fragments do overlap. Nevertheless, surgeons have endeavored for a long time to devise some dressing which should overcome such tendency.

(Several splints were exhibited, but their inefficiency was demonstrated by pointing out the fact that they could not have sufficient purchase upon or attachment to the arm to make adequate extension and counter-extension.)

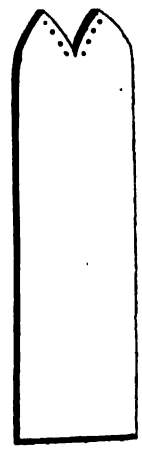
My friend and colleague, Dr. Stephen Smith, has lately treated a case in this hospital by continued extension, which I was permitted to see in the course of the treatment. I brought the patient before you at the last clinic, and we found the arm united, straight, and lengthened about half an inch. I think the lengthening was due to the relaxation and stretching of the ligaments about the shoulder-joint. The case was exceptional and the treatment was exceptional. It was a compound fracture of the shaft of the humerus, and no lateral supports could be applied. So the doctor laid him on his back in bed, his arm resting on a pillow, and with adhesive strips, a cord and pulley, supported by an upright fixed to the side of the bed, extension was made, the counter-extension being the weight of the body. You see, however, that this rendered it necessary that the patient should remain on his back, in bed, for several weeks, a method of treating a fracture of the humerus which no one would submit to for the purpose of preventing a little shortening.

Dr. Clark, of St. Louis, has devised another method of keeping up extension, and it is to suspend a weight from the lower portion of the humerus, while the patient maintains the sitting or standing position. Only a very moderate weight is required to keep up the amount of extension requisite to overcome the tendency to shortening. But you can easily understand that this apparel does not permit the patient to lie down, while the apparel employed by Dr. Smith does not permit him to get up. Practically, therefore, these methods of making extension here have very limited application, but inasmuch as extension and counter-extension are not necessary, the shortening which follows this fracture having no practical importance, it is not necessary to resort to any device for the purpose of overcoming that tendency.

TO MAINTAIN THE FRAGMENTS AT REST AND IN LINE.

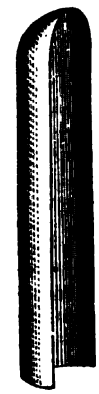
I have next to call your attention to what, in the case of this bone, I consider the most important indication of treatment, namely, to keep the fragments quiet and in line. I speak of the means for keeping the fragments *quiet;* first, because this is the bone which more frequently remains ununited than any other in the body. A certain kind and amount of motion is not incompatible with prompt union, but a *to and fro* movement between the fragments *seldom* or *never fails to prevent union.* The difficulty in this form of fracture is that there is a tendency to the production of this kind of motion; and this tendency is not restrained by the ordinary, and what has been regarded as the best, method of treatment. When the forearm is placed at a right angle with the arm and some form—an angular splint, for example—of retentive apparatus employed to secure immobility at the elbow-joint, the elbow-joint will soon become more or less anchylosed; but in spite of the splint, the patient will give more or less of motion to the hand and forearm every time he lies down and gets up, for he is constantly supporting the hand sometimes higher, sometimes lower, and all these slight movements do not terminate at the elbow-joint, but are transmitted through it to the upper end of the lower fragment, causing at this point a to and fro movement. It places the arm and forearm in an awkward position to dress them on a long, straight splint, and then permitting the whole arm to hang beside the body, and I do not advise it, because I think you can secure the requisite immobility of the fragments in a much easier manner. I have never seen a case in which the fracture has failed to unite when dressed in the manner which I am about to describe. A splint is constructed which reaches from above the top of the shoulder down to, but not overlapping, the condyles of the humerus. This splint may be made of leather, gutta-percha, felt, etc. It is made cup-shaped at the top so as to cover the point of the shoulder, simply for the purpose of preventing it from sliding down. The splint should be moderately padded with cotton, and then covered with cloth. The main object of the covering is to furnish something to which the bandages can be fastened by the aid of a needle and thread. No other splint is necessary absolutely, but I use a short splint, well padded and covered, and placed upon the inner surface of the arm simply to keep the bandages from cutting into the axilla and delicate skin on the under side of the arm. The top of the long splint rests against and over the head of the humerus; it is bound about the limb by successive turns of a roller-bandage, and is the essential splint; the short splint is applied simply for the purpose mentioned, and the dressing is complete.

FIG. 1.



Pattern of Long Splint, *from Hamilton's Treatise on Surgery.*

FIG. 2.



Same complete.

But you may ask why do you omit to bandage the forearm? First, because it is useless. Second, it is almost impossible to apply a bandage so equably as not to obstruct the circulation at some point, and especially about the elbow-joint. With the bandage on, if the arm is a little straighter, it is loose, if it is a little more flexed, it is tight. Third, it is exceedingly liable to get disarranged, and prove a source of annoyance rather than of comfort to the patient. Having omitted it, I have found that the limb does not swell if the bandages about the arm are not applied too tight. If the hand and forearm are inclined to become swollen, the patient can lie down for a few hours. Practically, I have no difficulty whatever in omitting the bandage for the hand and forearm. I omit the angular splint. Because the splint increases the stiffness of the joint, and I desire that the patient shall move the joint, not violently, but that he may feel at liberty to move the joint and lift the hand as he chooses. But can we keep the fragments in place if we omit the angular splint? I can simply give you the result of my experience. During the past fifteen years I have not used any dressing for the forearm while treating a fracture of the humerus, and, as already stated, I have not in a single instance failed to secure prompt union. The main reason why I leave

the elbow-joint free is to prevent non-union. The moment the elbow-joint becomes stiff, no matter how produced, movement will occur at the seat of fracture; the upper end of the lower fragment receives the motion transmitted to it from the forearm and hand through the stiffened elbow-joint. I have seen many cases in which non-union of this bone has taken place where the angular elbow-splints were employed, but none in which the method I have now described was employed. I have also reported three cases in which union being greatly delayed, it has been speedily brought about by putting the whole arm and forearm in a straight splint, and permitting it to hang beside the body, in the manner described in my Treatise on Fractures and Dislocations. Do not omit to cover both splints with cloth, for this simple apparel will be sure to be displaced unless the bandages and the splints are firmly stitched to each other. The bandage need not be carried higher than the margin of the axilla, because above that point it is impossible for it to get any hold upon the upper fragment; the splint, however, gets hold of the fragment, unless the fracture is at the surgical neck or higher. It is thought by some to be necessary to carry the bandage over the shoulder and through the axilla upon the opposite side; this looks very well, but it possesses no value whatever.

I have omitted to say that, having secured the splints in place, bring the arm against the side of the body, and secure it to the body with two or three turns of a roller-bandage, carried horizontally around the arm and body. This should also be stitched to the splint. Let there be no pressure of the bandage in the axilla or at the bend of the elbow. The hand is then placed in a sling, but the patient is at liberty to take it out, and move the elbow whenever he chooses. From day to day the splints must be examined, and if the arm shrinks, and they become loose, it is not necessary to open the dressings and renew them, but they can be tightened by overstitching, taking in a fold of the bandage. This must be attended to faithfully. And again I repeat, if it swells below the elbow, as it may do in exceptional cases, let the patient lie down.

(Two patients were then shown with fracture of the shafts of the humerus dressed in the manner above described.)

Dr. Hamilton concluded by saying that fractures through and above the surgical neck, and in the neighborhood of the elbow-joint, would be considered at another time. The latter of these generally demanded the use of an angular splint.

A case was then shown of dislocation of the shoulder-joint, but in which a suspicion was entertained that it was complicated with a fracture. Treatment was reserved. The clinic was then closed with an operation for hare-lip.

Leipsic.—Dr. Ernst Wagner has been chosen to succeed Wunderlich in the University of Leipsic. He has been relieved from his previous duties and made Professor of Special Pathology and Therapeutics, and Director of the Medical Clinic.

Conviction of a Quack in the Benange.—Charlatanry in the Gironde has received a cruel blow in the person of one of its most powerful high-priests. In spite of a life of devotion to empiricism, in spite of numerous attestations and certificates, the Sieur Bissière, the "good genius" of the Benange, was condemned to six months' imprisonment and a fine of 1,000 francs. The conviction was largely due to the efforts of the *Comité de Défense Professionelle*.

Reports of Hospitals.

NEW YORK HOSPITAL.

Notes of Practice and Peculiarities of Treatment.

The following cases were recently noted in the service of Dr. H. B. Sands, Attending Surgeon:

COLLES' FRACTURE OF THE RADIUS.

The patient, a man of 24, slipped on a banana-skin and fell, striking on the palm of the hand. The deformity was easily reduced, and an antero-posterior splint was applied. Later, the Morris treatment was adopted. Two bandages, three inches in width and rather loosely rolled, were placed on either surface of the forearm, over the seat of fracture, and maintained in place by a broad strip of adhesive plaster, making sufficient compression to keep the fragments in position. The result was satisfactory.

FRACTURE OF PATELLA.

The injury was the result of muscular contraction, in the effort of the patient (aged 42) to save himself from falling on being roughly assaulted in the street. The fracture was transverse, and was accompanied by a good deal of swelling. At first, a posterior splint was applied, and a lotion of muriate of ammonia with equal parts of water and alcohol ordered, and it was found that the separation of the fragments was not so great as at first, being now less than ¼ inch. Tilford's strap-and-buckle apparatus was then applied, and the limb placed on a high inclined plane. After that the strap was tightened little by little until the separation was hardly perceptible, and at the end of a month a posterior plaster splint was applied. In three weeks more the patient was allowed to get up, and shortly after that the splint was removed. In two months from the time of admission the strap-and-buckle apparatus was also removed and an elastic knee-cap applied, and two days afterwards he was discharged cured. A second case was also treated with equal success in the same manner.

MULTIPLE FRACTURE OF TIBIA.

The patient was a sailor, and the injury was caused by his being thrown violently down among some chains by a heavy wave which swept over the deck. He also sustained a dislocation of the humerus. The leg was found to have been fractured in two places, the middle third being separated. The deformity was very noticeable, and all attempts at reduction proved futile. It was treated by means of the fracture-box, and there was an inch and a half shortening. The common treatment for fractures of the tibia and fibula was noted to be the fracture-box, afterwards followed by the plaster-of-paris bandage, and excellent results were commonly obtained.

FRACTURES OF THE FEMUR

were treated either with the plaster-of-paris splint or with Buck's extension apparatus, with Volkmann's sliding contrivance for keeping the foot straight, and ordinarily a long external splint. One case, in which a plaster-of-paris bandage was employed, left the hospital doing well while still wearing the splint.

FRACTURE OF HUMERUS—FRACTURE OF RIBS—RUPTURE OF SPLEEN.

The patient, a female of 33, fell from the paint platform of the Olympic Theatre to the stage below, a distance of over thirty feet. On admission she was in great agony, suffering from pain in the arm and all the way down the left side, with difficult respiration. Examination revealed fracture of the left humerus in its upper third, but, owing to the patient's condition, the examination was not very thorough. The arm was simply put up in a coaptation splint and kept quiet. The pain in the side and interrupted breathing were easily accounted for by a fracture of the lower five or six ribs, some of them being apparently broken in several places. Broad straps of adhesive plaster were tightly drawn around the chest, and great relief was thus afforded. Owing to the suffering of the patient, the examination of the pelvis was necessarily incomplete, but the point of greatest pain seemed to be over the tuberosity of the left ischium. Motion at the hip-joint was unimpaired, though somewhat painful. During the night 75 minims of Magendie's solution were administered hypodermically without affording much relief, and brandy was given both by the mouth and rectum. She vomited at frequent intervals, and her condition was at times very critical. On the day following she was considerably more comfortable and in better condition generally, but one day later symptoms of peritonitis showed themselves, and four days from the time of admission she died. The autopsy revealed a comminuted fracture of the upper third of the left humerus and fractures of five ribs on the left side, one or two of them in two places. There was hypostatic congestion of the lower lobes of both lungs and a rupture of the spleen, with effusion of blood into the peritoneal cavity. There were no signs of peritonitis, but well-marked evidences of chronic parenchymatous nephritis.

COMPOUND FRACTURE OF TIBIA AND FIBULA—LISTER'S DRESSING—DEATH.

The patient was injured by a fall from his wagon, together with a kick from the horse at the same time. On admission there was diagnosed a compound comminuted fracture of the right tibia in its upper third and a simple fracture of the fibula, with an opening about half an inch in diameter leading down to the bone. The hemorrhage was very free. Three hours after the receipt of the injury the limb was put up in Lister's dressing, the wound, having been previously injected with a solution of carbolic acid of the strength of one part to twenty. After that the dressing was changed about every three days. The leg continued very much swollen and œdematous, but there was no elevation of temperature. On the 16th day it was noticed that there was a great deal of redness around the wound, when the dressing was again changed. The next day the swelling continued undiminished, and the redness had extended up to the thigh. The dressing was again removed. On the 18th day the spray was discontinued, the antiseptic treatment in all its details being no longer thought applicable. Six days afterwards, the injury having done badly, the Lister dressing was abandoned entirely, and the leg hung in a sling while poultices were applied. At this time there were noticed cough and rusty expectoration, and on examination it was found that there was dulness on percussion, with bronchial breathing on the right side of the chest. Shortly afterwards a typhoid condition was developed, and the patient died one month and two days after the accident.

HYDROCELE—OPERATION FOR RADICAL CURE.

Twelve months previous to admission the patient (aged 20) noticed a gradual enlargement of the scrotum on the left side, proceeding from below upward, painless, and unattended with any constitutional disturbance. It increased slowly, but never attained any great size. The inguinal canal was found to be empty, and the cord, with the elements thereof, distinct. There was fluctuation, translucency, and dulness on percussion. The tumor being tightly grasped above by the left hand, a small incision was made in the integument, and a trocar and canula plunged in. About four ounces of clear, amber-colored fluid were evacuated, which showed an abundant deposit of albumen under the ordinary tests. One drachm of undiluted tincture of iodine was then injected, the injection being followed by very severe pain for about an hour, when it gradually subsided. Within ten days the patient was discharged convalescent.

RECURRING SARCOMA IN STUMP AFTER AMPUTATION OF LEG—REMOVAL.

The amputation, in the middle third of the leg, was performed by Dr. Sands in January last at the Roosevelt Hospital, for malignant disease, which had existed for seven years previously. The stump healed in six weeks, and the patient, a female of 48, remained perfectly well for nine months. About four weeks before admission she felt a sharp pain in the stump, and on examining it she discovered a small nodule similar in character to the one that preceded the former growth. At the time of admission her general health was excellent and her appetite good. Situated in the dependent part of the stump was found a tumor, which was hard, distinctly circumscribed, about one and a half inches in diameter, and not painful or sensitive to the touch. The skin moved freely over it. An incision was made in the line of the old cicatrix and the tumor dissected out. There was very little hemorrhage, and the edges of the wound were brought together with catgut sutures. It was dressed with a layer of gauze and borated cotton, covered with gutta-percha tissue, held in position by a bandage. In two weeks the patient was discharged cured, there having been no elevation of temperature at any time.

THROMBOSIS OF VULVA.

The patient, while engaged in washing, slipped and fell over the wash-tub, causing a severe contusion of the vulva. Swelling began immediately, and on the following day a severe hemorrhage took place. She did not apply for treatment until five days after the injury, and in the meanwhile had lost a great deal of blood. On admission the vulva was found to be œdematous and greatly swollen, and there was a large lacerated wound on the left side, about three inches in length, and filled with clotted blood. The clots were turned out and the wound dressed with salicylized jute, after which the patient made a good recovery.

CHANCROID.

The following treatment has been found serviceable in a considerable number of cases. First, salicylic acid in powder is sprinkled over the sore, and then the following wash is applied:

℞. Acid salicylic,
Sodii borat..... ää gr. xv.
Glycerinæ..... fl. ʒj.
M.

In one case, in a female, the chancroid was touched with nitrate of silver and then dressed with black wash.

EXTENSIVE SUPERFICIAL BURNS.

The burns were the result of an explosion of gas escaping from a city main, and involved both hands and forearms to the elbow, and the back of the neck and forehead. On admission the patient was suffering intensely, and thirty minims of Magendie's solution of morphia were hypodermically injected before any relief was afforded. The following treatment was employed. To the hands and arms vaseline, combined with oxide of zinc and a few grains of salicylic acid, was applied, and to the face and neck vaseline alone. When the sloughs began to separate, they were dressed with salicylized jute, a layer of gauze being interposed between it and the burned surface. On two of the fingers of each hand the burns were quite deep, and on the posterior surface of the ring-finger of the right hand the joint was exposed, so that splints had to be used for both hands. The result was satisfactory.

SARCOMA OF TESTICLE—HYDROCELE—CASTRATION.

Fifteen months before admission, the patient, a music-teacher aged 48, noticed that the left testicle had become hard and enlarged, and six months afterwards the enlargement seemed suddenly to increase and to become soft and fluctuating. He applied for treatment and was put upon iodide of potassium, the tumor itself being painted with tincture of iodine, which caused it to shrink in size and become hard once more. This shrinkage was only temporary, however, and the testis soon began to increase steadily again, the growth being from below upward. At the time of admission his general health was excellent, and he had six children, all of whom were in good health. His parents were scrofulous, and two sisters died of cancer. He had never had syphilis. The tumor was found to completely involve the left side of the scrotum, extending up on the abdomen for a short distance. It was hard below, and somewhat less resisting above. It was dull on percussion (which caused the patient pain), did not transmit light, and gave no impulse on coughing. It was rather egg-shaped in appearance, and its long diameter was 6¼ inches, while its circumference was 9¼ inches. The spermatic cord could not be felt.

By means of the aspirator (the needle being inserted at the upper part of the tumor), nearly three ounces of clear amber-colored fluid was withdrawn, which became solidified on the application of heat and nitric acid. After the aspiration, the vertical diameter of the tumor was 5¼ inches and its circumference 7¼ inches, while the cord could now be distinctly felt, and was found to be normal. Two days afterwards (during which the sac had filled to its former size) an incision about five inches in length was made, extending downward throughout the length of the tumor and cutting through the dartos and tunica vaginalis, which of course emptied it of fluid. The testicle was then enucleated, and the cord having been seized high up with a clamp, was divided at a point where the tissue was healthy. Four or five arteries were tied with catgut ligatures, which were cut off short and allowed to remain in the wound, while catgut sutures were used to close it. The dressing was borated cotton, a layer of gauze being placed between it and the wound. The patient did well, and was discharged cured at the end of a month. The tumor was found to be a soft sarcoma, implicating the entire testis and containing a cyst in its centre.

STRICTURE OF URETHRA—URETHROTOMY.

The patient had twice suffered from complete retention of urine. On the introduction of a bulbous instrument two strictures were detected, one just behind the meatus, admitting a No. 11 bulb (English); the second, 2¼ inches from the meatus, admitting a No. 13 (English). The stricture behind the meatus was cut with a bistoury, and the deeper one with Otis's instrument. After the division the urethra admitted a No. 17 (English) sound. The patient made a good recovery, being discharged cured at the end of a month.

PERITYPHLITIS—RECOVERY.

Two and a half years before the patient had an attack of illness, which lasted six weeks, and for which he was treated at the Roosevelt Hospital. From the symptoms described it was probably perityphlitis. After that he remained perfectly well up to ten days before admission. He then noticed pain, tenderness, and swelling in the right inguinal region, where the same trouble had made its appearance in his former attack. The symptoms continued to increase in severity until he came into the hospital, when it was found that the pain was continuous, and for the most part dull in character, though at times sharp and lancinating. He had had no movement of the bowels since the onset of the affection, though three days previously he had taken a large dose of Epsom salts. He had vomited on each of the two days preceding his admission, but did not vomit on that day. There was dulness on percussion in the right inguinal region. He was ordered a dose of castor-oil, which produced a slight movement of the bowels. For five days afterwards he continued to have the same tenderness and pain in the inguinal region, with obstinate constipation and elevation of temperature, at the end of which time suppuration was detected low down in the abdomen, near the median line. The patient was etherized, and an incision about two inches in length made parallel with Poupart's ligament. The discharge of pus was very great, and the finger being inserted into the cavity of the abscess, it was found to extend upward and outward in the direction of the caput coli. The pus was extremely offensive in odor, but contained apparently no fæcal matter. The temperature at once fell to the normal standard, and the patient made a prompt recovery; the only drawback being a difficulty in passing urine, which continued for a few days.

RECURRENT NASO-PHARYNGEAL POLYPUS.

The growth began four years ago, and two years since the superior maxilla of the right side was exsected and the tumor removed. It grew again, however, and in the May following a second operation was performed. Last January it was removed for the third time, and in March, Dr. Sands, under whose treatment the case had been from the beginning, noticed still another recurrence of it, and from May to August it was treated by means of electrolysis. On admission it was found that the growth did not interfere with deglutition or respiration, and that it caused only a slight thickness of speech. The man had worn an artificial jaw since the removal of the bone, which concealed all deformity of the face in a very satisfactory manner. The patient having been etherized and a gag inserted, the stump was touched in every part with Paquelin's benzine cautery; and two days afterwards he was discharged.

CANCER OF THE CHEEK—OPERATION.

Six or seven weeks before admission, the patient, a man of thirty-nine, noticed a slight soreness and smarting on the buccal surface of the left cheek, and then felt a small prominence, which gradually increased in size afterwards. It gave him very little an-

noyance, however, unless acrid fluids came in contact with it. His family history was good, and his general health excellent. When he came into the hospital there was found a small, hard, elevated tumor on the inside of the left cheek, and a considerable enlargement of one of the glands of the neck near the angle of the jaw. An incision two inches long was made from the angle of the jaw downward and forward, dividing the fibres of the platysma myoides transversely, and the enlarged gland was found somewhat adherent to the surrounding tissues, so that it could not be enucleated without considerable cutting. One artery and one vein were tied. The lips were then grasped to control the coronary artery, and an incision was made through the cheek from the left angle of the mouth almost to the anterior border of the masseter muscle, when the coronary artery was ligated, and the second molar tooth of the lower jaw extracted. The tumor was completely excised, and a growth implicating the neighboring gum removed with a bone-scraper. A number of arteries had to be tied, and other bleeding points were touched with the actual cautery. The principal wound was closed with hare-lip pins and twisted sutures, while the wound in the neck was left partly open and dressed with gauze and absorbing cotton. Three days afterward the hare-lip pins were removed, and firm union was found. The cavity in the neck was dressed with picked lint saturated with carbolized oil, over which the absorbing cotton was placed. At no time after the operation did the temperature exceed 101⅘°, and the result was very satisfactory.

GANGRENE OF THE FOOT—SYME'S AMPUTATION UNDER CARBOLIZED SPRAY—LISTER'S DRESSING SUBSEQUENTLY.

The patient was a child of five years, who was injured by having a street car pass over his foot. On examination it was found that there was compound fracture of the metatarsal bones of the right foot and severe contusion of the left. The tissues looked black and soggy, and gave evidence of very little vitality, while the odor was putrid. The boy was very restless, and the temperature 101⅘°. A consultation was held, at which it was decided not to operate. The wound was dressed with carbolized oil, and small doses of opium were given to alleviate pain. In four days the slough on the right foot had separated, involving half the foot. The tissues of the left foot presented a dark and sloughy aspect. Five days afterward an abscess of large size showed itself on the inner side of the left ankle, and the tissues of that foot, though not gangrenous, did not present any reparative changes. Two weeks after admission Syme's amputation was performed on the right foot under the carbolized spray. Five vessels were tied with catgut ligatures, a drainage-tube inserted, and the flaps secured with silver sutures; after which Lister's dressing was applied. The abscess on the left foot was then opened under the antiseptic spray. There was a considerable discharge of pus, but when the finger was inserted into the cavity, it was found to be superficial. It was injected with a solution of carbolic acid (one part to twenty), dressed after Lister's method, and the protective net employed. In ten days the flap had sloughed away, leaving the bone exposed. On either side was seen a line of new granulation tissue. A wet-dressing was then applied, the Lister being discontinued. The next day a strap-and-extension apparatus was applied in order to bring the edges of healthy skin near each other, and so cover the bone. The case is still under treatment.

PUNCTURED WOUND OF PERINEUM—RUPTURE OF URETHRA—PERFORATION OF RECTUM.

The patient, a boy of thirteen, while attempting to balance himself on one foot on the top of a fence, slipped and fell astride of it, impaling himself upon an iron spike. On examination, it was found that there were two lacerated wounds in the perineum, one immediately in front of the anus, extending upward for a distance of two or three inches and perforating the gut, and involving the other near the scrotum and rupturing the urethra. The hemorrhage, which was very profuse, was controlled by pressure. The urine passed first through the perineal opening; but two days at afterwards there being retention, the patient was etherized, and while this was being done he passed a large quantity of water in the bed. He was then placed in the lithotomy position and attempts made to introduce a catheter, but without success. The two wounds were made into one by an incision through an intervening band of skin, and it was probed with the hope of finding the proximal end of the urethra. This also proving unsuccessful, a catheter was again introduced through the meatus, and this time it fortunately entered the proximal end of the urethra in the wound and then passed into the bladder. Finally the catheter was tied in position. The case is still under treatment, but at last accounts was progressing very favorably.

In another case very similar to this, in which impassable stricture followed the accident, Dr. Sands performed perineal section without a guide, and the case terminated successfully.

DEATH OF A NUN FROM HYDROPHOBIA.—A sister of the *Ordre de Troyes*, who had been engaged in the care of the sick, died in Paris last October, of an attack of hydrophobia. The disease had been contracted under circumstances so peculiar that they deserve mention here. About a month before her death, she was walking in the country with a party of five small children, the oldest of whom was only eight years of age, when the party was suddenly attacked by a large sheep-dog. The sister immediately threw herself between the frightened children and the dog, and was badly bitten. The maddened animal, excited by the cries of the children, then made a rush at them, but was again intercepted by the brave sister. The devoted woman threw herself upon the animal and held on to him for over ten minutes, rolling over and over on the ground with him, and endeavoring to strangle him and to thrust her hand into his throat. Finally, some peasants came to her rescue and killed the dog. When the sister's wounds were examined, fifteen deep lacerations were found on her hands and arms. These were at once cauterized with ammonia, and one large artery which had been opened was ligated. Two hours later she was seen by a physician, who cauterized the wounds anew with a hot iron. As soon as the condition of her wounds permitted, the patient was removed to Paris. For some time hopes were entertained of her recovery, but, three weeks after the wounds were received, symptoms of hydrophobia set in, to which she succumbed six days later. During her sickness her conduct was marked by the same courage and devoted self-abnegation that characterized it on the occasion of her conflict with the mad dog. It is difficult to find words to express the admiration that every man must feel for heroism like this. The noble act of the obscure sister is a title of imperishable glory, not only for herself, but also for the order of which she was a member, and for her entire sex.

THE MEDICAL RECORD:

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GEORGE F. SHRADY, A.M., M.D., Editor.

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INSANE ASYLUM MANAGEMENT IN THE STATE OF NEW YORK.

In the course of a somewhat extended review of Dr. Bucknill's "Notes on Asylums for the Insane in America," the editor of the *Journal of Nervous and Mental Diseases*, Dr. J. S. Jewell, animadverts with a deal of directness and severity upon the extravagance of asylum management in this State, and makes sundry statements, as to the expenses of the New York State Lunatic Asylum at Utica, which are very damaging to the reputation of one of our most distinguished experts, unless, as must be presumed, the latter gentleman can satisfactorily explain them. It happens that the attention of Dr. Bucknill was called to the cost of support at Utica—one of the institutions he was careful to visit while here—which he states at $4.50 per week, and in striking contrast with an average a fraction less than $2.50 in British institutions of the same grade. The eminent English alienist attempts to account for the difference between the weekly cost of maintenance at Utica, $4.50, and that of the New York City Asylum, $1.30 per week. His impression from a visit to the latter was that the patients were badly clad and insufficiently fed; but in the end he frankly confesses that the extraordinary disparity cannot be more than partially due to that fact. The general weekly average at American asylums Dr. Bucknill puts at $4.00, which is near enough for practical purposes. Dr. Conrad, of the Maryland Hospital for the Insane, in his admirable pamphlet on the "Financial Relations of Insanity," has collated the statistics of 58 State hospitals, with exact and reliable results as to maintenance expenses; and from a summary of his figures it appears that the number of patients under State hospital treatment at the beginning of the year 1876 was 26,433, at a total annual cost for the 58 hospitals of $4,803,748. The average in each asylum was 440 for he year 1875, and the average annual cost of maintaining each patient was $182—exactly $3.50 per week. Another collection of hospital statistics in our possession gives the annual per capita cost for 1876, in 16 asylums, as follows:

Connecticut Asylum for the Insane.....	$291.00
Minnesota Hospital for the Insane.....	185.80
North Carolina Insane Asylum.....	286.00
Taunton Lunatic Asylum.....	104.81
Toronto Asylum for the Insane.....	133.51
Maine Insane Hospital.....	241.00
Eastern Lunatic Asylum, Virginia.....	196.75
Western Pennsylvania Hospital.....	241.00
Vermont Asylum for the Insane.....	189.00
Tennessee Asylum.....	190.67
State Lunatic Asylum, Harrisburgh....	254.00
Northampton, Mass.. Asylum.....	192.55
New Jersey Asylum for the Insane.....	304.49
Indiana Hospital for the Insane.....	233.50
Athens, Ohio, Hospital for the Insane..	184.00
Wisconsin Asylum for the Insane.....	291.00
Yearly average.....	$225.57
Weekly average.....	$4.34

Dr. Conrad finds the yearly average in 53 first-class State and corporate asylums, adduced in concluding his pamphlet, to be $206.49, or $3.97 per week; while Dr. Callender, from a collation of 20 asylums in different sections of the United States, deduces an average of $230.50 a year, or $4.43 per week. The last is doubtless an excessive estimate.

Dr. Jewell has been at the pains to collate the facts and figures of the reports of Dr. Gray, of the asylum at Utica, from 1869 to 1876 inclusive. During this period it appears that, for the maintenance of a daily average of 600 patients, an average yearly amount of $173,260 has been expended. This represents a rate of $5.55 a week for each patient, which is 57 per cent. in excess of Dr. Conrad's statistics for 58 asylums, 40 per cent. over Dr. Conrad's average for 53 asylums, and 25 per cent. above Dr. Callender's extremely liberal average. Taking the statement of Dr. Jewell, that the average weekly cost in American asylums of the first class is $4.00, the Utica reports show an excess of $48,360 a year for eight years in the maintenance account of the superintendent, in addition to which he has received an average sum of $37,850 per year for repairs and improvements, while the capacity of the asylum has not actually been increased in the least during the eight years under review. Putting these two items together, Dr. Gray's total yearly excess since 1869 has averaged the enormous amount of $86,210; and during the last eight years the institution managed by him has cost the State of New York $689,680 in excess of what might have been expected, comparing it with the expenditures of other asylums. As this city has to pay one-half the extraordinary and a part of the ordinary

expenses of the State asylums, in addition to supporting one of her own, the management of the institution is consequently one of very immediate interest to our already overburdened taxpayers. These, it should be understood, are Dr. Jewell's figures, not our own, although they are carefully verified by the reports to which he refers.

That there should be a considerable discrepancy between weekly averages of the New York City Asylum and the Utica would naturally follow, for, while the former receives pauper patients only, the latter admits private and paying ones, in addition to those received from the various counties. But it will be admitted, as Dr. Bucknill very mildly observes, that a difference of 250 per cent. is rather too extreme to be passed over without inquiry by the public, or without such an explanation by the superintendent as a careful examination of his reports fails to afford. For, on investigation, it appears that Dr. Bucknill was not any more correctly informed, when he stated the weekly average at Utica at $4.50, than when he stated the general average at $4.00. On the contrary, a collation of the reports of the asylum for the last eleven years, 1866 to 1876, including both, shows that the real weekly average, as based upon receipts from counties, from pay patients, and upon salaries and clothing, is 25 per cent. greater than stated by Dr. Bucknill, and about the same as stated by Dr. Jewell upon collation of the reports from 1869 to 1876. As the table is interesting, altogether exclusive of its bearing upon the justice of Dr. Jewell's strictures, our readers will no doubt be glad to have it in a form for easy reference when necessary.

	Patients.	Weekly Cost of Board.
1866	643	$4.85
1867	610	4.77
1868	590	5.34
1869	600	4.86
1870	630	4.92
1871	605	5.04
1872	588	5.16
1873	563	5.11
1874	581	5.56
1875	595	5.90
1876	615	5.92

For the last ten years, by way of contrast to this, at the Northampton Asylum, Mass., the average number of patients has been 430, at an average price received for each patient per week of $3.78. Indeed, from the statements of the report of the asylum for 1877, pages 22 and 23, it appears that the institution receives only $3.50 per week for town patients, exclusive of clothing. For private patients the income varies, but the average of all of this class who were in the house at the end of the fiscal year 1877, was $5.13, which covered all necessary expenses, exclusive of clothing and damages. The average weekly pay per capita which the hospital received last year for patients of all classes, was $3.70.7—that is to say, a minute fraction less than $3.71, which, it will be observed, is a fraction less than the average as calculated upon the reports of the last ten years. Such is the exhibit of the Northampton Asylum as compared with the Utica hospital. And yet the former has accumulated, as profits for ten years, $154,127.19, invested in real estate, repairs, improvements, and supplies on hand —a difference very difficult to explain when one considers that coal is nearly twice as expensive at Northampton as at Utica, flour averaging at least one dollar a barrel more, and all provisions, supplies, and labor being somewhat higher. How, then, is it that the one makes money at $3.78 per week, and the other is constantly calling for deficiency appropriations—$310,941.74 for the last ten years—at a weekly average of $5.50 per patient? The average deducible from the preceding figures is, it should be stated, exclusive of clothing, which ought of course to be set down to the account of maintenance, although Dr. Gray usually reports it under the head of extraordinary expenditures. For the year 1871, for instance, he transfers $16,143.42 for clothing, $19,705.74 for ordinary repairs, and $11,380.47 for farm work, to the column of extraordinary expenditures, thus obtaining a factitious weekly average of only $4.96.

Dr. Jewell's criticism is to the point here; and since he is an expert in these matters, his strictures are worth quoting:

"In 1874," says Jewell, "he (Dr. Gray) properly reports the sums for ordinary repairs ($30,420.87), and for farm expenses ($10,250.68), as ordinary expenses, in this way reducing the sum of his extraordinary expenditures to a less immoderate amount ($16,743.13), and making a few thousands more or less in the gross sum of his ordinary expenditures ($212,790.08). But when this sum comes to be used as a basis for calculating the weekly cost per patient, it is found to yield the extravagant rate of $7.18. Here Dr. Gray proceeds to add a third division, which he calls current expenses. This term has hitherto been used to denote the monthly or quarterly sums which, added together at the end of the year, form the ordinary expenditures, and in the accounts of all public and private institutions these terms cover exactly the same items, and are in fact the same."

By reference to the reports it is easy to see the distinction that Dr. Gray has set up between ordinary expenditures and current expenses for 1874. The former amounted to $212,790.08; the latter to $157,188.07. Both are exclusive of clothing; but, to obtain the latter, and so bring the weekly average down to $5.42, the salaries of officers ($14,610.58), the amount for ordinary repairs (30,429.81), and two small items ($1,501.69) are deducted, thus reducing the total by $55,602.01. And yet the salaries of officers and the sums paid for ordinary repairs are as truly and prop-

erly to be reckoned under the head of current (running) expenses as provisions and medicines are. Dr. Gray has, no doubt, very good reasons for adopting such a distinction, apparently without a difference, as has just been designated. But, in these days of juggling with figures and accounts, even he ought scarcely to venture to introduce a novelty in account-keeping, without a foot-note explaining what it means. Of course, the true cost of each patient per week, calculated as it always is (and should be) upon the basis of ordinary expenditures, is $7.18 for the year 1874—which is 80 per cent. above the average in first-class asylums.

Take another instance. In the 1871 report, alterations and repairs ($19,705.74), farm and garden work ($11,380.47), grading ($3,585.76), together with $210.80 for water and $16.50 for sewers, are classed as extraordinary expenditures, without the least apparent reason save to reduce the weekly average per patient from $6.71, the real figures, to a factitious $4.96.

These are specimen points in the reports of Dr. Gray that will strike the analytic reader as disingenuous, if not as experimenting with figures to make a better showing than a plain statement of the facts could justify. *Prima facie*, the figures, when properly examined, furnish palpable evidences of extravagance at the Utica Asylum; and the natural presumption gathered from such novel distinctions as the superintendent makes between ordinary expenditures and current expenses, is that they were designed merely to cover extravagance and recklessness of administration. A medical superintendent, although nominally the sole responsible officer, may not, when the actual facts are exposed, be found responsible for such maladministration as the foregoing data imply. But he is responsible for any attempt, if such attempt exists, to conceal a vastly augmented weekly average by means of a mathematical legerdemain; and for this, holding ourselves ready to make the *amende honorable* should Dr. Gray offer sufficient reasons for his manner of book-keeping, it is our bounden duty as a medical journal to ask him for an explanation. The questions at issue between himself and Dr. Wilbur have assumed a cast too personal to admit of comment or to pique public interest. But the people of this city and State may well commence to ask questions, when such an expert as Dr. Conrad can describe the results of our present extravagant administration of lunatic asylums in such terms as follows: "New York State has seven lunatic hospitals now in operation, with a capacity of 3,859 patients. These seven hospitals have cost the State $3,617,122; besides which she is now building three others, at an estimated cost of $4,000,000. If the State of New York has 407 insane that become incurable cases every year, how is it possible for her to provide hospital accommodations for them at such a rate of expenditure as $1,074 per capita? Such a course would result in financial suicide to the State, and any attempt on the part of philanthropists to continue the system of hospital building for the insane must result in injury to the interests of this unfortunate class whom it is their duty to guard and protect. The system of hospital construction now pursued would cost the State at least $500,000 annually for construction alone, besides their subsequent maintenance. Governor Tilden justly condemns it. The table to which I have before referred shows that the cost of 55 of the 67 State hospitals whose cost I have been able to collect, amounts to $29,879,258, or an average cost of $543,259, or a per capita cost of $1,074. The total cost of maintaining 58 hospitals for the insane I find to be $4,803,748, or $82,819 for each one. The average cost of each patient is found to be $182. Add the interest on the total cost of buildings ($29,879,258) at 6 per cent. to the annual cost of maintaining these hospitals, and it makes $6,596,503 as the annual cost of maintaining, and increases the per capita annual cost of maintaining each patient to $249."

Such is the rapid outline of insane asylum management in the State of New York. One may, of course, set all this to the account of a bad system; but one should remember always that a bad system well administered is better than a good one badly administered. It is not exactly the fault of our system that so many unnecessarily costly hospitals are in progress in this State, and that Dr. Gray has discovered a difference between ordinary expenditures and current expenses. It is partly, perhaps, due to the fact that the medical press at large has accorded too high a confidence to so-called experts, and has consequently often forborne criticism where it was most decidedly deserved.

MEDICAL CERTIFICATES IN THE DAILY PAPERS.

In another column we give the resolutions accompanying the report of the Committee on Ethics of the Medical Society of the County of New York, regarding the publication of medical certificates in the daily papers. It is a matter of congratulation to the members of the Society and to the profession at large, that this committee has so well understood its duties, and has so satisfactorily performed them. The Society, by adopting the report, has risen to the emergency of the occasion, and in an unmistakably authoritative manner has established a precedent for future action. It has declared that the publication of medical certificates in the daily papers is a direct violation of the letter and spirit of the Code of Medical Ethics; in fact, that any action, directly or indirectly, which shall invite the attention of the laity to a medical man as a practitioner of medicine, is in the highest degree "repugnant to the high sense of honor that should govern the medical profession."

That the gentlemen who have signed the certificates for mineral waters have done wrong, no one ever

doubted, but now the protest against such an act is official and beyond a question. The Society has ordered the withdrawal of their names. Although the withdrawal has actually anticipated the report, the Committee has received no official notice to that effect. It is eminently proper that it should insist upon such notice, in order to complete its work in this particular instance. All now that remains to be done by the gentlemen who signed these certificates is to comply with such request, to admit the error they have committed, and thus end forever the writing of medical certificates for the daily papers.

We believe that the Committee acted wisely in not subjecting these gentlemen to any further discipline, as the profession has been from the start more interested in settling the principle than in punishing the individuals.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SURGICAL SECTION.

Stated Meeting, January 8, 1878.

DR. STEPHEN SMITH, CHAIRMAN.

URINARY CALCULUS OF EXTRAORDINARY SIZE.

DR. JAMES L. LITTLE presented a specimen of urinary calculus, accompanied by the following history: A young man two weeks previously came under his observation, who was suffering from symptoms referable to the bladder. The chief symptom was incontinence of urine, from which he had suffered about four years. His urine had dribbled continuously. He had suffered but little pain. A sound was passed, and just before it entered the bladder a hard substance was struck. It was impossible to get the instrument into the bladder. A finger was passed into the rectum, when a large, hard substance was detected distending the neck of the bladder, and pressing on the rectum. Pressing on the perineum a hard mass was felt, which was quite readily pushed back into the bladder. The patient entered St. Luke's Hospital, and lithotomy was performed by the median operation, notwithstanding the apparent large size of the calculus. Not very much difficulty was experienced in removing the stone, because of the dilatation already existing in the urethra. When removed, the calculus was found to have an irregular shape, and measured five inches in circumference at the portion which presented in the urethra: three inches in its longest diameter; and it had an elbow-like projection which was nearly one inch in length. Somewhat more than the usual amount of hemorrhage occurred, the bulb of the urethra being unavoidably cut, and it was necessary to ligate two or three vessels. At the time of the report the patient was doing well, no unfavorable symptoms having appeared.

SOME PRACTICAL TESTS OF THE CLAIMS OF THE ANTISEPTIC SYSTEM.

THE CHAIRMAN, Dr. Stephen Smith, presented a report upon antiseptic surgery. Reference was first made to the views of John Hunter regarding subcutaneous and open wounds; that the first seldom inflamed, and that the second commonly both inflamed and suppurated. Paget had remarked regarding the doctrines of Hunter, that they embodied the principles upon which was founded the entire practice of subcutaneous surgery. The claims of the antiseptic system of treating wounds, according to Lister, were that it prevented putrefaction from taking place in consequence of the irritation produced by atmospheric germs, and reduced open wounds to the condition of subcutaneous wounds. In a case of simple fracture, the injury, though subcutaneous, was most severe, and the interstices of the tissues were filled with blood. There were present, in an aggravated form, those conditions which were followed by violent inflammation, with the exception of the open air, but, thanks to an unbroken integument, all proceeds quietly and surely towards recovery. Closing wounds was the practical result of Hunter's theory, in order to avoid the irritating effect of the oxygen in the air; but the oxygen could not be effectually excluded. The advocates of the antiseptic system aimed to render the air inert by destroying the element (microscopical organism) which gave rise to putrefaction, and which floated in the air in abundance as one of its constituents, rather than by excluding the chemical action of oxygen upon the exposed tissues.

DR. SMITH related the history of several cases which showed the value of the antiseptic system.

COMPOUND FRACTURES.

CASE I.—Compound comminuted fracture of the tibia near its middle portion; union of the bone, and recovery at the end of the eighth week.

CASE II.—Compound comminuted fracture of the tibia just below the tubercle; joint filled with blood, and blood flowed freely from the wound; temperature never rose above 100° F. At the end of the ninth week the patient was discharged with sound limb and a good joint.

ABSCESS OF THE THIGH.

CASE.—Abscess involving nearly the entire thigh and hip; free incision; discharge of clots of blood, and flakes of connective tissue in immense quantity; discharge forced out by pressure; cavity thoroughly washed out with carbolic solution; walls of the abscess immediately approximated by firm pressure; no evidence of inflammation or suppuration; abscess healed at the end of the fourteenth day.

SPINAL ABSCESS.

These cases had hitherto been regarded as incurable (Gross). Under the antiseptic system, lumbar and psoas abscesses were most hopeful cases for treatment, provided they were kept under the antiseptic plan until the sinuses were cicatrized.

CASE.—Posterior curvature of the spine involving the lower dorsal vertebræ; abscess; free incision; thorough washing with carbolic acid solution; drainage tube; slight discharge subsequently, but at the twelfth day the abscess was regarded as cured. This case was not regarded as "exceptional," for such abscesses uniformly suppurated freely when opened freely, especially in hospital cases.

SPINAL CARIES.

CASE.—Spinal caries; curvature in upper dorsal region; abscess opened; cavity thoroughly cleaned with carbolic solution; deeper parts washed out by means of a tube until the solution returned clear;

drainage tube. No symptoms of fever; no evidence of putrefaction. The opening healed, and it was believed that the caries was cured.

LIGATED ARTERIES.

Reference was made to several cases in which the carbolized catgut ligature had been used in securing arteries, and with most satisfactory results.

GUNSHOT WOUND OF THE KNEE-JOINT.

A case was related in which free incisions were made, the joint freely exposed under the antiseptic system, and the patient recovered without bad symptoms, and with fair motion.

TWO CASES OF REMOVAL OF CUBOID BONE—ABSENCE OF SUPPURATION.

Reference was made to two cases in which the cuboid bone had been removed, and neither suppuration nor inflammation followed. The wound did well, although the patients were in a very poor condition. Dr. Smith believed that the objections to Lister's method, because of its being a complicated dressing, and one requiring special skill for its successful use, were fanciful and not real. The necessary care in its application became habitual and instinctive, and in the aggregate it saved the surgeon a great deal of time, for it was not necessary to change the dressings nearly so often as when the old method was employed. The antiseptic system inspired the surgeon with confidence relating to the occurrence of gangrene, erysipelas, and the management of many cases which heretofore have been discouraging.

Dr. Little referred to cases of amputation of the breast, in which, under the use of the antiseptic system, the wounds had healed without suppuration or rise of temperature above 99° F. A large number of capital and minor operations were referred to in which he had employed the antiseptic dressings with most satisfactory results. With reference to the use of the carbolized catgut ligature it was remarked that, if the surgeon's knot was employed, it was impossible to tie the ligature sufficiently tight to cut the inner and middle coats of the artery. The square knot should be used in ligaturing arteries, and it was thought the occurrence of secondary hemorrhage, in some cases at least, might be explained by the fact that the surgeon's knot was employed.

An objection to nearly all the apparatus was that it did not produce a sufficiently fine spray.

Dr. Minor did not regard the antiseptic system as a simple process, and one which could be used without considerable extra precautions and labor; it was, indeed, quite an elaborate dressing. Nor was he able to believe that it was not just as well to douche the surface with carbolic solution as to keep the patient in a carbolic fog. The use of carbolic acid he regarded as indispensable, but that all the expensive and troublesome apparatus employed was necessary to exclude the subtle germs from a wound, appeared to him to be rather problematical.

Callender's results were very nearly equal to those obtained by Lister, and he used the carbolic acid solution, and not the spray.

At this point considerable discussion arose with reference to what became of the catgut ligature in certain cases. Did the animal tissue become vitalized, or was it displaced by a new formation which presented the same appearance as that presented by the original ligature?

The Section then adjourned.

Correspondence.

FRACTURE OF THE FEMUR IN CHILDREN.

How Extension from Above the Point of Fracture can aid Coaptation.

To the Editor of The Medical Record.

Sir:—In a general way it may be stated that fracture of the femur is the most serious of the amenable accidents which happen, suddenly, to the long bones of children. The ingenuity of the surgeon, or of the general practitioner, is sure to be severely tested when called upon to attend a case of this accident. It devolves upon him to evolve a good result by simple means. The result may be benign and satisfactory, which will be creditable to him; or it may be disastrous or deplorable, which is sure to be construed as a serious discredit to him. Hence, the lecture of Prof. Frank H. Hamilton on "Fractures of the Shaft of the Femur in Children," published in the Record of Jan. 5th, is of special interest. The best method of treating this accident is yet an unsettled question; and the manner in which the subject is discussed in that lecture is fresh, and the method of treatment progressive. Dr. Hamilton's method is an improvement, no doubt, and, probably, it is the most preferable. Two cases of this fracture in children, under my care some years ago, were treated by a method rather unusual, and resulted in a manner the most happy to each patient—a perfect limb. Perhaps the result was, in each case, an accidental occurrence; or, perhaps, the method may be founded on sound principles. So, if the Record can afford space for this report, it may be a small contribution to the history of treatment in such accidents to children.

Case I.—Peter Flood, a healthy, muscular child, aged five years, had his left thigh-bone fractured above its middle by a plank falling on it, Aug. 19, 1868. I first saw the case after he had been carried home and placed on a bed. He was lying on his left side, with his body bent over toward his injured thigh. Any attempt at approximating the body and limb to a direct line caused him to manifest intense agony, but if allowed to remain in his chosen position he did not complain much, except when hurt by the gentle manipulation necessary for arriving at a correct diagnosis. It was found that the femur was fractured a little above its middle, with a very marked deformity. His resistance to having the limb extended was an admonition to which I gave considerable heed in adopting a plan of treatment. The plan was about as follows: Having coaptated the fragments, the patient was placed on his left side on a mattress, on a single cot-bedstead, with the thigh flexed somewhat, and the knee, slightly bent, elevated four inches from the mattress by proper supports under the limb. Straps of adhesive plaster were then applied on the internal and the external aspects of the thigh, the straps commencing three inches above the point of fracture, and extending to the knee, and a little beyond it, so as to form a loop sufficient to receive a piece of board three inches square. A light bandage was then snugly placed on the limb from the toes to the groin. Outside of this, on the thigh, were placed four padded, light splints of wood, the one on the external aspect being wider and longer than the others, it extending from the great trochanter to the knee, for the thigh to

rest upon. The splints were secured by five or six pieces of bandage tied around them; which could be untied without disturbing the limb. A piece of pliable board was then placed uprightly by the side of the bedstead, and fastened to it, at a point about a foot and a half below where the knee rested, and extending about a foot and a half above the mattress. Around its upper end was placed a stout rubber ring. This ring and the loop at the knee were then connected by a piece of bandage being passed through each and tied with some considerable degree of tenseness. This tenseness signified the degree of extension force. The foot of the cot or bedstead was then elevated by bricks being placed under each foot-post. This completed the plan for three weeks; and then the wooden splints were removed and a plaster-bandage applied from the knee to the groin. At the end of seven weeks satisfactory union and firmness had been accomplished, and further treatment was merely precautionary. The first week of treatment the patient was seen by me daily; the second week, on alternate dates; the third week, once in three days; and subsequently, once a week.

CASE II.—Eddie Wells, aged 3½ years, a slender child, with small muscles and frail bones, had his right thigh-bone fractured through its middle, by falling down two steps off the stoop. I first saw the case when he had been placed in bed. His body was bent forward, and he lay on his right side. He made strenuous resistance against any attempt at extending the limb. The plan of treatment was the same as that described in the previous case; except that leather splints were used instead of wood, as the thigh was short and quite small; and also he was kept longer under close care; as his legs, before this accident happened, required artificial support to enable him to stand straight on his feet, and to walk.

The result in each case was that there was neither shortening, lameness, nor deformity. The indications kept in view in the plan adopted in the treatment of these cases were as follows:

First.—To maintain unmovable coaptation, and to do this in *accord* with the action of the muscles which act on the thigh and on the leg. This was aimed at by applying the splints, and by the partially flexed position of the thigh and of the leg. The relative attitude of the leg to the thigh, and of the thigh to the body resembled that which those parts bear to each other when a person is seated on a chair; all the muscles concerned were in favorable positions for rest and quiet.

Second.—Extension and counter-extension to be kept up by means of the least possible amount of artificial force, or pressure, or restraint applied to any part of the patient. This was aimed at by the extending force being applied in a manner immediate to the thigh, and in a direction in accord with the natural position and action of the muscles involved; and by the counter-extension being by means of gravitation of the body, and by means of support to the buttock placed under the mattress, or under the hips.

Third.—The position of the body and limbs to be such that the restraint on them should be at the minimum, and the range of accommodation at the maximum, so as to enable the patient to comply with the requirements of nature in the greatest degree compatible with the surgical necessities of the fractured limb. This indication was supposed to be fulfilled by the lateral posture of the body and of the injured limb, and by the elevated position of the knee; which posture did really afford a considerable range of motion, cautiously made, at the hip-joint of the injured limb, without communicating motion to, or making traction on the fractured parts; so that the patient in the course of a week or ten days could place his body in nearly a supine position, and not move the injured limb. This range of motion facilitated evacuations of the bowels, and afforded great relief and comfort to the opposite limbs and to the body. The leg on the injured side was easy and comfortable, and the foot—so abundantly supplied with nerves, and therefore so susceptible of suffering—was spared a great deal of misery, and remained in comparative bliss.

Another point worth noting: The adhesive straps made traction on the skin, and through the skin on the soft tissues of the thigh, a little above and around the ends of the fragments, and made this traction in a direction, and in a manner on them, especially on the upper fragment, that had a tendency to keep them in perfect coaptation, and without increasing the circumscribing pressure, which pressure, in proportion to the degree of it, has an effect to obstruct the circulation, and by that means to interfere with the process of nutrition and repair.

In the MEDICAL RECORD of December 15, 1866, there is a report, by me, of a case of gunshot compound fracture of the femur, the ball having passed through from the trochantermajor to the trochanter minor. It was a fearful accident, and seriously complicated, and yet the result was highly satisfactory. His life was saved, and a good result obtained by means of immediate extension with adhesive straps on the thigh. My experience in that case and in the foregoing two cases disposes me to believe that immediate extension on the thigh, on the principles above alluded to, is worthy of some consideration, and of further trial. Immediate extension is sometimes made on the leg when its bones are fractured; why not, then, the same plan apply to the thigh in fracture of the femur, especially in the case of children?

WM. M. DORRAN, M.D.

MOUNT VERNON, N. Y., January 21, 1878.

"HOW TO SUPPRESS QUACKERY."

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—Dr. Schweig's plan for overcoming the enemy by the use of his own weapons, as set forth in the RECORD of Jan. 19th, is so wise, and so exceedingly well-timed, that I feel strongly moved to urge its adoption.

Although he has stated the main advantages to be derived from it, there are some points which he seems to have overlooked, or at least did not dilate upon, and, therefore, I hope he will pardon me for calling attention to them.

In the first place, 'tis well known that there is no organization of power among quacks, no treaty offensive and defensive, no strong feeling of brotherly love as exists among us. On the contrary, each looks out for himself, advertises to the extent of his inclination or the depth of his pocket. Now, if we but make common cause, and advertise ourselves as a body, shall we not surely overcome quackery by *sheer weight* of metal, if in no other way?

Of course, as the doctor suggests, it would be necessary to somewhat restrict individual advertisements, and I would suggest limiting them to the space which each might be willing to pay for. To be sure this would make the annual assessments very unequal, for some men of little merit, and perhaps little value to the world, because devoid of *push*, would only demand a line, while those of great capacity for doing

good might possibly require a quarter column in order to place their merits fairly before the world. Still, as the latter would probably *incidentally* obtain greater compensation for their labors, it would not seem unreasonable to require them to pay a greater share of the expenses. Again, this inequality of spaces would give a pleasing variety to the printed pages, and prevent that monotony which appears in an alphabetical list of names, like that of advertised letters, for instance. To enhance this variety, it might be well to allow men of great ability to have their names printed in capitals, with their qualifications set forth in various sorts of ornamental type. Perhaps this might be left discretionary with the printer, as being best fitted to dress the matter up in the most attractive style.

It might be well also to advise those who wish to recommend any proprietary articles, mineral waters, etc., for general use, to give a list of them after their names and qualifications. This would aid the public in gaining all medical information required without the trouble of consulting the advertisements of quacks; and possibly the agents of articles recommended might be induced to bear part of the expense from purely benevolent motives. From time to time it might be well to illustrate the page by a picture of some hospital or dispensary, where patients can obtain the best and most skilful treatment at so much per week or month; or some distinguished surgeon in the act of operating, or a patient artistically harnessed up in some new apparatus. Such illustrations would undoubtedly add interest to the publication, and give it a firmer hold on the affections of the people.

An incidental advantage of the plan would be the saving of expense in other forms of advertising now in use; such as sending circulars to professional brethren, announcing devotion to specialties, certificates of skill from professional friends, etc. This is the more necessary as we all know that our medical journals are very much averse to advancing the true interests of the profession.

With the new plan in vogue all this would be changed, and both the profession and the public — who ought surely to have the benefits of all new discoveries in medical science — would get all the information required, at the least possible cost to the disinterested advertiser.

For these and other reasons, I am ready to engage half a column in all the leading daily papers for a year.

REFORMER.

RECTAL ALIMENTATION AND MEDICATION.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—I was greatly interested in the paper on "Rectal Alimentation," read before the New York Academy of Medicine, by Prof. Austin Flint, Sr., and published in a recent number of the RECORD, and in the interesting discussion of the paper by Drs. Barker, Peaslee, and others. I regard the subject itself as one of great practical interest, and especially for the reason that doubt has been thrown upon this mode of alimentation. My experience in this way of nourishing patients in extreme cases has been both varied and extensive, for I long since became satisfied that it was a most valuable resource in cases of necessity.

To the excellent discussion of the subject I desire to make one practical suggestion, and that is, that whatever substance may be selected, *inject it into the rectum slowly.* The rectum appears to be something like the bladder and other hollow viscera; it does not tolerate *sudden distention.* I have always made it a point to give specific directions on this point: *use tepid fluid and inject slowly.*

With caution on this point, it is astonishing how the rectum may be made to tolerate nutritive substances in liquid form. I have often used beef-juice, similar to that suggested by Dr. Peaslee, but more frequently milk mingled with beef-blood, expressed out of raw meat, and strained to remove solid particles and fatty matter. When using stimulants by the rectum, I usually add cream to the milk. Alcoholics in small quantities are readily tolerated in such a vehicle; and even mur. tinct. iron may be administered in liberal doses for a length of time, if the bowel is soothed and shielded by cream. I have seen marked effects from the use of iron in this way alone. I am inclined to think that rectal medication, as well as rectal alimentation, has not received the attention from the profession which it deserves. In a large class of chronic diseases, especially chronic diseases associated with general anæmia, in which the stomach, for some reason, does not tolerate iron (and there are many such cases), it may be used with manifest advantage and for a long time in the mode I have suggested.

S. G. ARMOR, M.D.

BROOKLYN, N. Y., January 21, 1878.

STAINING FLUIDS FOR MICROSCOPIC WORK.

BY M. N. MILLER, M.D.,

DEMONSTRATOR OF PRACTICAL PHYSIOLOGY, UNIVERSITY MEDICAL COLLEGE, N. Y.

INQUIRY is so frequently made regarding the staining processes employed in the Histological Laboratory of the N. Y. University, that I am induced to communicate the following as among the most valuable. The necessary materials are within the reach of every student, and no delicate weights or measures are needed.

I. BORAX CARMINE.—The original process given by Theirsch for the preparation of this most valuable agent is complicated and troublesome. The method, which originated with Prof. J. W. S. Arnold, of this college, gives excellent results, and is simple in the extreme. A saturated solution of ordinary borax in water is first prepared. It is best to nearly fill, say, a pint wide-mouth bottle with water, adding the borax, in coarse powder, to excess—allowing some of the crystals to remain undissolved. If good "No. 40" carmine be now added to the solution, it is immediately dissolved, and a beautiful scarlet fluid results. Continue the addition of the carmine until, after frequent agitation, it no longer dissolves, and a small portion remains at the bottom of the bottle mingled with the crystals of borax. After standing for twenty-four hours the clear supernatant fluid can be decanted. To this clear portion add about f ʒ ij. of alcohol and f ʒ i. of the U. S. P. solution of caustic soda, and it is ready for use. The method employed by Professor Arnold, which is in use in this laboratory, is to omit the alcohol, and evaporate the liquid to dryness, powdering the red amorphous mass thus obtained. This powder will keep for years, and when a staining fluid is required, it is only necessary to place from ten to fifteen grains in an ounce of water, to which about f ʒ i. of alcohol is added.

This compound will stain tissues that have been hardened in bichromate or alcohol, and is almost invaluable in pathological study.

II. HÆMATOXYLIN.—The expensiveness of this substance has led to several processes for using the log-

wood chips or extract. I have devised the following, which for results leaves nothing to be desired, and I believe it possesses merit in the simplicity of preparation, at least.

Take a pint bottle, as in the former process, fill with water, and add about an ounce of common extract of logwood, in coarse powder. Allow this to remain in a warm place for twenty-four hours, with occasional stirring. After the expiration of this time add powdered commercial alum until the liquid changes from the muddy brown color given by the logwood to a brilliant purple. The alum must be added until no change is produced. An excess of the salt will do no harm. Add about f ʒ ij. of alcohol, and, after decanting or filtering, it is ready for use. We usually omit the alcohol at this stage, and evaporate to dryness, as in the borax-carmine process. The powder thus obtained is added to water when required. Three grains to the ounce of water will give a fluid which will stain alcohol-hardened tissues in from ten to fifteen minutes. A solution containing ten grains to the ounce will stain very quickly. If it is desired to keep the solution, add f ʒ i. of alcohol to each ounce.

III. Picro-Carmine.—Ranvier gives an exceedingly troublesome process for obtaining this complex substance, and it has frequently failed with myself, as it is difficult to ascertain when the solution becomes neutral. I have never had any but successful results with my process, which consists merely in adding one part of a saturated solution of picric acid to two parts of the fifteen-grain borax-carmine solution. I believe this mixture will keep indefinitely, although I have never kept it longer than six months. I now have a sample that was made early in the past summer, and it is still perfectly good. A section of skin is one of the most beautiful objects prepared with the picro-carmine, as the epithelium of the glands and the muscles are stained yellow, while the nuclei of the cells and the connective tissue acquire the carmine color. It is not, however, well adapted to tissues hardened in chromic acid.

Sections, after having been stained in the borax carmine, should be washed in alcohol to remove the superfluous coloring fluid, transferred for a few moments to a saturated solution of oxalic acid in alcohol, to fix the color. The oxalic acid is then washed out in alcohol, when the sections are cleared up in oil of cloves, and mounted in balsam or dammar. If it is desired to mount in glycerine—which, by the way, meets with very little favor here as a universal medium—the oxalic acid can be washed out with water, instead of alcohol.

Hæmatoxylin stainings are soaked in water for a few moments—to wash out the alum—transferred to alcohol, clarified in the clove oil, and mounted in Canada balsam or dammar varnish. Especial care must be taken that the vessels employed be clean, and that no acid comes in contact with the sections. If the fluid becomes muddy, or a scum forms upon the surface, it is only necessary to filter.

Sections must remain in the picro-carmine generally for about twenty-four hours. They are then washed quickly first in water and then in alcohol, after which transfer to the oil of cloves. The sections having been transferred to the slide, and the superfluous oil removed, the balsam or dammar (preferably the latter) is added, and the cover applied.

I have not directed the use of distilled water in making the solutions, as it is not essential. With us the "croton" answers every purpose, as the solutions are all either filtered or decanted.

410 E. 26th St., November, 1877.

TREATMENT OF DIPHTHERIA.

To the Editor of The Medical Record.

Dear Sir:—Dr. W. B. Rodman, of Frankfort, Kentucky, paid me the compliment of referring to my article of January 12th on the Treatment of Diphtheria, in his of January 26th. It is very evident, however, that he had not paid *it* the compliment of reading it. Had he done so he could not have confounded or associated as he did the method of treatment which it advocates with that presented in another article in another journal to which he also refers. These methods not only differ throughout in details, which are far from trivial, but are diametrically opposed in respect to several points of primary importance. "Let every tub stand on its own bottom." In attempting to combine the contents of the two in question the doctor is decidedly mixing incompatibles. But for the fact that the *embarras de richesse* of modern medical literature compels the busy practitioner to pass over many articles with only a hasty glance, I should not have thought it worth while to encroach upon your space, or my own time to call attention to the doctor's error. The statements in both articles concerned are explicit enough.

The doctor's assumption that no method of treatment which includes the employment of old and familiar drugs can possess any just claim to originality, I shall not now discuss, having already referred to it in the article of Jan. 12th.

Very respectfully,
C. E. Billington, M.D.

157 Lexington Avenue.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Jan. 20, 1877, to Jan. 26, 1878.

Barnett, R., 1st Lieut. and Asst. Surgeon. Relieved from temporary duty in the Medical Director's office, and assigned to temporary duty at Little Rock Barracks, Ark., during absence of Asst. Surgeon Bentley. S. O. 10, Dept. of the Gulf, Jan. 18, 1878.

Spencer, Wm. G., 1st Lieut. and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Townsend, W. T. S. O. 4, Dept. of the Columbia, Jan. 7, 1878.

Medical Items and News.

Contagious Diseases — Weekly Statement.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending January 26, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Jan. 19, 1878	0	10	82	3	78	88	0
Jan. 26, 1878	4	6	88	1	114	94	0

St. Luke's Hospital.—Dr. Charles W. Packard has been appointed Consulting Physician to St. Luke's Hospital, in which institution he has just completed his term of ten years' service.

RESOLUTIONS ACCOMPANYING REPORT OF THE COMMITTEE ON ETHICS TO THE COMITIA MINORA OF THE MEDICAL SOCIETY OF THE COUNTY OF NEW YORK:

Resolved: That for a physician to permit the use of his name, or professional reputation, in commendation of any drug, medicine, wine, mineral water, nostrum, proprietary article, or medical preparation, or of any surgical instrument or appliance whatsoever, for the purpose of advancing the pecuniary interests of any inventor, patentee, originator, discoverer, manufacturer, proprietor, or advertiser of such article or appliance, is an unworthy act.

Also, that for a physician to publish, or allow to be published in the journals, public prints, or other publications intended for the use of the laity, reports of medical or surgical cases, or papers on medical or surgical subjects, for the purpose of attracting the attention of the general public to the author, is repugnant to the high sense of honor that should govern the medical profession.

These are the devices commonly resorted to by quacks and impostors, and have for their end the attainment of fame and notoriety by other means than those efforts in the line of professional duty which are the honorable physician's only legitimate paths to advancement in the confidence and patronage of the public.

In view of the foregoing resolutions, whereas, it has come to the notice of this Committee that certain waters—known as Apollinaris and Hunyadi Janos—also certain wines and other medical articles, are extensively advertised in the public journals and by handbills throughout the country;

And, whereas, the names of certain members of this Society appear in connection with medical certificates in said advertisements;

And, whereas, such action is in plain violation of the letter and spirit of the Code of Ethics as well as of the foregoing resolution of this Committee:

Therefore,

Resolved, That the gentlemen whose names appear on said certificates be requested to withdraw or cause the withdrawal of their names and certificates from said advertisements.

Also, it is requested that due notification of the action taken by said gentlemen, individually or collectively, in this matter, be transmitted to the Committee on Ethics, that the Committee may be able to report on the same at the next meeting of the Society.

R. A. BARRY,
Chairman Committee on Ethics.

R. J. O'SULLIVAN,
Secretary.

NEW YORK PATHOLOGICAL SOCIETY.—The following officers have been elected for the ensuing year: President, Dr. John C. Peters; Vice-President, Dr. E. C. Seguin; Secretary, Dr. Geo. F. Shrady; Treasurer, Dr. John H. Hinton.

INSPECTION OF PROVISIONS AT BERLIN.—A Petition for the Establishment of a Bureau for the Inspection of Provisions, etc., in Berlin, was recently presented by the Landlords' Club of Berlin to the authorities of that city. The articles mentioned in the petition as especially requiring inspection are water, beer, wine, coffee, tea, chocolate, sugar, spices, meal, bread, meats, butter and other fats and preserves. The bureau should have power to examine these and other articles of food and drink, for impurities and adulterations, and to see that no articles are exposed for sale in a condition prejudicial to health. It is also proposed that the bureau should be invested with a general supervision of prices, and the power to regulate them if necessary for the interest of the public. It may be of interest to our readers to know that in the year 1875 the consumption of milk per capita in Berlin was about 40 quarts; of wine, about 11 quarts; and of beer, about 157 quarts.

CHOLERA IN JAPAN.—According to recent advices from Japan, the epidemic of cholera which broke out not long ago in the city of Yokohama has spread widely over the country, and especially along the coast. The disease is said to be particularly virulent among the troops who have returned from Satsuma and are now in Hiogo. Opinions are divided as to the origin of the disease. Some believe that it was transported from Shanghai, and others that it originated among the troops in Satsuma. The epidemic in its spread has followed the lines of trade and commerce, especially along the coast. According to the official reports, there had been up to the 5th of October, 575 cases of cholera in Yokohama and its suburbs; of these, 233 proved fatal. In Tokio, up to October 8th, there had been 204 cases and 97 deaths. The German colony in Yokohama, and the crews of two men-of-war in the harbor, had not suffered from the epidemic up to the latest advices.

DR. GIRSZTOWT, Professor of Surgery, and editor of the medical journal (*Gazeta Lekarska*) in Warsaw, died recently of the results of an injury. A compositor, who had been discharged from the printing-house, entered the editor's room on the 5th of November and stabbed him beneath the left Poupart's ligament with a case knife. Both the femoral artery and the crural nerve were divided by the blow. The wounded man compressed the artery himself until assistance arrived, when it was immediately secured by ligature. The loss of blood, however, was considerable, and eventually led to the fatal termination. Dr. Girsztowt was one of the most esteemed and successful physicians in Warsaw.

THE LATE DR. HANDSEL GRIFFITHS.—*The British Medical Journal* informs us that the death of Dr. Griffiths has left his family in great need, and that some of his professional friends are endeavoring to raise a benefit fund so as to enable his widow to furnish a house and make a struggle for the maintenance of herself and her little ones. This is, after all, the old story, and shows how first-class talent is sometimes rewarded. Plenty of reputation, but penniless heirs. A drygoods man with half the opportunity and a quarter of the brains would have made a fortune.

PRUSSIAN SURGEONS IN ROUMANIA.—We learn with pleasure that the item with this heading, published a few weeks ago in the RECORD, is incorrect. It is true that the Prussian surgeons who went to Roumania at the request of the Princess of Wied, were at first coolly received, but the coolness was experienced at the hands of the Roumanian ladies, who were acting as nurses in the hospitals of Bucharest, and not at the hands of the Roumanian surgeons. The ladies acted under the influence of a strong prejudice against the German nation, which, however, was soon replaced by hearty esteem and admiration for the devotedness and skill of their Prussian visitors. The French Inspector-General, of whom mention was made, has control only of the field-hospitals south of the Danube, and has not come in contact with the Prussians at all. All the hospitals on this side of the river are under the control of three Roumanian physicians, who were educated

in German universities, and who cherish the heartiest admiration for their German teachers. Only one of the Prussian surgeons has returned home. All the rest are still engaged in various hospitals, and the value of their services is cheerfully admitted by all the Roumanian surgeons who are cognizant of their work. The Prussians are themselves well satisfied with their position. Their pay is higher than that of their Roumanian co-laborers.

PULSATILLA appears to have been an ancient remedy, recommended by Dioscorides and Pliny, and used by the earlier Arabian physicians; its revival was principally due to the labors of Baron Stoerck. The Baron's mode of administration was peculiar, for he had it rubbed up with sugar-of-milk, just as Hahnemann subsequently directed. Stoerck gave the first great impetus to its use in 1771, since which time all German physicians have used it, while Hahnemann only commenced to appropriate it in 1812. It is a singular fact that the latter used or recommended it in few or no diseases against which it had not been previously employed in rational and efficient doses.—*J. C. Peters, M.D., Boston Medical and Surgical Journal.*

VALENTINE'S MEAT JUICE.—Prof. J. Foster, of Munich, has examined this preparation and published the result in the *Pharmac. Post*, and *Hager's Pharmac. Centralhalle*. The sediment consists chiefly of magnesium phosphate; the liquid has a slightly acid reaction, and contains water 59.16 per cent., solid substances 40.84 per cent. The latter consists of ashes 13.88 per cent., and substances destructible by heat 26.96 per cent. The ash is approximately the same as that of beef-tea. The destructible substances are albumen, 0.73 per cent., nitrogen 3.45 per cent., substances insoluble in strong alcohol, 20.50 per cent.

This preparation would probably not be found very nutritious. It differs from Liebig's Extract of Meat only in its larger proportion of water, and in its traces of albumen. The absence of fat, which is put forth as one of its claims to notice, might in many cases prove a disadvantage rather than an advantage.

NEW YORK ACADEMY OF MEDICINE.—At a stated meeting of the Obstetric Section, held Jan. 21, 1878, Dr. Salvatore Caro was elected President, and Dr. Henry E. Crampton, Secretary.

CONSUMPTION OF ALCOHOLIC DRINKS IN FRANCE.—The following facts were taken from a paper recently read by M. Lunier before the *Académie de Médecine*.

The alcoholic drinks consumed in France are wine, cider, beer, brandy, and liqueurs. Wine is the true national drink; during the last ten years the annual consumption has been 1,325,000,000 gallons, being 126 gallons per head. There have been oscillations in the consumption corresponding to those in the production, but in general the former has increased progressively during the last fifty years. From 1829 to 1833 the consumption was only from 58 to 63 gallons per head. Wine is really the universal drink only in 72 of the departments, and in these the quantity used varies from 40 to 380 gallons per head.

The consumption of cider has diminished during the last twenty years. This does not, however, constitute a cause for regret, since, in consequence of the bad quality of the cider, brandy is very generally added to it as a corrective. It constitutes the current drink in nine departments, situated on the north-west frontier. The annual consumption in these departments is 79 gallons, and in France generally 21 gallons per head.

The consumption of beer has increased progressively without interruption during the last fifty years. In 1829 it was only 8¼ gallons, and now it is 23 gallons per head. Beer constitutes the general drink in only four departments, which are grouped along the Belgian frontier. The average individual consumption there is from 79 to 231 gallons. Complaints of the bad quality of the beer have been rife of late, and it is not improbable that it will soon become customary to add gin to it as a corrective.

The consumption of strong alcoholic drinks has increased progressively during the last forty years; in 1839 it was two gallons, and now it is three gallons per head. Alcohol is consumed most largely in the departments in which wine is not made, very little being consumed in the latter. Statistics confirm the opinion enunciated by M. Bergeron in 1870, that the noxious action of manufactured liquors is far more intense than that of brandy made from wine. The following conclusions may be deduced from the statistics collected by M. Lunier:

1. Of the accidental deaths due to excessive drinking, the great majority occur in the departments in which large quantities of alcohol are consumed. Conversely they are rare in the wine-drinking departments.

2. The cases of prosecution for drunkenness are five times more numerous in the departments which consume chiefly alcohol than in those which consume wine.

3. The same may be said with regard to the cases of insanity due to alcoholism; the number stands almost everywhere in a direct ratio to the consumption of liquors, and especially of manufactured liquors. Vendée and the Charente-Inférieure form almost the only exceptions to this rule. In those departments white wines form the principal drink, and they are almost as dangerous as brandy in this respect.

ARE THERE LAWS OF THERAPEUTICS?—Under the above title, Dr. Rabagliati contributes a paper to the *Practitioner*, September and November, 1877, in which he sets forth the following propositions, that he believes to be capable of substantiation?

"Prop. A.—Different remedies tend to act upon different parts of the human economy.

"Prop. B.—The effects of remedies are proportionate to the *quantities in action*, and universally as the resistance of the persons acted upon." In commenting upon this proposition, he draws attention to the fact that "quantities in action" and quantities administered are not necessarily identical, as only a portion of the latter may be absorbed. He further states that he has himself seen salivation induced by the continuous administration of $\frac{1}{1000}$ of a grain of bichloride of mercury three times a day, when no such result has followed doses of $\frac{1}{16}$ of a grain to a much larger gross amount.

"Prop. C.—All remedies whatever which affect the economy exert upon it at least a two-fold and contrary action in time. If these be called action and reaction, or primary and secondary, one may otherwise state this proposition in the following form: the secondary action of any and all acting remedies is contrary to the primary.

"Prop. D.—Different quantities of different but similarly acting remedies are required to produce given effects upon bodies of equal resistance.

"Prop. E.—The time after which reaction succeeds action is different in the cases of differently constituted bodies." Although the above propositions may appear to be somewhat vaguely stated, a perusal of the paper in full will afford much food for thought.

THE

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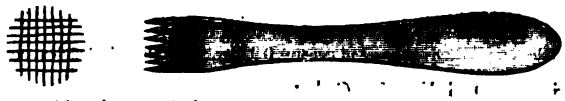

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SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and *Potassium* are essential elements in the food of man; and it is only in ***MALTINE***, containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. ***MALTINE*** contains twenty times the quantity of *Gluten* found in any Extract of Malt.

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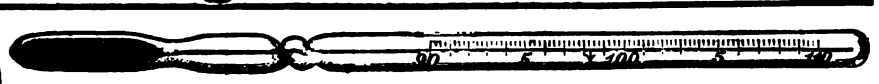

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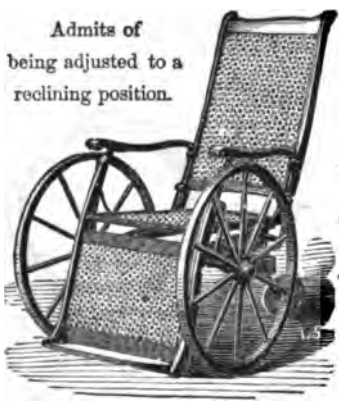

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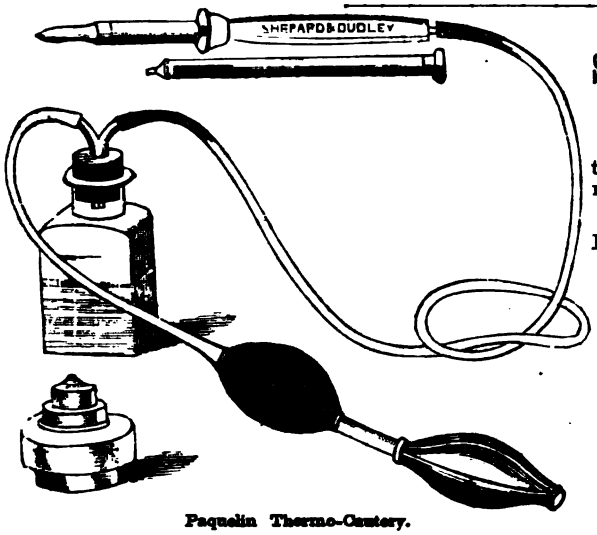

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For ordinary aperient purposes a half wine-glassful of the Hunyadi Water may be taken at bed-time, or a wine-glassful taken in the morning fasting. It is most efficacious when warmed to a temperature not below 60° or when an equal quantity of hot water is added to it.

Every genuine bottle bears the name of the Apollinaris Co., Lim., London, England.

MAY BE ORDERED OF ALL DRUGGISTS, GROCERS & MINERAL WATER DEALERS.

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FREDERICK de BARY & CO., 41 and 43 Warren St., New York.

APOLLINARIS WATER.

From R. OGDEN DOREMUS, M.D., LL.D.,

Professor of Chemistry and Toxicology in Bellevue Hospital Medical College and Professor of Chemistry and Physics in College City of New York.

Last Summer our Croton Water was remarkably polluted. It teemed with animalculæ; its odor was uninviting; its taste was unpalatable; and its effects upon the system unwholesome. Unfortunately this has occurred each warm season, and will happen in a more or less marked degree every Summer.

It is well known that many cities suffer from impure water.

Eminent physicians in Albany attribute the increased sickness and mortality in the capital of our State to the water supplied from the Hudson River.

In rural districts, the drainage from the residence frequently contaminates the well water to such an extent as to produce prostration and death. Many ingeniously devised filters have been presented to the public; they are effective in removing certain objectionable particles, but the impurities of the most vital importance still remain.

The delusion applies also to aerated waters, which to the eye appear transparent and sparkling, yet at times are magazines of disease.

I find on careful examination that the *Apollinaris Water is entirely free from all such organic impurities.*

Its freedom, also, from metallic poisons already referred to enables the chemist to coincide with eminent medical authorities in commending it as an *absolutely pure, wholesome, as well as pleasant mineral water, superior to all others as a daily beverage.*

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MENSMAN'S

PEPTONIZED

BEEF TONIC.

The great necessity for a fluid food that would possess all the elements necessary for the support of the system, having been long felt by the medical profession, we call their attention to this preparation, containing the entire nutritious properties of the muscular fibre, blood, bone, and brain of a healthy bullock, dissolved and semi-digested by aid of heat and pepsin, and preserved by spirit; thus constituting a most perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease.

It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drug or chemicals.

It is prepared for us by reliable and competant parties after a thoroughly tested and scientific method.

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CASWELL, HAZARD & CO.,

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Forty-sixth Street, corner Sixth Avenue, New York City.

SQUIBB'S LATEST PREPARATIONS:

Fluid Extract Eucalyptus.
Fluid Extract Guarana.
Fluid Extract Pilocarpus.
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In all cases where it is possible, the Prescriptions and Medicines dispensed at my Pharmacy are compounded from the products of the laboratory of Dr. E. R. SQUIBB, of Brooklyn, thus insuring to both physician and patient Medicines whose purity of quality, and reliability of character, are above suspicion.

Being very desirous of receiving the full confidence of Physicians of this city, I shall ever strive to deserve the same by keeping in my Pharmacy only **Medicines of the Finest Quality and Strictest Purity.** The careful dispensing of Physicians' Prescriptions is the **Leading Feature** of my business.

Physicians in all cases can rely on obtaining, in their Prescriptions, **just what Medicines they Prescribe, and none other,** as no substitution is allowed without first consulting the Physician.

PHYSICIANS CAN ALWAYS FIND AT MY PHARMACY

EVERY SINGLE ARTICLE that is made by Dr. Squibb.
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BEALE'S (ENGLISH) PEPSINE.
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NEW PREPARATIONS PROCURED AS SOON AS INTRODUCED.

For all medicines emanating from my establishment, **I guarantee Absolute Purity, Perfect Freshness, the highest excellence in quality, and the most careful Manipulation in Preparation.**

T. H. SAYRE, Dispensing Chemist, 6th Ave., cor. 46th St., N. Y.

NOTICE.—See our Advertisement, page 8.

Extract of Malt

WITH

COD LIVER OIL.

Our Improved Extract of Malt with 50 per cent of our fine Norwegian Oil, is pre-eminently THE emulsion of Cod Liver Oil, since it *has double the nutritive effect of any other emulsion of oil.* It not only contains the largest amount of nutritive food in the smallest bulk of liquid, but by the action of the Diastase contained in the malt, it is capable of transforming many times its bulk of amylaceous or graminaceous food into saccharine, thus rendering it easily digestible even by the most delicate stomach of the invalid. The disagreeable eructations from the stomach, which constitute one of the greatest objections to the use of all preparations of Cod Liver Oil, are completely obviated in this preparation. We would direct the attention of physicians to the special fact that IT UNITES PERFECTLY WITH WATER IN ANY PROPORTION, and that the oil does not again separate, thus showing how perfectly the oil is emulsified.

DOSE.—A Dessert to Tablespoonful immediately after Meals.

Prepared with the most scrupulous care

KEASBEY & MATTISON,

MANUFACTURING CHEMISTS,

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☞SEND FOR PAMPHLET ON MALT AND NEW REMEDIES ☜

RIGOLLOT'S PAPER

is not (as certain storekeepers of bad faith pretend) a production that any one can make;

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is not manufactured with a mustard that every one can buy;

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is one of the most marvelous discoveries of the contemporary pharmacopœia:

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which do not bear the signature of P. Rigollot are but IMITATIONS of his remarkable invention, and

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Begs leave to announce to the profession and drug trade that he has given the sole agency for his goods for the U. S. and Canada to

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I have now a supply of Dr. Witte's goods on hand; they are the most reliable made in Germany, and his preparations of Pepsin, Ptyalin, etc., have taken the first place there *over all others.*

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" Taraxaci, in 1 lb. porcel. jars,						80c.
" Ferri Pomate, " " " "						$1 00

Prices inclusive of jars and bottles.

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TASTELESS QUININE,

Neutral Tannate of Quinine,

To Mr. F. ALFRED REICHARDT, who keeps full stock of his preparations.

The discovery of Mr. Math. Rozsnyay to make an *absolutely tasteless and reliable* preparation of Quinine is one of the most important in modern therapeutics. The ordinary Tannate of Quinine, as made in chemical works, is obtained by precipitating the mother liquor, of which Quin. Sulphate has crystallized out, by an addition of Tannic Acid. First, this is an acid or bi-tannate, and contains likewise all the other Cinchona Alkaloids, Quinidia, Cinchonidia, Cinchona, Quinicidin, etc., the little intrinsic value of which is best proven by the price lists of large German manufacturers who quote this salt at only one-sixth of the value of the Sulphate. The *neutral* Tannate of Quinia has also great advantages over the Sulphate, as it does not cause the same cerebral and digestive troubles, as has been fully proved by the report of the commission appointed by the Academie de Medicine, in Paris, on a memoir presented by Mr. Bonesiere. The commission consists of Messrs. Orfila, Bussy & Bouvier; their names are sufficient proof for the thoroughness of their researches.

I guarantee that this Neutral Tannate contains in 2½ grains the same percentage of pure Quinine as is contained in 1 grain of the Sulphate, and that its effects in equivalent doses are the same as that of the Sulphate. In treatment of diseases of children and persons of delicate taste, it is of the highest value. It is also put up in Chocolate Lozenges, containing each 2½ grs. of Tannate, 2 doz. in a box. Pamphlet sent free on application. Price per box, $1.00. Per ounce, $3.00.

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PURE EXTRACT OF MALT.

Sole Agent for the U. S. and Canada, F. ALFRED REICHARDT.

This extract is absolutely pure and superior to **any other** make, foreign or domestic. Made without addition of hops, glucon, and guaranteed to be free from any substance whatsoever foreign to the best barley malt and distilled water. It is also the *cheapest* in the market. Put up in neat 1 lb. jars at 50c. per jar, or $3.75 per gallon, jar inclusive.

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Late Helmick, and Helmick & Co.,

Fluid Extract of Damiana.

The most effective preparation made under this name. It is a very efficient uterine tonic of the highest value in Impotency, Prostatitis, Spermatorrhœa, Suppressed Menses, and Catarrh of the Bladder. Its tonic action is as certain as that of Quinine. Put up in bottles of 6 oz. $2.00 per bottle. $16.00 per doz. Pamphlet sent gratis on application.

NITRITE OF AMYL PEARLS.

Made from Dr. E. Squibbs' Nitrite of Amyl. The only ones in the market of correct dosage. 2 and 3 drop, 75c. per doz. 5, 8 and 10 drop, $1.00 per doz.

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Dr. Leblond's formula for Ulcerations of the Cervix. $1.00 per doz.

APIOL CAPSULES,

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BRUSH-HOLDING RUBBER STOPPLES.

90c. per doz.

F. ALFRED REICHARDT, Pharmacist and Importer, 404 Fourth Ave., N. Y.

A FEW FACTS.

It is generally conceded, that, although the Drug Stores are usually well supplied with numerous styles of Enema Syringes, yet, it has heretofore been impossible for Physicians, or those requiring instruments of this kind, to obtain a really first-class Syringe; although exorbitant prices have been paid for several of the more prominent bulb Syringes, simply because the patents of certain manufacturers, were supposed to grant an entire monopoly, in the manufacture of this article.

When we consider the very just prejudice against lead pipes, for conveying or holding a liquid intended to be taken into the system, it seems strange, that an instrument so exceedingly useful as the Syringe, should have been heretofore made with Lead pipes and attachments; simply brushed over the polished surface, with a thin Alcoholic Varnish, or "*Laquer*," to prevent them from tarnishing, until sold or used. A prominent Physician recently remarked, "that he would as soon think of wearing artificial teeth made with lead or britannia plates, as to recommend a metallic Syringe subject to the same poisonous corrosion."

Therefore we arrive at the fact, that a Syringe should not only be mechanically perfect in its construction and action, but the tubes and attachments, should certainly be made of either Gold, Hard Rubber, Platina or Nickel.

Dr. De Henrie's **"Gold Favorite"** and **Nickel Plated** Syringes, answer all these requirements.

A GOLD SYRINGE,

The constantly increasing favor with which the medical faculty and the public have received DR. DE HENRIE'S improved Nickel plated Syringes, has induced us to introduce a new and valuable novelty in Bulb Syringes to which the attention of physicians and the trade is respectfully solicited. "DE HENRIE'S GOLD FAVORITE" is certainly the most elegant syringe yet manufactured. The metal attachments are made of the purest white metal and nickel, heavily plated with 24 *carat gold*. This substantial plating extends throughout the inside of the tubes, and renders the syringe as pure and valuable for all practicable purposes as though the parts were solid gold. We wish it clearly understood that the "Gold Favorite" is not merely gilded, but substantially plated with pure gold, done in our own factory under the personal supervision of our Mr. Sutton. The rubber bulb and tubing is the finest made, and will not become hard or lose its elasticity, purity and durability being the object obtained.

The "Favorite Syringes," whether gold or nickel-plated are a decided improvement over those made with two elastic tubes extending from each end of the bulb, as the "Favorite" possesses all the merits claimed for a bulb held horizontally, while the valves work vertically which insures a perfect and easy action of the Syringe.

The rigid inlet pipe is conveniently held in the fluid to be injected; operating as a hand-rest, a great convenience to invalids.

De Henrie's "GOLD FAVORITE" Syringes are warranted perfect in every respect, and are justly entitled to rank as the *leading instrument*" among Syringes both in this country and abroad

The "GOLD FAVORITES" are all furnished in our patent polished walnut cases, lined with silk velvet, and are sold by leading druggists throughout the world.

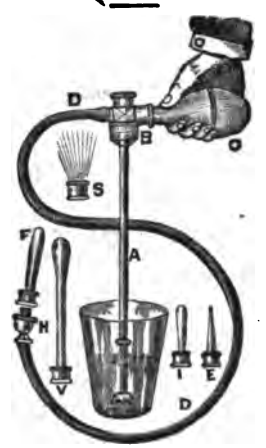
Wholesale price, $30,00 per dozen.

Dr. DeHenrie's Favorite Syringe.

Practical experience, and an earnest desire to overcome the many faults found in the construction and operation of the syringes heretofore sold, resulted in the invention of the "FAVORITE" which was introduced to the trade in April, 1877. It immediately became, as the name implies, a "Favorite" with the profession and the public, being ordered by the United States Government for use in the medical department of the United States army, and receiving the endorsement and praise of the highest medical authorities both here and in France, while the sales have been unprecedented This Syringe was introduced for favor entirely upon *its own merits*, and has achieved these results simply because of the following points of superiority. It possesses all the merits of a syringe with two elastic tubes—that of drawing liquid from a deep vessel, and the convenience of operating the bulb horizontally, while the *serious objections* to syringes of this style, such as the difficulty of keeping the rubber inlet-tube in the fluid (particularly when it becomes bent to the shape of the box), and the absence of a hand-rest making it fatiguing to pump with an extended hand, are all overcome in the FAVORITE, as the rigid suction pipe maintains a perpendicular position in the fluid, and can be easily handled, while it serves as a hand-rest, a comfort to ladies and feeble persons. As the outlet valve is located at the end of the elastic tube (*not at the bulb*), the fecalised fluids from the rectum are prevented from passing into the rubber tube, therefore it cannot become offensive. The valves work vertically, and are carefully fitted, so that every valve works snug and true, and are not liable to clog or get out of order. The bulb discharges the fluid in a direct line with the discharge pipe; being the only syringe having this valuable improvement of a bulb operating horizontally at right angles to the inlet tube, thus making it the easiest syringe known for an invalid to operate, never tiring the hand; while the old style, having the bulb standing upright on top of the suction pipe, must necessarily require more exertion, as the fluid is pressed against the valve and forced around an acute angle, requiring strength to operate it. One trial of De Henrie's Syringe is convincing that it is the best to recommend to an invalid or to ladies.

De Henrie's Favorite is elegantly NICKEL PLATED; making the metallic parts pure as glass for use. Each syringe is packed in a handsome polished walnut case, fitted with compartments for each part. As a syringe for family use it has no equal, being composed of tubes for the injection of male adult, female vagina, children, eye, ear, and a spray for inflamed surfaces. Wholesale price, $12.00 per dozen.

Explanation of Dr. De Henrie's Improved Favorite Syringe.



A—Suction Pipe, with Valve at **B**. **C**—Rubber Bulb, connects with A at **B**. **D**—Flexible Tube of the Finest Rubber. **H**—Outlet Valve Chamber. **F**—Injection Tube for Bowels of Adults or Children. **V**—Vaginal or Female Tube. **I**—Infant Tube, **E**—Ear Tube. **S**—Spray Cap for the Eye or inflamed Surface.

All enclosed in elegant, polished Walnut Boxes fitted with our patent compartments for keeping the tubes in place, and prevent them from rattling when carried.

The metalic parts are thickly plated with Gold or pure Nickel. The Rubber Bulb and Tubing is the *finest made*. The action is easy, and the valves fit perfectly, therefore the Syringe injects no air.

THE DE HENRIE SIPHON.

P, Spiral Coil, prevents the rubber tube from slipping out of the vessel; **B**, small rubber bulb, one compression starts the flow; **S**, improved stop cock; **F**, male tube; **V**, Vagina or Female Tube; **E**, Ear Tube; **N**, Nasal Douche; **A** Spray for inflamed surfaces.

This already famous Syringe is conceded by physicians to be the most convenient and useful article yet introduced; our cut is a fair illustration of its actual merits.

It acts automatically, dispensing with the pumping attendant upon the use of Bulb Syringes, and is designed as a decided improvement on the well-known water bag or "Fountain Syringe." In this Syringe we dispense with the rubber bag, which is so liable to crack or become leaky, and instead we use any convenient vessel for holding the liquid to be injected, simply placing the vessel upon the washstand bureau or mantel or suspended above the head, for injecting any quantity of fluid, from an ounce upward. A single compression of the small bulb **B** (see cut) starts the flow which continues whenever the stop-cock **S** is open. The hydrostatic pressure is invariably sufficient for vaginalor ordinary injections of the rectum or bowels, or a slight compression of the bulb increases the force when necessary to remove hardened feces from the rectum. As a nasal douche it has no equal. Each syringe complete with tube for male, female and infant, ear, nasal tube, and sprinkler. The metalic parts are manufactured of the purest white Britannia. nickel plated, all enclosed in a polished patent walnut case.

Wholesale Price, $15 per dozen.

Complete Price List of De Henrie's Syringes.

De Henrie's Gold Favorite (patent velvet case).....$30.00 per dozen.
De Henrie's Nickel Favorite (patent walnut case).....$12 00 per dozen.
De Henrie's Siphon Syringe (patent walnut case).....$15.00 per dozen.
De Henrie's No. 101 Syringe 3 pipes, $6.00 "
De Henrie's No. 93 Syringe 3 pipes, $5.00 per dozen.
De Henrie's No. 75 Syringe 2 pipes, $4.50 per dozen.
" No. 57 Syringe 2 pipes," $4.00 per dozen.

Sample Syringes to the Trade or Physicians at dozen rates.

Our Syringes are protected by letters patent of May 15, 1877, May 22, 1877, January 18, 1878.

MACDONALD & SUTTON,
GOODYEAR INDIA RUBBER GOODS,
299 Broadway, N.Y. 12 Rue Monsigny, Paris.
Ludwigs hafen a Rhine, Germany.

TO PHYSICIANS.
THE CELLULOID TRUSS.

"The Celluloid truss is a remedy of great importance, which is offered to the public. We say 'remedy,' because this truss is not only an immense alleviation to those afflicted with hernia, but an absolute cure for the complaint, if applied in time. We have unfortunately had considerable experience in this matter, and we are convinced that the last truss invented is the best. This is the Celluloid truss, and sold only by the sole agent, Mr. A. J. Ditman, the eminent druggist, corner of Broadway and Barclay street.

Celluloid is a very remarkable substance, composed of tissus of cotton and gum camphor, exposed to an enormous pressure. This material is applicable to many uses, such as the manufacture of jewelry, billiard balls, piano keys, etc.; but by far the best use to which it can be put is the making of trusses for the relief of hernia. Trusses made of this material have over others many advantages, which we propose to point out. To do this, it will be necessary to allude to the defects of some of the other kinds, which are entirely remedied in the Celluloid truss.

A truss with a leather pad is subject to the charge of uncleanliness, as the perspiration of the body, especially in summer time, enters the pores of the leather, very shortly imparting to it an offensive and unpleasant odor. The same objection will apply to the elastic trusses of various kinds, as they are all made with cotton or linen fabrics susceptible of imbibing moisture. The hard rubber trusses, though not open to this objection, are subject to another. They will split and crack in cold weather, and they emit an unpleasant odor of rubber.

The Celluloid truss obviates all the above named drawbacks. It is manufactured of a finely tempered steel spring, covered with the celluloid, which is forced on it under immense pressure, without any seam, and quite as smooth as the finest ivory. The material is absolutely impervious to moisture, consequently entirely protecting the spring from rust. The pad is made of the same material and in different forms. Being hollow and perfectly smooth, it is extremely light and comfortable to the person. Another advantage possessed by this truss is that it is adjustable, *i. e.*, the pressure can be regulated to the work to be performed by being increased or decreased at pleasure. No truss hitherto invented will permit of being used in bathing, as the material they have been composed of is injured by the water; but the Celluloid truss, from the nature of the material it is made of, suffers nothing from wet, so that many a sufferer from hernia, who has until now been precluded from the enjoyment and health-giving resules of a bath, because it was too dangerous to lay aside his truss for the purpose of bathing, can now take a hot or cold bath, swim or dive, as may suit him, without fear of injuring his truss, if he wear a "Celluloid."

We should like to describe this truss more in detail, but want of space forbids, and we must be content with simply calling attention to the above, and hereby extend an invitation to all Physicians to call or send for particulars."

The price of the Celluloid truss ranges about as other trusses.

The special advantages of the CELLULOID TRUSS are, that its force may be adjusted to any required degree, without impairing the spring, and its being imperishable

N. B.—A practical adjuster in attendance. Private rooms convenient.

A. J. DITMAN, Druggist, cor. Broadway and Barclay St., New York.

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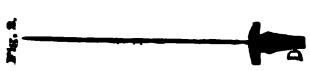

Fig. 2.

Fig. 3.

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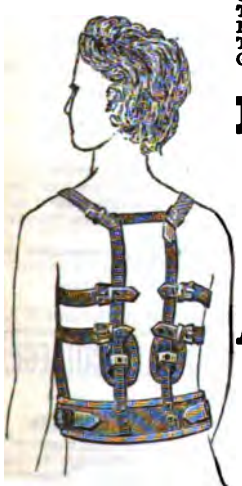

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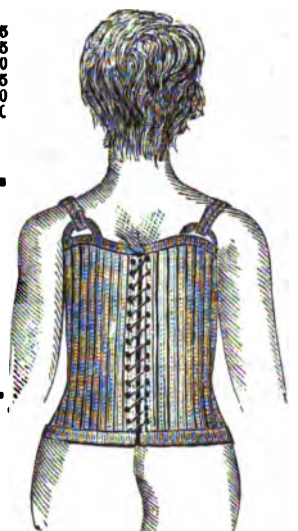

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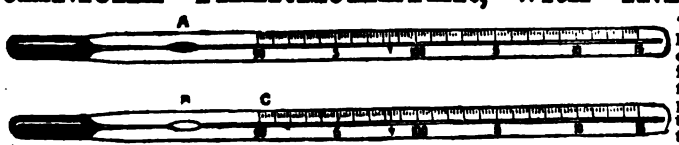

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Original Communications.

A CLINICAL ACCOUNT OF SOME CASES OF INTRA-LARYNGEAL GROWTHS.

By GEORGE M. LEFFERTS, M.D.,

CLINICAL PROFESSOR OF LARYNGOSCOPY AND DISEASES OF THE THROAT, COLLEGE OF PHYSICIANS AND SURGEONS; LARYNGOSCOPIC SURGEON TO ST. LUKE'S HOSPITAL, ETC.

I PRESENT the following cases as illustrations of a most interesting and I am sure, as far as results go, most important department of laryngeal pathology; likewise as examples of what may be effected in treatment by the natural passages and through the aid of the laryngoscope. I desire still further to call attention, purely for scientific reasons, to the fact that in the majority of the cases, I am not sure but in all, no laryngoscopic examination had been made previously to mine, though all of them had been under professional care, and the symptoms were such, as the reader may judge, as to certainly direct attention to the larynx as the seat of the malady. This being the case, I may be pardoned if I ask the careful consideration of those who apparently do not as yet appreciate the value of the laryngoscope as a diagnostic means, simply I believe because a lack of familiarity with its use has not *demonstrated* to them its worth, to the fact that its use is not very difficult to acquire with some practice, and to assure them that the importance and interest of the *practical* results which it affords—to say nothing of the satisfaction which one must feel at having added to his diagnostic and therapeutic resources an aid which he will in certain instances find not only very valuable, but often indispensable, will most richly repay for any time and labor expended in acquiring the necessary amount of technical skill.

I would, moreover, refer them to the *results* of experience in the practical use of the instrument as embodied in the literature of the day, and request that it be contrasted with such statements as the following—statements made with an honest and thorough conviction as to their truth—by no mean authorities *in their time.*

In speaking of laryngeal growths, one says, "From the infrequency of their occurrence, and the undistinguishing character of the symptoms they give rise to, they generally remain undetected till after death;" * and another, "Perhaps there is no class of diseases involved in greater obscurity or presenting greater difficulty to the practitioner than those affecting the larynx and trachea . . . and, by reason of the difficulty of the subject, it will be long before the same accuracy of information, with reference to the affections of the windpipe, can be attained that is possessed in other diseases." †

Comment is hardly necessary. Is not the fact to-day proven to every unprejudiced mind that our ideas concerning the pathology, physiology, and therapeutics of this very important organ have undergone a wonderful revolution in a comparatively few years. Do we not now possess the "accuracy of information," or at least the means of acquiring it, for the larynx is no longer a *terra incognita;* light has literally been thrown upon it and upon its morbid conditions by the laryngoscope, and their diagnosis rendered accurate, their treatment in the great majority of instances safe and effectual.

CASE I.—March 3, 1875, I was consulted by Mrs. T. in relation to a complete aphonia from which she had suffered for some six months. I was informed that during the previous July she had noticed a slight hoarseness, which was attributed to exposure, and supposed would soon pass away without treatment, especially as her voice had always been previously perfect; but the condition persisting throughout August and September, various treatments, internal and external, were pursued without any alleviation of the progressive hoarseness. The laryngoscope was not used.

In October the voice was totally lost, and the respiration affected. This interference with respiration does not seem to have been very marked, consisting alone in a certain sense of oppression and some shortness of breath after exertion, without being progressive. In addition, she has suffered from numerous attacks of laryngeal spasm, always occurring in the night, and being of varying degrees of intensity. Conversation is carried on in a feeble, strained whisper, barely audible at a short distance, which causes marked fatigue if protracted beyond a few moments, associated with a dull pain over the larynx and chest. Her general condition is good, and she tells me that her health has not been in the slightest degree affected by the above-described conditions; indeed, she weighs more now than she did some six months since.

The objective examination gives the following results: the respiratory murmur is everywhere good over both lungs, its pitch alone being modified by the stridulous sound transmitted into the bronchiæ from the larynx. The laryngoscope shows that the whole anterior commissure of the larynx is filled up by a large, smooth, ovoid growth, fibro-cellular or fibroid in its nature. It is tolerably well pictured in the

drawing. It extends backwards until it occupies about one-half of the antero-posterior diameter of the laryngeal cavity, and terminates in two large rounded points. It has its points of attachment in the commissure and upon the superior surface of the left vocal cord anteriorly. As is seen, it occupies very completely the greater part of the glottic opening, and most effectually prevents the process of phonation by holding the vocal cords apart.

On March 8th an attempt was made to remove the neoplasm with a Mackenzie's laryngeal forceps, which failed mainly because the forceps were too large, and could not be introduced into the laryngeal cavity without causing spasmodic approximation of its walls. Two days later the operation was again undertaken with a Türck's tube forceps, which proved to be much more applicable. Three days were necessary to effect an extirpation of the neoplasm, the sitting never being prolonged beyond ten to fifteen minutes on each day, and the forceps being introduced but twice. On the second day the patient found that with some effort she was able to pronounce certain

* Ryland: A Treatise on the Diseases and Injuries of the Larynx and Trachea.

† Porter: Observations on the Surgical Pathology of the Larynx and Trachea.

words with tolerable effect, and that two days later she could *speak*. The laryngoscope showed at this time that the glottic opening was freed from the presence of the growth, and that the vocal cords could and did meet at the median line. Some small portions of the neoplasm still remained upon the superior surface of the left cord, near the commissure, and these were removed at the fourth and last—as far as operative interference went—séance. From this time on there was gradual but steady improvement in the patient's voice, the want of clearness at first depending upon the tumefaction and congestion of the cord consequent upon the operative measures taken, and later upon a condition of apparent atony due to the prolonged complete disuse of the laryngeal abductor and adductor muscles especially. This latter condition was bettered by the use of electricity and vocal exercise, while time relieved the first; and on March 23d the patient was discharged with a full, clear, and loud voice.

Case II.—In September, 1876, I saw an exceedingly beautiful illlustration of the size and extent that a laryngeal papillomatous tumor may attain in the person of M. H., aged 28. The symptoms that its

presence caused were mainly an aphonia, which was absolute and which had persisted for many months, and dyspnœa, which of late had become excessive and dangerous, preventing all exertion and even rest at night. Of such a grade was it, that I hesitated whether or no it was not proper to perform a tracheotomy at once, before attempts were made to remove the intra-laryngeal tumor by the natural passages. Had I yielded to the fears that the patient's condition suggested, I should have done so; but experience having taught me that a surprising degree of toleration is established by nature in laryngeal stenosis of a chronic progress, and that we not unfrequently see patients living on such a diminished supply of air obtained with difficulty through a glottic opening so small that, were the same degree of stenosis to occur quickly—were the exclusion of the same amount of air unprepared for and sudden—it would in many instances, I am sure, be insufficient to insure the maintenance of life. I therefore waited, and determined to attempt at least the removal of the growth through the mouth. A small portion of it only, if it were taken from that part which overhung the glottis, and which was drawn into the latter with every inspiration, would suffice to improve matters materially. The result justified this view. Without going into tedious details (I have, in some of the other cases which are embodied in this recital of clinical histories, given in detail various operative steps), suffice it to say that, at the first operation, the greater part of the papillomatous growth was removed without difficulty; its size, extent, and location rendering the operation with a large Mackenzie's laryngeal forceps an easy one. Indeed, it would have been difficult, the forceps once in the larynx, not to have seized at the first sitting large portions of the neoplasm. Laryngeal spasm, which I expected and feared, for reasons readily appreciable did not occur. The result of the removal of such a large portion of the mass, which was blocking up the glottis, was, as might be expected, most satisfactory and comforting to the afflicted patient. "For the first time in months he could breathe easily."

At a second sitting a few days later, remaining portions of the neoplasm, situated mainly upon the left vocal cord and on the inner surface of the left arytenoid cartilage, were removed. This was followed by marked improvement in the voice. A third sitting was devoted to the removal with a small forceps of a remnant of the growth located on the laryngeal face of the left arytenoid. Succeeding in this, and noting that one or two small remaining portions of growth (not larger than a pin's head) at other points were undergoing or had undergone an atrophy after their thorough crushing, further operative interference was not needed. I saw the patient some months subsequently with a clear larynx, free and uninterrupted respiration, and a fairly good voice.

Case III.—The patient, a robust country girl, aged 16, was referred to me for treatment by her physician, in the western part of this State. Her history was as follows: for eleven years she has had trouble with her voice and throat. This has manifested itself by persistent and progressive aphonia, and the ordinary subjective symptoms of a chronic inflammatory process in the pharynx and larynx. She dates the inception of her aphonic symptoms from a severe cold which occurred, according to her mother's statement, when she was five years of age. Her voice had previously been excellent and perfectly normal. Associated with the aphonia, which at this time was of a slight grade, was more or less dyspnœa, occurring chiefly during the night. This latter symptom was the first one to attract the parents' attention, and was naturally considered to be croupous. The symptoms described became very slowly, but still perceptibly and increasingly worse, until within some six years ago, at which time further and more serious manifestations of interference with the respiratory current within the laryngeal cavity developed. The most marked of these, and the one which excited the most alarm, was the frequent occurrence of severe laryngeal spasm, usually at night, and always after any extraordinary physical exertion. Phonation now became a painful and labored process; the voice, at its best, was rough and coarse, but a very few moments sufficed to render even this totally inaudible, and if the effort were persisted in, violent and continued cough at once supervened. Her condition demanding relief, medical aid was sought for the first time. The diagnosis of "tumor in the windpipe" was, according to her statement, arrived at, and medicines administered which had the effect of relieving somewhat the dyspnœa, more or less paroxysmal in its intensity, from which the patient suffered. No examination of the larynx was made. From this date up to the time of my laryngoscopic inspection no new symptoms, but a gradual aggravation of the old, are to be recorded. Dyspnœa and aphonia became steadily worse; active exertion became impossible; violent and harassing cough, during which small pieces of a "fleshy" character and consistency were thrown out of the throat, occurred at intervals. In June last the voice, which, as I have stated, was at times intelligible at some little distance, became totally lost; and four months later—October—the dyspnœa forced her to seek diagnostic and operative aid in this city.

My subjective examination revealed nothing to be added to what I have recorded. The character of her respiration would, perhaps, have attracted the most

immediate attention, demonstrating as it did conclusively, that a most serious impediment somewhere existed in the air-passages to the respiratory current. It was labored; if forced, became slightly stridulous, and was rendered more difficult by exertion or prolonged efforts at conversation. The voice was almost inaudible, and it was only by a *straining* effort at phonation that she could make herself understood, and even then the distance between herself and her hearer needs be short.

The laryngoscope showed at once the cause of these phenomena—the larynx was more than one-half filled by growths whose gross characteristics at once demonstrated their nature: the villous, velvety appearance of the mucous membrane in the neighborhood of the glottic opening; the aggregations, branches, and cauliflower-like appearance of the tumors at once proclaimed them to be papillomatous in their structure. A reference to the drawing will show that they occu-

pied nearly the whole extent of both vocal cords; that on the left side of the larynx they extended well upwards upon the false vocal cord posteriorly, and encroached thence backwards over the inner face of the left arytenoid cartilage. The anterior commissure of the cords was so fully occupied by the neoplasm that its opening was entirely occluded or filled up, and the deepest inspiration possible failed to draw the vocal cords sufficiently apart to afford a clear space. More than one half of the rima glottidis is, therefore, rendered absolutely obstructive to the respiratory current. Its opening posteriorly is likewise encroached upon, but not to the same degree, the irregular nodulated pointed projections simply reaching inwards into its free space—interdigitating, as it were.

The act of phonation—adduction of the vocal cords—crowds these growths together and closes the glottis; the vocal cords remaining at, or but a short distance from, the sides of the larynx. The column of air from the trachea then forces itself upwards through the numerous small fissures and openings which remain between the irregular edges of the growths, but no sound, resembling in any degree a natural one, is produced. Respiration is conducted through the opening which exists posteriorly, and the current of air, in its passage, causes a slight vibratory movement of the apices of the inter-lying growths.

Operative measures were undertaken at once to relieve this condition of affairs, and the throat being capacious and unusually tolerant, no difficulty whatever was experienced in passing Türck's tube forceps, guided by the reflection in the laryngeal mirror, into the cavity of the larynx, and upon such portions of the growth as it was desired to remove at each sitting. A few of the latter—without being prolonged beyond the patient's endurance, or causing too marked an inflammatory reaction—sufficed to clear the vocal cords and overlying parts most completely of all vestiges, root and branch, of the neoplasm.

I might now reasonably expect, judging from the results in other cases, to have the satisfaction of hearing an improvement at least in the patient's phonetic powers, but I was disappointed. To my surprise no such result followed immediately, nor did the improvement manifest itself for several days. The laryngoscope showed me that the cords were clear of the neoplasm, but that they were of a red color, swollen, with rounded edges, and that all proper muscular action in adduction, and their vibratory properties were in abeyance. This condition of affairs was the explanation of the still persistent aphonia.

Inflammatory reaction after my instrumental proceedings was to be looked for; it existed, and to an unusual degree—hence the hyperæmia, the swelling. The long practical disuse of the vocal cords, it is fair to infer, may have given rise to a partial atrophy at least of the laryngeal muscles. These two causes were all-sufficient to prevent an immediate return of voice; and that they were the causes is proved by the fact that under the use of daily applications of an astringent spray into the larynx, the employment of electricity, and systematic vocal exercise, as in the first case that I have detailed, there was constant improvement. The case remained under observation, and with gradually lessened treatment for some three weeks after the operation, the voice continuously developing in quality and force, and was finally discharged from treatment, and allowed to return home, if not with a perfectly melodious and well-toned voice, at least with one which, if a little rough and coarse, answered perfectly all practical requirements, and with one, of which the constant improvement allowed of a favorable prognosis being given.

[A letter recently received (November) leads me to believe that there has been a reproduction in part of the papillomatous growths.]

Case IV.—Jennie B., aged thirty, on an exceedingly inclement night some three years ago was exposed for a long time to the cold and wet, while crossing the river in a ferry-boat. The consequence was a severe cold, with all the symptoms of an acute laryngitis, including absolute aphonia. The condition, after lasting a day or two, subsided, but only to be renewed upon fresh exposure, so that the entire winter passed before the patient was able to consider herself free from her "cold." The state of her voice, then, for the first time attracted her attention; from being clear and full as formerly, it was now constantly hoarse; and at times, for a few moments, would fail her entirely. For the past eight months

the hoarseness has grown slowly worse, and she is now conscious of making considerable muscular effort in order to produce clear sounds from the vocal cords. If this effort be prolonged the voice will be entirely lost for a variable period of time. During phonation she often feels "as if something came in the throat, and stopped the voice;" that is to say, there is a sudden catch in the voice—a sensation of a foreign body in the larynx—followed by tickling, paroxysmal cough, and efforts at clearing the throat.

The laryngoscope shows that there is a more or less ovoid-shaped neoplasm seated upon and partly incorporated with the left vocal cord. It is soft and of a bright red color; in short, presents the general charac-

teristics of a fibro-cellular growth. The only point of special interest in connection with it is, that during phonation it is crowded up between the vocal cords until a considerable portion of it lies upon either one or the other cord; hence, probably, the sensations of which our patient complains. Its removal by means of Türck's laryngeal forceps was at once undertaken, and all that portion of it which was crowded up between and upon the vocal cords during phonation was easily removed. The remainder, lying immediately below the free edge of the left cord, owing to its location, which caused it to be covered and hidden from view, as soon as the cords were spasmodically approximated, a result which followed each introduction of the instrument into the larynx, could not be reached, and after a number of trials the attempts were discontinued. A silver probe, coated with silver nitrate upon the appropriate side, to correspond with the location of the growth in the larynx, was now taken, passed during deep inspiration directly into the patient's widely opened glottis, and then pressed strongly upon the remains of the neoplasm; contact being kept up long enough to thoroughly destroy all portions of the growth. The probe was then removed, and the larynx immediately painted with a solution of sodium chloride. The reaction following this procedure was most decided and unpleasant. Acute laryngitis, tumefaction of the vocal cord and aphonia, was the result, but subsided within a few days. An examination made a week subsequently showed that all vestiges of the growth had been destroyed, and that the vocal cord had resumed its normal appearance. The voice, which after the first operation had been much improved, was now so much bettered that the patient herself pronounced it "as good as it had ever been." As a matter of fact, it was clear, strong, and resonant, and I had every reason to be satisfied with the result.

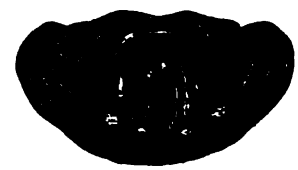
The following two cases represent a class of laryngeal growth which is certainly rare; at least my experience and the meagre, or absence of any, account of them in standard works upon laryngoscopy, would lead me to believe so. Türck alone makes mention of them, and to his excellent work I am indebted for what information I possess upon the subject. They have their origin in a localized chronic inflammation of the submucous connective tissue and the mucous membrane of the vocal cords; a result of which is the formation of a polypoid tumor or tumors of varying size, but usually very small, made up mainly of plastic matter. Whether or no these tumors ever consist of the products of an old inflammatory process having its seat in a mucous follicle, is as yet a disputed point. Upon their size—and, as has already been said, they may be multiple or single—depends, according to Türck, their designation; the smaller, round, opaque, white and numerous, the size of a hemp seed, constituting an affection or appearance which has been termed by him "*chorditis tuberosa*," while the larger, usually a single tumor, of more or less fusiform shape, apparently intimately incorporated with the surrounding tissues and of a whitish-opaque or even a dirty-reddish color, has been classed as the "*polypoid form*," of a chronic and localized inflammatory process affecting the vocal cords. This latter locality is always the seat of either variety, their edges and superior surface forming the favorite points for the localization of the inflammatory products. Four cases of the first form, all occurring on the persons of female singers, and four of the second, have been observed and some of them fully reported by Türck. For the information of those interested I will add, that histories and drawings, as well as the result of a microscopical examination of the neoplasm in one instance, are given in his classical work.

My cases are as follows:

CASE V.—Mrs. J. G., a professional singer (mezzo-soprano), came to me in February, 1876, for assistance in regard to her voice, which she stated was *ruined* ten years ago (she now being 25); she suffered from a severe attack of membranous croup, which passing away left an aphonia of some six weeks' duration. This in turn slowly disappeared, and the voice, subject to occasional relapses into huskiness, again became available for singing. A few months since, following severe exposure and cold, another attack of aphonia developed; this proved to be a most severe and persistent one, and a voice seriously impaired in purity and force was left upon its subsidence. Singing now became a painful process, attended by perceptible muscular effort, and leaving a tired and sore feeling in the larynx and pharynx after it. The change or veiling of tone was most perceptible in the middle register, and its transition into the upper, especially when the voice was forced. Such a condition being of course incompatible with steady professional work, the voice being entirely unreliable and "giving out," on slight provocation, singing was discontinued.

In addition the patient is suffering from some, and has suffered from many, symptoms of an ordinary catarrhal pharyngo-laryngitis.

Upon the left vocal cord, at the junction of the anterior and middle third, situated directly upon, or rather *in*, its free vibrating edge, is an ovoid, opaque, whitish tumor which blends into the surrounding parts, directly opposite to it, that is upon the right vocal cord, is a second similar tumor, but much smaller. Dur-



ing phonation the projections caused by these tumors touch as the cords come together, and before the latter are in apposition; a double glottis is thus formed, its parts being of unequal length, and consequently giving rise to unequal sound-waves, and double notes of a different pitch, result, a discordant voice which is furthermore rendered hoarse and unreliable by the relaxation and catarrhal congestion of the vocal cords themselves. It may be of interest to note at this point, for the information of my fellow specialists, that the experiments undertaken with this patient's larynx to prove the truth of the phenomena described by Schnitzler in his paper on "*Diphthonia*," failed.

The object of treatment in such a case as the above is to cause either a resorption or a destruction of the so-called growth, which will depend somewhat upon its location and size, but especially upon its *age*. In recent cases the former plan may be carried out successfully, while in those in which the tumor has existed for a long period it will undoubtedly fail, and a direct means must be taken to destroy the neoplasm by caustics or forceps if it be large enough and so situated as to be readily seized; although I believe that an opportunity to do this would be rarely afforded, owing to their usually thorough incorporation with neighboring parts. In my case the plastic deposit being of comparatively recent origin, its reabsorption was successfully accomplished by the persis-

tent pencilling of the larynx (twice weekly, with tolerable regularity for six months) with a solution of iodine and iodide of potash in glycerine. I say successfully, because at my last examination there was no remaining evidences of the plastic nodules or growths at the points above indicated, and the patient's voice had regained its strength and was regaining its purity. I believe she has since resumed her singing.

The second case occurred in the person of a professional friend. I give his history in his own words.

CASE VI.—"Some time during the latter part of March, 1876, I took a violent cold and was confined to my room for about one week; at the end of that time resumed my duties, but noticed a slight huskiness in the voice. By the middle of May following I found that after reading aloud or talking for a short time I became decidedly hoarse. An examination of the larynx, which was now made by Dr. L., showed that an extensive hyperæmia of the parts existed, and an astringent course of applications was advised, with rest of the throat. For three weeks treatment was continued more or less regularly; but at the end of that time, believing that the good results already accomplished would lead to permanent relief, my visits were discontinued until the 25th of July following. An examination made at this time, on account of the redevelopment and increase of my former symptoms, showed that the hyperæmia was no longer active, that a chronic laryngitis existed, and had as one of its results given rise to a localized hyperplasia (fibrinous plastic material); this had assumed the shape of a small nodule somewhat larger than a pin's head, located upon the inner border of the right vocal cord at its anterior third. Applications of a solution

of iodine and iodide of potash in glycerine were advised.

"My attendance being still irregular, it was not until the middle of the following October that, becoming alarmed at the steadily increasing hoarseness and difficulty in speaking, I determined to devote time and attention to the treatment of the affection.

"By New Year's Day, having been in regular attendance twice weekly since October 15th, I found my voice so much improved that it was nearly natural. Three applications weekly have been made to the larynx since January 1, and at this date, January 26th (1877), my voice is perfectly restored."

Under the use of the medicament above mentioned, the so-called growth slowly but steadily decreased in size; in so-doing apparently acquiring a much greater density. At least the latter stages of the cure were much slower than the earlier, less impression being made upon the size of the nodule in a given time. At present a slight thickening of the cord at the site of its former locality, and a slight opacity, alone mark its early position.

There is one point in diagnosis which relates to both cases, and which had perhaps be better mentioned before I leave them: this is, that when the cases are first seen there may be some difficulty in detecting the presence of any localized hyperplasia such as I have described above, simply because the general congestion of the parts, attended undoubtedly by more or less thickening and chronic œdema, is usually, I believe, amply sufficient to mark the small nodule or nodules which at this time do not present the same whitish-opaque appearance (due to a fatty degeneration of their interiors), that they do later in the disease, and it may only be after a treatment directed against the chronic catarrhal symptoms has succeeded in subduing to a degree both congestion and tumefaction, that the tumor will appear clearly enough for diagnostic purposes. This *differential treatment* will be less necessary, of course, when the tumor is situated directly upon the conspicuous free edge of a vocal cord, as in both of my cases.

The latter, the vocal cords, seem to be, if we judge from the description of the cases which have been published, the favorite site for neoplasms of this character, and I think that the explanation will be found in the fact that just at this point we have the greatest amount of laryngeal movement—of friction—of more or less continuous impingement. Under normal conditions this of course causes no irritation; but with vocal cords intensely hyperæmic, already more or less acutely inflamed, such irritation cannot but conduce to an increase of the inflammatory action, with consequent infiltration of plastic matter, the *edges* of the vocal cords being the parts which receive most directly the greatest amount of mechanical contact and pressure. Just here we should expect to find the hyperplastic infiltrations or nodules, and just here we do find them as a rule. Perhaps we may in this way explain also why singers, those who use the larynx continually, and often under unfavorable conditions, should constitute the majority in the recorded instances. Another curious proof of the apparent truth of this theory is afforded by my first case. Where directly opposite to and corresponding with the first and primary nodule upon the left vocal cord which projected beyond its free edge, and consequently struck on each effort at phonation a given point upon the opposite cord, was a second and smaller one upon the right, both vocal cords being at the time subject to the same grade of inflammatory action.

CASE VII.—On December 7, 1876, I examined the larynx of A. A., aged 23, a robust young man, free from all syphilitic or tubercular taint, who had suffered from an almost absolute aphonia for some three months. Six months since the voice became husky, and previous to that time he had been subject to the commoner symptoms of a chronic laryngitis. The aphonia has been gradually but steadily increasing

up to the time of my examination. Respiration is entirely unaffected, and there has been no laryngeal spasm. I found the anterior commissure of the larynx to be completely occupied by a large ovoid tumor, which extended backwards between the vocal cords to a point midway between their commissures. It was of a bright red color, smooth surface, and was attached by a broad base just below the cords anteriorly. Its appearance showed it to be fibro-cellular.

Its size and position render perfect apposition of the vocal cords impossible, as it presents a direct mechanical obstacle to the closure of the glottis, hence the aphonia. Our first sitting for operative purposes was on December 12th; I, in the meantime, having demonstrated the case to my class at the College of Physicians and Surgeons, and at it I removed, by means of the laryngeal forceps, the greater part of the neoplasm. The result was most excellent, but not surprising, when the location of the growth is considered. Voice immediately returned, loud and full. The same night there was some soreness of the larynx, and change for the worse in the voice. The next day, however, the latter again improved and continued to do so up to the second operation, on the 15th, when I removed the remaining portions of the growth, consisting mainly of its base. One week later the patient was again brought before the class at the College, and apparently took special delight in exhibiting, at my request, the power of his voice, by filling the large amphitheatre with joyful shouts. Evidently there had been complete and full restoration.

CASE VIII.—P. L., aged 38, was seen by me May 3, 1877, on account of an aphonia from which he had suffered for several months, and which he believed to be progressive. No other symptoms of laryngeal disease of any import. An examination of the larynx demonstrated the presence of a large papillomatous outgrowth upon the right vocal cord, springing mainly from its free edge in its anterior third, and partly from its superior surface. . The tumor lies almost di-

rectly in the glottic opening, and consequently prevents a closure of the cords during phonation. Upon the left vocal cord at a corresponding point to the above, there is a slight irregularity of surface, hardly a hypertrophy which may indicate the future development there of a like growth.

At the first sitting all morbid tissue was thoroughly removed by means of Türck's laryngeal forceps, with resulting *immediate* improvement in the voice. One week later this was confirmed.

CASE IX.—Miss M., æt. 16, was referred to me for treatment in September of this year. She is *absolutely aphonic*, and has been so for the past six months. Seventeen months since her voice began to fail, and has been growing progressively worse since that time. Previously it had always been good, though she has been subject to numerous attacks of sore throat (pharyngitis or tonsillitis). Twice during the past summer she has coughed out fragments of a fleshy consistency, which were evidently parts of some intra-laryngeal growth. She has had no cough, no dyspnœa nor laryngeal spasm, and is in all other respects than those above stated perfectly strong and well. She has been treated by several practitioners, and on various hypotheses. No laryngoscopic examination previous to mine had ever been made. Her larynx was an unusually easy one to examine, and the glass showed plainly the appearances represented in the drawing. A large papillomatous tumor springs from the left false vocal cord, overhanging a second which is attached in the anterior commissure of the larynx. Together they block up more or less completely the glottic opening. The lower growth moves backwards and forwards with the respiratory current.

At the first sitting all portions of the growth, with the exception of parts at the anterior commissure, were removed with the Türck's laryngeal forceps.

The next day these portions were shrunken, and more were seen *below* the vocal cords to the right and left. Those upon the right removed with some difficulty. The next two or three sittings were devoted to

the removal of those portions of the papillomatous tumor which lay below the cords; a very difficult matter, as all who have had any experience in this class of operation will allow. I first tried to destroy them with nitrate of silver on a laryngeal probe, but with only partial success; then resorted again to the forceps (Mackenzie's, opening laterally), which I carried through the open glottis at the proper moment and crowded forward, and finally succeeded in removing all, after many attempts. The larynx is now freed from the neoplasm, and the patient's voice practically restored after the first operation; constantly improving in both strength and quality.

No. 6 WEST 33d STREET.

A CASE OF WOUNDED INTESTINE, WITH EXTENSIVE PROTRUSION.

A NEW METHOD OF REDUCTION.

BY M. STORRS, M.D.,

HARTFORD, CONN.

THE following case is reported as one having some points of interest, viz.: the extent of the injury, the treatment adopted, and the favorable results which followed. J. M——, an Irishman, æt. about 30, returning home from a drinking-saloon at midnight, Aug. 26th, was wounded in the abdomen with a knife in a scuffle with a fellow companion. Dr. J. N. Parker, of South Manchester, was at once called. He found apparently the whole of the small intestine protruded. Requiring assistance, he waited for my arrival, which was about 4 A.M.

The general condition of the patient indicated a severe shock, faint and pallid; pulse 85, weak. Complained of great pain in the small of the back, none elsewhere. Removing the flannel which covered the abdomen, some eighteen feet, as we judged, of the small intestine had escaped. No omentum was seen. The bowels were dark-red from congestion and distended with gas. There was a transverse wound of the intestine an inch in length, from which there was free bleeding. The serous and muscular coats were divided, and the wound presented the oval form. We were of the opinion that at one extremity of the wound the inner coat was also divided. But there was no escape of fecal matter. The probe was not used. The external orifice of the abdominal wound was two inches in length, reaching from just below the umbilicus horizontally to the right. The internal

orifice was an inch or less, closing firmly around the bowel.

The protrusion had occurred whilst running homeward. The abdominal walls rested flatly upon the spine, and the posterior surface of the abdominal cavity. The patient was etherized. The wound in the bowel was closed by three small, interrupted silk threads passing through the outer coats. This arrested the hemorrhage.

Two strong and long silk ligatures were passed through the abdominal parietes, including the peritoneum, one on each side of the wound. These were given to assistants upon opposite sides, with directions to draw with nearly full strength upwards from the wound, and obliquely to each other. The intestine was then worked in with the fingers, an inch or two at each effort. The external wound was closed with the interrupted metallic suture; cloths, wet with spirit and water, were applied, and morphine was given.

Dr. Parker reports that there was pain and vomiting for four days. Pulse reached 120 on the third day. Abdomen not very tender at any time. Bowels moved naturally on the fifth day. Sutures removed the same day. Morphine was not given in larger doses than ¼ of a grain. Discontinued visits on the 1st of Sept. On the 9th, only fourteen days after the injury, the patient resumed his place as foreman in one of the departments of a silk manufacturing establishment.

We may remark that the facility of reduction in this case was due to the traction by the ligatures. When this was diminished or stopped, no headway could be made. When vigorously used, the reduction was comparatively easy and rapid, and the bowel was subjected to much less handling. In a word, this procedure accomplished the following desirable ends:

First. It enlarged the opening beyond the natural limits and beyond the limits through which the parts escaped.

Second. Including the peritoneum in the grasp of the ligatures, there was less danger in the taxis of separating it from the abdominal parietes.

Third. Pressure of the abdomen antagonistic to reduction was removed.

Fourth. An empty chamber was afforded, into which the protruded parts were invited to return and to remain when replaced.

Authors direct that the wound should be enlarged if necessary. If it is a deep and narrow wound, so that the ligatures could not be applied without difficulty, the external orifice, without harm, may be enlarged, converting the wound into one like that which we have described, or like that which the surgeon makes in his operation for hernia—a free external wound, but through the peritoneum a wound as narrow as possible. But where a grooved director can enter the wound, it will be possible in almost every case to insert the ligatures by proper mechanical means.

Hooks, perhaps, could be used instead of the ligatures. In this way we avoid all the risk from further division of the peritoneum, and making use of the natural elasticity of the parts, we not only set free the organ held impacted, but the reduction of a large mass becomes easier and safer.

Dr. Ernst Emil Hoffmann, Professor of Anatomy in the University of Basle, was found dead in his study on the 15th of December. Death had resulted from heart-disease. The professor was still a young man, and had previously been, to all appearance, in the enjoyment of excellent health.

A CONTRIBUTION TO THE STUDY OF AUDITORY EPILEPSY.

By ALLAN McLANE HAMILTON, M.D.

(Read before the Medical Society of the State of New York, Jan. 15, 1878.)

Flourens, Brown-Séquard, and others, have established the intimate relation between the middle ear and certain parts of the brain, and have settled by conclusive experiments that irritation of this part of the auditory apparatus was followed by disturbance of equilibrium. Crum-Brown, in the Journal of Anatomy and Physiology, May, 1874, demonstrated the fact that the various derangements of equilibrium occurring during rapid rotation of the body, were due to variation of pressure of the fluids filling the semicircular canals.

Ferrier says: "The maintenance of equilibrium is an example of æsthetiko-kinesis, and involves the conjoint operation of three separate factors." These are enumerated by this author as: "1. A system of afferent nerves; 2. A co-ordinating centre; 3. Efferent tracts in connection with the muscular apparatus concerned in the action."

The simplest examples of defective co-ordination of these parts is shown in some individuals when the ear is syringed out, and vertigo is produced. In a more serious pathological condition, namely, auditory vertigo, or "Ménière's disease," the want of harmony of the equilibriating apparatus is lost, and aggravated vertigo ensues, during which the individual seems to be turned from left to right; objects moving about him in a horizontal plane when the left ear is affected, and if walking at the time, he unconsciously moves to the wall or fence that may be at his right side.

The pathology of the condition may be briefly stated as an irritation of the auditory nerve, a secondary irritation and anæmia of that part of the cerebrum, spoken of by Ferrier as the co-ordinating centre, and a resulting impairment of the functions of the efferent nerves, and a consequent disturbance of the equilibrium.

As a rule, those forms of chronic aural disease which affect the middle ear, produce at the most but a transient vertigo,* and this is of the horizontal or rotating variety. In the disease I propose to illustrate by the case to be presently detailed, the disturbance of equilibrium seems to be expressed by an "up and down," or, speaking more exactly, a *perpendicular* vertigo, if such a term may be coined.

The experiments of Flourens made in 1822, which served as the basis for other experiments undertaken by Ménière in 1861, show the connection between certain lesions of the ear and varieties of inharmonious movement. Section of the semicircular canals produced movements which were influenced by the direction of such canals. Horizontal or lateral rotation followed section of the horizontal canals; backward movements followed section of the posterior or inferior vertical canals, while movements of progression and pitching forwards were the results of section of the superior vertical canals.

What the special lesion is that would give rise to the disorder of movement which occurs during the intervals of the paroxysm in the following case, must still remain a mystery. It is probable, however, that the lesion was compound.

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* I mean "transient," as used to imply a brief attack which may be repeated.

Such cases I believe to be rare. Brown-Séquard * states that Mr. Hinton, an English surgeon, has reported several when, after death, no lesion was discovered, except evidences of disease of the middle ear. My friend Dr. Roosa tells me that out of five or six thousand cases of aural disease he has seen, he does not remember but one of this kind.

John W. P——, aged 15 years and 6 months, a stout and apparently healthy boy, well nourished, and presenting no external evidences of disease; family history good. His mother stated that he had always been a rather dull boy, and that at school he was generally behind in his studies and did not seem to learn easily, and when sent on errands he was unreliable and forgetful. There is no history of injury or sudden fright, nor has there been any known predisposing or exciting cause, but at the age of eight years he had a severe attack of scarlatina, which left him with a remaining otitis, most severe on the right side, and resulting in a profuse discharge of pus, which still continues in a modified degree, but is not so excessive as it was a month ago. About six weeks ago he began to syringe his ears with a carbolic acid solution, which had the effect of removing a large mass of what was probably inspissated pus, and his hearing, which had before been quite defective, became greatly improved, and he no longer complained of various subjective noises, such as buzzing and roaring. When the quantity of discharge was diminished his ears became painful, and pressure on the mastoid processes caused much suffering. Ever since the scarlatina he has had frontal and occipital headache, which is always constant. About a month ago he had his first epileptiform attack, and this occurred about noon one day when he was using his syringe. Without warning he suddenly fell to the floor, became convulsed, and in a few minutes recovered, and did not fall asleep, but a semi-unconscious state, however, supervened.

The next attack came on four days after, at 3 P.M. While he was chatting with a friend, he suddenly stopped talking, and fell. This attack was much more violent than the first one. They now became more and more frequent, until about two weeks ago, when on one occasion he had fifteen during twenty-four hours. Since then he has not had so many, having had between one and five attacks every day but one, which was the only day he missed the attack since the commencement. During some of the attacks he is very violent, while in others not so much so. His appetite has been irregular for some time past. An examination made by Dr. Baldwin, house-physician of the Epileptic and Paralytic Hospital, and myself, revealed tenderness on pressure over mastoid processes, but mostly on the right side. He has no definite aura, but peculiar sensations, which he cannot describe, preceding his attacks, which he cannot locate. He complains of vertigo and nausea, and muscular weakness after the slightest exertion. He invariably returns to consciousness almost after the attack, attempts to arise and walk, but is usually quite feeble.

Examination of Ears.—R.: Discharge scanty, thin, and sero-purulent, and, on examination, the membranum tympani is found absent. The tick of a watch is heard only when the watch is pressed against the ear. A roaring sound is always present.

L.: The same examination shows more or less congestion of the tympanum, with evident signs of otitis media; but there is not so much pain on this side, and the hearing is very much better, the ticking of the watch being heard at three inches.

Patient has complained very much lately of deep, severe pain in the frontal, but extending back to the occipital region. With this pain there is dizziness, especially when he stands, thus making it difficult for him to preserve his equilibrium, which is strikingly shown by his irregular movements. When sitting up in bed, he complains that the objects move up and down, and not horizontally, as we would expect to find in ordinary auditory vertigo, and a very interesting and peculiar symptom are the movements he makes to preserve his relation with surrounding objects, his body moving up and down and his head swaying strangely. He is very susceptible to noises and bright lights, either being capable of inducing a spasm at times. Vomiting from an empty stomach is occasional, with dilatation of pupils. The vision of right eye is at times entirely lost, but at others is unimpaired. Muscæ volitantes are frequently complained of. Examination of urine affords negative results.

Observations during an attack or convulsion, which occurs at no regular intervals, but is a constant result of irritation of the internal auditory apparatus:

I. Ear syringed at 9.55 A.M. Patient calm, and not at all nervous; skin of normal hue; pulse regular; temperature normal; pupils somewhat dilated. He passed a good night, and suffered but little pain, though his vertigo was still troublesome. He was placed upon a bed, and the point of an ordinary two-ounce syringe, filled with tepid water, was inserted in the external meatus of the right ear, and the contents gradually expelled. This caused some pain and dizziness, which increased as more water was injected, and when one ounce had been thrown in the patient became suddenly unconscious, and the head was drawn from one side to the other by rapid clonic contractions of the muscles of the neck, and almost at the same time the convulsion became general, the muscles of the back being extensively involved.

About five seconds after this, there were clonic spasms of the muscles of the jaw, so that the patient snapped his teeth, and, at the same time, forcibly inspired, giving vent to a peculiar noise which might be easily compared, by a person of lively imagination, to the bark of a dog.

This paroxysm lasted two minutes, and during its continuance the pupils were widely dilated. The patient remained unconscious; but there was neither pallor nor suffusion of the face. Thirty seconds afterwards, a period of muscular relaxation succeeded, a fresh attack followed, during which there was more marked opisthotonos, much more noise, but no frothing at the mouth. Pupils still dilated, though perhaps not so much so as at first, while the skin was slightly suffused; but there was no duskiness. Duration, one and a half minutes. *Ten o'clock and thirty seconds*, after slight relaxation and subsidence of movements, the lateral jactitation of the head again began, and at *ten o'clock and one minute* a violent accession of clonic, and afterwards tonic spasms made their appearance. The eyeballs had throughout been uncovered, and at first were stationary and immovable, or almost so; but now they were agitated by nystagmatic movements, and the pupils were dilated. This paroxysm lasted but thirty seconds. At *ten o'clock and three minutes* there was another seizure, during which the left sterno-cleido-mastoideus was involved in a prolonged tonic contraction. The pupils now partially returned to their normal condition, which was one of slight dilatation, and at *ten o'clock and four minutes* the patient became semi-conscious, answered questions

* Central Nervous System, p. 96, and Gaz. Méd. de Paris, 1842, p. 25.

in monosyllables, and after a few minutes recovered entirely. The pulse suffered no variation, except perhaps after two minutes had elapsed from the beginning of the seizure, when it seemed to increase in volume, and perhaps slightly in rapidity. There was an entire absence of any external evidence of asphyxia, which is so marked in the more familiar form of epilepsy.

N. B.—Since the above paper was read I have ascertained that the convulsions may be precipitated by simply blowing into the external auditory meatus.

A CASE OF IDIOPATHIC SYMMETRICAL OSTEOMYELITIS, ANALOGOUS TO RHEUMATISMUS ARTICULORUM.

DEATH ON THE SEVENTH DAY—AUTOPSY.

By CHARLES CARY, M.D.,

BUFFALO, N. Y.

October 9th I was called late in the afternoon to see a child, S. M——, living in the German part of this city.

I found a little girl with the following family history, and a disease presenting the following symptoms:

She was seven years of age; was one of twins; had never been robust, but also had never had any serious illness. Family history of parents particularly healthy.

The child had been ailing for ten days, but was running about until five days previous to my first visit. At that time she complained of pain in the legs and hip-joints; was delirious at times; insomnious; understood all questions asked, but answered unintelligibly; took readily what was offered as nourishment, but had vomited frequently during onslaught of disease; bowels constipated; appearance of countenance, particularly anxious.

The thighs were rotated out so as to allow the legs and thighs to rest evenly on the bed; the legs were slightly swollen, and œdema was discovered extending half way up along the tibia.

The disease had first made its appearance in the left ankle, but within the first twenty-four hours had also invaded the right. Both joints, at the time of my first visit, presented the same appearance of redness and slight swelling, and was identical to acute articular rheumatism. No injury had been inflicted other than a slight blow upon one malleolus four days prior to the invasion of the disease; and, as I stated, both malleoli and both ankles presented at the time of my first examination this rheumatic appearance. The pulse was 120; temperature, 103°.

Gave anodyne to overcome insomnia and pain.

October 10th, 10 A.M.—The child had slept well under the influence of Pulv. Doveri, grs. v., but presented much the same appearance as on previous evening. Pain in the hip somewhat increased; redness and pain from ankles were extending up the leg along the tibia; œdema at this time showing itself as high as the knee. Pain in hip only felt when the femur of corresponding hip-joint was moved. The appearance of thighs was normal, but there being so much pain it was thought that the same disease which had shown itself in the legs with so much violence was extending itself along the thighs as well, though it seemed to make itself known more at the articulations than in the shafts.

All the articulations were movable, but the pain accompanying motion was intense. Child cried out frequently with pain, referred in part to legs, and in part to abdomen. Urine high colored and scanty; bowels still costive. Pulse 130 per min.; temp. 104°. Gave sulph. morph., grs. ¼ p. r. n.; sodæ et potass. tart., grs. x. Sig. every hour and a half. Spts. frumenti and beef essence as much as could be tolerated.

Oct. 11, 10 A.M.—Called consultation. The patient had been unable to retain salts, but the nourishment had been well borne. All redness had disappeared from along tibia; redness about ankles remaining the same. Tongue typhoid in character. Pulse 114; temp. 104¼°. Thorough physical examination made with negative results further than what has already been stated.

The great similarity between existing symptoms and symptoms of rheumatism rendered diagnosis uncertain, but osteomyelitis was suspected. 4 P.M.: Some improvement in general; tongue clean. Anxious expression absent; more intelligence. 7 P.M.: Patient died.

Post-mortem examination sixteen hours after death. Ecchymotic spots along posterior parts of legs and thighs; no appreciable difference observed in size of legs or thighs.

The examination obtained with difficulty and not thorough, owing to objections on part of parents.

An incision made along one tibia was followed by free flow of thin dark pus, with many shreds and strings; tibia softened and completely denuded of periosteum; pus was found under periosteum and completely surrounding the bone; every portion of the tibia which could be investigated through this opening was found in this same condition.

The disease had spread itself evidently by continuity throughout the entire bone. Though the parents rendered it impossible to make a more complete examination, it was thought by those present, who had seen the patient in consultation, that the thighs were in a like condition.

Diagnosis, osteomyelitis. Before closing I would state that, the disease being symmetrical, beginning in the joints and presenting the external appearances of rheumatism, together with its sudden attack, rapid progress, and great constitutional disturbances, it being devoid of traumatic origin, all rendered the similarity most striking and complete between symmetrical osseomyelitis and acute articular rheumatism. The one a very rare, and the other a very common affection.

THREE CASES OF PUDENDAL HEMATOCELE IN VIRGINS.

By G. H. BENJAMIN, M.D.,

ALBANY, N. Y.

The difference of opinion that has existed between writers on this subject, in relation to its occurrence in a non-pregnant state, has led me to report the following cases, which have come under my observation during the past two months:

Case I.—Miss A.——, aged 19 years, is strong, healthy, and of large physique, has never suffered from any sexual difficulty whatever. Upon being called to attend her, "she stated that in descending the stairs she had in some manner caught her foot in the carpeting, and had been thrown violently to the foot of the stairs." Upon regaining her consciousness, "she felt a burning and prickling sensation, and a feeling as though something had given way near the vulva."

Making an examination, I found a tumor occupying the areolar tissue of the right labia, in size about that of an egg.

Case II.—Miss S., aged 23, met with the accident while skating. Coming in contact with another

skater, both fell, she striking the vulva on the skate of the other party. She immediately felt pain, burning, and the sense of giving way. Examination revealed the presence of a tumor occupying the entire length of the right labia. Both labia were very much bruised and swollen. The sharp point of the skate had made an ugly wound in the perineum, about an inch in length, dividing the sphincter muscles of the vaginæ and anus. The tumor was the size of an orange, very tense and painful; for an hour it continued to enlarge. Local applications were ordered, and sufficient opium given to insure rest.

CASE III.—Miss D., aged 21 years, employed as a servant, received the injury by falling and striking the part violently on the handle of a wash-tub. In this case the tumor was small, but little larger than a walnut, and situated rather higher on the labia than the others; there was little pain, and it could be moved backward and forward, simulating very closely a hernia.

In each of these cases the same treatment was adopted, viz., flaxseed poultices, until pain and inflammation had subsided, after which I introduced a small needle connected with a "Dieulafoy aspirator," and removed such fluid as the sac contained, after which an injection of alum, grammes viij. to water ʒ i. was injected and allowed to remain five minutes. The sac was then opened, and the finger introduced, and the clots removed. No hemorrhage of any consequence occurring, a simple pad and T-bandage completed the dressing. Recovery in each case was rapid. My object in using the aspirator and the injection of alum was to produce as firm a clot as possible, to control hemorrhage, and to excite a little inflammatory action for the purpose of closing the wound quickly.

It may be said that these cases are not fair examples, being entirely due to traumatic causes, but I have yet to learn of a case occurring in the pregnant or non-pregnant state, that can be said to be *purely* idiopathic in its origin. The fact that in each of these cases the tumor occurring on the right side, seems to add weight to the statement of Boer, viz., "that the right side is more frequently the site of this condition." In the first case cited there were no signs of direct violence, the condition being due to muscular strain.

Progress of Medical Science.

SEXUAL EXHAUSTION.—According to Dr. H. C. Wood, Jr., this condition may be due to onanism or excessive venery. The treatment of masturbation he divides into hygienic, medical, and surgical, but adds that he has never yet seen a case requiring surgical interference. Of course the habit must be given up at once; then the hygienic treatment is in order, and this consists in plenty of physical exercise, use of farinaceous food, abstinence from meat as far as possible. Whatever tends to excite and irritate the genitals in the way of exercise, company, literature, etc., should be absolutely forbidden. The object of the medical treatment is to subdue the excessive irritability of the parts, and this may be done by potassium bromide, grs. xx. to. grs. xxx. three times a day, or bromated camphor, grs. v. in emulsion at the same intervals. Iron and some bitter tonic may be profitably employed in conjunction. Ergot is frequently of use. In the treatment of excessive venery, continence is again requisite. Where the emissions are numerous, the same hygienic measures as in cases of masturbation must be employed. Nourishing food, warm clothing, and plenty of sunlight and exercise are indispensable. Iron, bitter tonics, and the bromides are indicated. Phosphorus is a specific remedy, and may be given alone or with ergot. Impotence, due to excessive irritability of the organ, should be treated with continued doses of the bromides. Where there is loss of power without irritability, the tincture of cantharides and the tincture of chloride of iron should be given. In impotence with spermatorrhœa, the tincture of cantharides acts like a specific, but it should not be given where debility is absent. If further treatment be required, cold bathing, strychnia, and electricity may be employed.—*Medical and Surgical Reporter*, Dec. 22, 1877.

RESULT OF THE BROWN-SÉQUARD TREATMENT OF EPILEPSY.—Dr. James B. Ayer reports twelve cases of epilepsy in which systematic treatment has been followed. In all, the following prescription was given:

℞. Sodii bromidi,
Iodinii bromidi,
Ammonii bromidi, āā..... ʒ iij.
Potassii iodidi,
Ammonii iodidi, āā..... ʒ iss.
Ammonii sesquicarb..... ʒ i.
Tinct. calumbæ..... ℥ iss.
Aquæ destillat., ad,..... ʒ viij.
M.

Full Dose: One and a half drachms before each meal, and three drachms at bed-time.

In four cases the results were very satisfactory; reduced to a single attack in forty-six months, thirty-one months, twenty-two months, and sixteen months, respectively. In five cases, number and severity of attacks both diminished; in one, severity diminished, number unchanged; in two, no change in number or severity. In eleven cases there has been *marked* improvement in general health and mental condition; in one there has been slight improvement.

An extra dose taken at the appearance of the first premonitory symptom, very often succeeded in averting a threatened attack. There was but little iodism or bromism.—*Boston Medical and Surgical Journal*, Dec. 27, 1877.

SPINA BIFIDA TREATED SUCCESSFULLY BY INJECTIONS OF IODINE.—Dr. Leal, of Kendallville, read before the N. E. Indiana Medical Association, the report of a case of spina bifida in which the sac was injected with tincture of iodine, with most satisfactory results. The patient was a boy, three months of age, presenting a fluctuating tumor at the junction of lumbar and sacral vertebræ. The tumor was pedunculated, and could be emptied by pressure, but whenever this was attempted, the evident irritation of the nervous centres gave ample evidence of the communication between the sac and spinal canal. A cord was placed around the pedicle of the tumor, apparently with the object of closing the sac, for it was at no time tight enough to cut off circulation. The sac was then tapped, several drachms of fluid being withdrawn, and half a drachm of the diluted tincture of iodine injected; strong tincture of iodine was painted on the outside, and adhesive strips were applied to press the tumor against the child's body. The lump inflamed, the sac closed, and in twenty-two days the case was dismissed. This was done four years ago, and to-day the child gives every evidence of being perfectly

cured. The application of the ligature is considered one of the principal points of the treatment, without which the operation would be dangerous, but where this is impossible, Dr. Leal suggests the possibility of transfixing the base and applying multiple ligatures. —*Detroit Medical Journal*, Dec., 1877.

ROTARY LATERAL CURVATURE OF SPINE AND THE PLASTER-OF-PARIS JACKET.—It is not recommended that all cases of lateral curvature be treated by the plaster jacket. One case, caused by an inch and a quarter shortening of one extremity, was cured by adding that amount of extra sole to the shoe of the affected side, but the majority of cases are believed to be caused by the inability of the spinal column to support the weight of the head and shoulders. Dr. Sayre removes this burden by suspending the patient by the head and hands, allowing the weight of the body to straighten the vertebræ, and while in this position he applies a plaster jacket. The immediate effect of this treatment is claimed to be very good, but he gives no very positive prognosis as to the ultimate result. Suspension by the head and hands was first practised by Dr. Benjamin Lee, of Philadelphia, in following out the idea of the late Dr. Mitchell, who recommended suspension by the hands alone, though he never brought it prominently before the profession.—*Medical and Surgical Reporter*, Jan. 5, 1878.

POISONING BY SMALL DOSES OF GELSEMIUM.—Dr. Wharton Sinkler ordered fluid extract of gelsemium in doses of five drops, three times a day, for a case of facial neuralgia. The treatment was continued nearly two weeks, when the doctor was suddenly called to his patient, whom he found lying on a sofa, unable to sit up or to move at all. The extremities were cold, the pulse small and feeble, respirations sighing and jerky, pupils dilated, and the eyes suffused. There was paralysis of the bladder, the urine dribbling away constantly, and although there was general muscular enfeeblement, it was most marked on the right side. The family said that the symptoms had first appeared on the day previous, but only to a slight degree, becoming rapidly worse during the morning. The patient had taken the gelsemium three times the day before, and once that morning. They were sure not more than five drops had been given at a dose. She was put upon potas. bromid. grs. xv., and morphiæ sulph., grs. $\frac{1}{4}$ every two hours, and in a few hours was much relieved. It was now found that from the first the drug had produced loss of power over the bladder for an hour or two after each dose. The neuralgia was in no way modified.—*Philadelphia Medical Times*, Jan 5, 1878.

SOME AFFECTIONS OF THE NERVOUS SYSTEM DEPENDENT ON A GOUTY HABIT.—J. Russell Reynolds defines the "gouty habit" as a "toxæmia," chronic in its duration and multiform in its phases, a "blood poisoning" induced *within* the system. That which has led him to ascribe so many of the so-called "nervous affections" to this gouty habit, may be thus summarized: 1. The actual presence of gout in the joints of the individual at the time, or at previous times. 2. The evidence of gout in ancestors or collateral relatives. 3. Frequent occurrence of acid eructations, with chronic dyspepsia. 4. The emission of pale limpid, acid urine, of a low specific gravity, and with traces of albumen, or sugar, or both. 5. The variability of symptoms, both as to kind and place. 6. The presence of some alterations in skin-nutrition, such as eczema and psoriasis. 7. The impossibility of referring the symptoms to any known disease of brain or spinal cord. 8. The immediate relief of such symptoms after treatment by colchicum and saline aperients, although simple purgation and treatment upon many other principles had failed. He has adopted the method of describing "groups of symptoms" under five headings:

I. *Mental Disturbances.*—Patients complain of great restlessness; are alternately excited or depressed; sleep badly; are intensely hysterical, etc., all of which symptoms disappear under treatment upon this hypothesis. This group may alternate with, or accompany the next.

II. *Pain in the Head.*—Sometimes very intense; is confined to one side of the head, usually parietal or occipital; without over-sensitive nerve-points, or tenderness of scalp, and is not increased by mental exertion.

III. *Modified Sensations.*—1. Vertigo. 2. "Noises in the ears." 3. Deafness and "beating in the ear." 4. "Numbness," "tingling," "creeping," "deadness," or some other altered state of sensibility in the limbs. The most characteristic sign of their gouty origin is their variability in kind and locality. Darting pains, resembling those of ataxy, are very frequently met with. Sciatica, often shifting, and myodynia of all localities are common.

IV. *Modifications of Muscular Action.*—1. Cardiac palpitation, intermittent or irregular pulse, or painful aortic pulsation at and below the epigastrium. 2. Flickering contractions of muscles in limbs; tonic spasms; "startings" on falling asleep; priapism without erotic feeling. 3. Local weakness of muscles, as ptosis; want of co-ordination, giving an ataxic gait.

V. Lastly, symptoms which he simply enumerates as helps to diagnosis. 1. Dyspepsia, cardialgia, distention of stomach and colon with flatus, pyrosis, and acid eructations. 2. Varicosities of veins, with tendency on slight injuries to occlusion of veins. 3. Brittleness and vertical lining of the nails of both fingers and toes. 4. Slight conjunctivitis with occasional chemosis.

These groups of symptoms sometimes coexist, sometimes alternate, and their phases are often very puzzling, but under the treatment proposed disappear with a rapidity quite magical, and reminds one of that beautiful process of clearing a photographic picture by cyanide of potassium.—*British Medical Journal*, Dec. 15, 1877.

HERNIA OF THE SEMI-CIRCULAR LINE.—M. Daniel-Mollière, of Lyons, reports a new case of this variety of hernia. It occurred in a woman fifty-five years of age, and had first become apparent about a year previously. At this time, under the influence of a fibrous tumor of the uterus, she was suffering from considerable ascites, with enormous distention of the abdomen. A few days later severe pains were felt about the middle of the semi lunar line, and soon after a tumor made its appearance. A quack passed a seton through the tumor, giving exit to about twenty litres of fluid, according to the statement of the patient. This wound healed, but a reducible tumor remained, which was easily proved to be an intestinal hernia, and which was retained in position without much difficulty by means of a truss. The author remarked that this abdominal ectasis, occurring at this point under the influence of an enormous distention of the abdomen, seems to prove the existence at the border of the right rectus of a *locus minoris resistentiæ*, a feeble point which permits of distention, and gives passage to these herniæ, as the quadrilateral space of the lumbar region allows the escape of the hernia of J. L. Petit.—*Gazette des Hôpitaux*, November, 1877.

THE MEDICAL RECORD:

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GEORGE F. SHRADY, A.M., M.D., Editor.

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MEDICAL INSTITUTIONS IN THE UNITED STATES.

A MODEST pamphlet of sixty pages, printed as a special report, prepared for the Bureau of Education, and entitled "Contributions to the History of Medical Education and Medical Institutions in the United States," has just been issued at Washington. The author, Dr. N. S. Davis, published in 1850 a small volume on the same subject. It has been out of print for fifteen years, but considerable of its material is now republished. The plan of the work has been to treat the subject topically rather than philosophically, and the result is a statistical exhibit of the development of medical education here rather than a connected historical monograph. This renders the work doubly valuable in some respects, though necessarily dry and uninteresting, save to members of the medical profession. The bibliography of the subject is so limited, however, that the general reader will be glad to know where a collection of the facts can be obtained. Dr. Beck's paper in the Transactions of the Medical Society of the State of New York, to which reference is made, is difficult of access, and Dr. Toner's monograph, 1874, also quoted, is but a Bureau of Education document. It appears from the slender data gathered by Dr. Davis, that in 1776 there were about four hundred medical men in the United States, most of whom had received their medical and literary education in European institutions. Only two medical colleges were in operation here, to wit, the Medical College of Philadelphia, now the Medical Department of the University of Pennsylvania, and the Medical Department of King's (now Columbia) College. Only fifty-one medical degrees had been conferred by both prior to 1776. Hence, our medical history is practically limited to a century, during which has been built up a vast but unsifted mass of schools and literature, the principal data of which Dr. Davis describes in his pamphlet. The latter also includes medical legislation in the various States, and notes by the way on the standards of medical education prevalent at different stages in the development of our educational system. The organization of medical societies is briefly mapped out in a few valuable concluding pages.

But what concerns our purpose in the main, because of its vital influence on the future of medicine, is that the germs of higher standards of medical education were planted in this State as early as 1839, in a recognition, by resolution of the Medical Society, of the only method of thorough reform—the separation of the power of conferring degrees from faculties of medical instruction, and the vesting of the former in State boards of examiners. In 1844, Dr. Davis brought the subject prominently before the New York State Medical Society again; in 1855 it was a third time discussed by the same body, and a call for a convention of delegates from all the medical colleges and societies of the United States was issued. From that convention, held in this city in May, 1856, came the American Medical Association. Meanwhile, in 1837, a similar movement had been set on foot in Philadelphia, which went as far as organizing an institution for the sole purpose of examining candidates and conferring degrees, and a petition signed by one hundred and twenty-six physicians was presented to the Legislature asking that body to give it legal effect and sanction. Of course, it came to naught; the Legislature not being prepared to confess the need of a higher standard. It is quite probable that the colleges had some hand in defeating the measure also.

There is no doubt that the very extraordinary numerical development of medical colleges in the United States has had a tendency to stimulate emulation in methods of instruction, to lead colleges to secure the best professors possible, and to compel each by sheer force of rivalry to equip its laboratories and museums in the most efficient manner attainable. Another result, not so favorable to an advance in standard, has, however, followed directly and inevitably upon the multiplication of institutions. They have been led to shorten their annual courses, even to abridge them from three to two years, and to insist less rigorously (and in some instances scarcely at all) upon preliminary training. In this practical age, a young man, having once decided to become a doctor, naturally inquires where his degree can be obtained with the least expenditure of time and money; and colleges have gradually yielded to this exigency, one after another, on the ground that not to yield would be to maintain a staff of professors to lecture to an empty class-room. The depreciation in value of medical diplomas, and loss of prestige as one of the learned professions, have been the results. It appears that Latin and Greek, and the writing of a Latin thesis, as preliminary to matriculation, were abandoned by the medical department of the University of Pennsyl-

vania as early as 1792. Natural philosophy, natural history and botany soon followed; and the example of one of the oldest institutions in the country has naturally been accepted as a convenient and politic standard by colleges of more recent origin.

As Dr. Davis very justly observes, the general acceptance of the college diploma as a full admission to practice is wholly responsible for this deterioration. On the contrary, if there were State Boards of Examiners, independent of college faculties, who should grant licenses to practise only upon thorough examination, the case might have been entirely different, and these would have created a censorship dreaded at once by the candidate and by the college presenting him. For the candidate there would have been the risk of rejection; for the college the loss of repute consequent upon a too large percentage of such rejections. The duty that the American Medical Association has before it, therefore, is to press in every State for the creation of such boards, and for a uniform standard to be adopted by them. Of course, a reform of this magnitude must necessarily make slow progress, and will meet with determined opposition from at least one-third of the medical colleges now in operation; for out of our sixty-four medical schools, one-third, according to Dr. Davis, are so situated that they can furnish students with no adequate facilities for clinical instruction, and such must of necessity be extinguished. To elevate the standard of preliminary training is, unfortunately, not so simple a task as that of raising the strictly medical standard. A convention of the colleges themselves, to agree upon a uniform standard, appears to be the only practicable solution.

THE NEW YORK HOSPITAL.

ALTHOUGH considerable space has already been given to an account of the reopening of the New York Hospital (see MEDICAL RECORD, volume for 1877, No. 12), the official report of the Building Committee and the address of Prof. Van Buren, just issued in a handsome pamphlet, naturally invite further comment. Our previous article was mainly concerned with the history of the institution that was so long a prominent landmark on Broadway, and with a description of the new hospital buildings. It will not be questioned, perhaps, that the latter are as perfect in all their details as lavish expenditure can make them, nor that the new hospital is in many respects a model of convenience and elegance. But its present situation is hardly one well suited to hospital purposes; and considering the number of patients it is capable of receiving, it is difficult to resist the conviction that the new arrangement is a monument of extravagant if not prodigal expenditure. It should be remembered always that a public hospital ought not to expend in costly erections and appurtenances that which should properly be expended in the legitimate function of such an institution, the treatment of the sick and suffering, and that even a private or associate institution lays itself open to criticism, when its building expenditures exceed the limits called for by the necessity of securing the best attainable hygienic conditions. However, the financial report is not just now under consideration, and extended comment in that direction is scarcely relevant to our present purpose. What the buildings lack in space and roominess they compensate for in elegance and perfection of detail; and opinions upon the management of hospital funds may reasonably differ without either calling in question the propriety of the other. In regard to the building itself, there are some matters which are amenable to criticism. In the first instance, the soil was not well adapted to the purposes of such an erection, and to secure a perfect foundation was a matter of considerable anxiety; for, while the bottom was so soft a rod could be forced down to a depth of forty-eight feet on the west end of the lot, solid rock cropped in upon its eastern limit. Considerable preliminary outlay was necessary to overcome this difficulty, as the sustaining capacity of the soft soil was only about two tons to the square foot. As, however, the work has been satisfactorily accomplished, it seems ungracious at this late day to dwell upon these details.

The address of Dr. Van Buren, however, or rather that part of it in which he discusses the sanitary arrangements of the new structure, naturally calls for some remarks. On page 21, that eminent surgeon intimates that with Lister's appliances hospitalism need not be feared hereafter at the New York Hospital, although he pretty frankly admits that in the matter of hospital hygiene, as in that of hospital construction, science has not yet spoken her last word. It may as well be added also that there are still doubts as to the exactness of M. Pasteur's conclusions and as to the strictly scientific theory of Lister's method, although but little question remains as to the practical value of antiseptic surgery. "It is immaterial," says Lister, "how many stories or wards there may be in a hospital, provided the details of the antiseptic method are accurately carried out in all of them. If these details are faithfully observed, hospitalism can be prevented." But these, Prof. Van Buren should remember, are the words of a theorist, who, as the Italians wittily say of such, has a grasshopper in his head. The practical question is to carry out such details with as little trouble and cost as possible; and it remains to be seen whether the new hospital buildings are well adapted to this purpose. They certainly afford an opportunity to show what comparatively perfect ventilation can accomplish for patients, combined with cleanliness, excellent sanitary regulations, and the Lister method. But it is speaking a little too positively, though Prof. Van Buren's enthusiasm is of a very pardonable kind, to announce that hospitalism need

not henceforth be feared. Time will determine that question in its own way, and it is never worth the while to hazard unnecessary prophecies upon dubious issues. The most unfortunate thing that can happen to a scientific man is to be caught prophesying incorrectly.

To be sure, old things must pass away, no matter what our sorrow in parting with them, but every artist eye missed a picturesque passage when the old New York Hospital disappeared from Broadway; and, with all its costly appliances, its tiled floors and Turkish carpets, its Eastlake furniture and solarium, the new structure can never efface the memory of the old Broadway institution which for so many years was the leading hospital in this country. Indeed, in point of patronage, the New York Hospital has now ceased to be superior to others in this city, and in prestige it seems to have lost something of its supremacy also. It is possible that the period of migration may have had a material influence in bringing about this state of things, and that the institution will soon recover its former hegemony. Until then, neither Lister's method nor Eastlake furniture can renew the brilliancy of its record during the three-quarters of a century when it sojourned on Broadway, and commanded the great resources of such men as Dr. Wright Post, Dr. Valentine Mott, Dr. A. H. Stevens, Dr. F. U. Johnston (the first to relinquish the old treatment of fevers by depletion), and Dr. John Kearney Rodgers —to say nothing of the long list of brilliant names upon its roll, from Kissam to the lamented Gurdon Buck. Indeed, nearly every surgeon identified with the old "City Hospital" has come down in surgical history as the originator of difficult and daring operations; and if the new one is to vindicate its claim as its successor, it must be by means of a surgical record as striking and brilliant.

ASYLUM MANAGEMENT IN NEW JERSEY.

A BILL is pending before the Legislature of New Jersey, advocating some change in the government of the insane asylums of that State. It provides for a board of visitors to the asylums, to consist of one member from each board of chosen freeholders in the respective asylum districts. The argument in favor of the bill is that the counties pay about $3.75 per week for the support of each patient in the asylums, out of a total cost of $4.75 (the other dollar being paid by the State), and that the said counties should have an authoritative supervision over the institutions.

We fail to see how any possible objection can be offered to such a proposition, inasmuch as it involves the recognized associations of taxation and representation, and the vindication of one of the fundamental principles of free government. But, aside from this, the very reason why the officers of the asylums oppose the measure, on the grounds that it is of no use, and that the visiting boards would be a nuisance, is, perhaps, the strongest argument in favor of the change. There does not appear to be any provision in the bill which tends to give these inspecting boards any actual control of the asylums, or any direct power to manage them, but simply to vest them with the requisite authority to superintend the manner in which the funds of the counties are dispensed.

So far, then, the asylum officials should be pleased to favor the passage of the bill, as it enables them to share the responsibilities of the pecuniary management of these asylums with a perfectly impartial board. In this connection, and as an offset to the discussion which this bill has introduced before the committee, the State Comptroller has appointed an agent to visit the various counties for the purpose of ascertaining the cost of supporting lunatics in county asylums and alms-houses. As this is a question, the settlement of which at this time is particularly interesting, we have hopes, even if the bill does not pass, that much good will be accomplished by the collateral investigations which the presentation of said bill has made necessary.

PROFESSIONAL OVERWORK.

DR. T. A. EMMET, in his admirable memoir of Dr. E. R. Peaslee, read before the Medical Society of the County of New York, remarked that the subject of his sketch died of overwork. No one can doubt this fact, and no one similarly situated as was Dr. Peaslee should fail to heed the lesson which his untimely death affords. It is a well-established fact that ultimate success in our profession means hard work, and when this success is attained, it is still harder to restrain a desire to work within proper limits. There is a fascination about professional progress which increases with the means of its gratification until in some it becomes almost irresistible. This fact was strikingly exemplified in the case of Dr. Peaslee. The members of the Medical Society of the County of New York will remember that it was but a short time since that he, in some remarks upon the death of the lamented Dr. A. B. Crosby, referred to the necessity of conserving the vital forces, and guarding against the very excesses of labor to which he himself fell a victim. Every one who heard him on that occasion must have been impressed with the conviction that he appreciated the full force of his remarks and governed himself according to their spirit. But, alas, scarcely six months elapsed when, in the same hall, Dr. Peaslee's memoir offers a melancholy verification of his own warnings.

THE POUCHET MONUMENT IN ROUEN.—A monument has been erected in Rouen to the memory of F. A. Pouchet, whose name is indelibly connected with the questions of spontaneous generation and the globular state of fluids. It was built by public subscription, and was formally unveiled on the 29th of last December. M. Pennetier, the Director of the Museum, delivered the eulogy. The monument, which consists of a bust surrounded by a peristyle, is placed beneath the entrance to the Museum of Natural History.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, December 12, 1877.

DR. E. G. JANEWAY, PRESIDENT, IN THE CHAIR.

CURIOUS CONGENITAL DEFORMITIES OF UPPER AND LOWER EXTREMITIES.

DR. M. P. JACOBI presented a child with congenital deformities of the upper and lower extremities. It was the ninth child of healthy parents, and was now six months old, very healthy, with a well-formed head, and remarkably lively and intelligent countenance. The deformities were caused by multiple arthritis, with accompanying paralysis of the muscles of the corresponding limbs. Both elbow-joints were anchylosed, the arms being in extension. Some slight movement could be effected at the right elbow, but none at the left. The fore-arms were in pronation; the hands flexed and deviated at the wrist on the cubital border—as in arthritis deformans. There were, however, no deformities around any of the articulations; all the muscles of the fore-arms and hands were paralyzed, flabby, and atrophic. Not only response to the will was lost, but also to the faradic current. The galvanic current acted feebly, but there was no degenerative reaction. The scapulo-humeral articulation and the muscles of the arm were healthy

The lower extremities presented analogous lesions. The femurs were abnormally short: the knees strongly flexed, and each presenting on the anterior aspect two or three shallow round depressions about the size of a bean. Extension could only be made partially. Both feet were in talipes varus, and all the muscles of the leg and ankle-joint were paralyzed, flabby, and atrophic, with the same electrical reactions as those of the fore-arms. The cause of this double lesion must be either spinal or local, for the cerebrum was evidently not involved. We might ask whether the paralysis was the original lesion—produced by some extensive myelitis, of which the arthritic lesions were also symptomatic, as in the spinal arthropathies described by Charcot, or the arthritis deformans occurring in tabes; or, on the other hand, whether a multiple synovitis, a fœtal rheumatism had not caused a reflex paralysis, first of the muscles around the joints involved (elbows and knees), then of all the muscles of the limbs below these joints. A thesis by Vallat had recently been published in Paris on such paralyses in adult synovitis. The thesis extended the classic observation, long since made, of paralysis of the deltoid after inflammation of the shoulder joint, and contained observations of Le Fort, Gosselin, Ollivier—even some from John Hunter—where analogous paralyses had been observed after synovitis of various articulations. Vulpian explained such cases as a reflex trophic irritation of the muscles surrounding the joint, starting from the sensitive nerves of the synovial, and reflected to the muscular nerves. Dr. Putnam-Jacobi was inclined to consider the present case as an example of such a morbid process. In adult life recovery was the rule, but it was conceivable that a trophic irritation of muscular tissue in the fœtus should be followed by more profound and permanent results. It was not absolutely impossible, however, that the muscles should still be restored by galvanism.

VISCERAL SARCOMA.

DR. BRIDDON presented some specimens of visceral sarcoma with the following history:—Rebecca M., æt. 24, single, teacher, was admitted to the Presbyterian Hospital, June 2, 1877, service of Dr. Briddon. She then had a large, movable, resisting tumor in the gluteal region below the crest of the right ilium. In itself it was not painful, but gave pain by its pressure. It had been four or five months coming. Its etiology not known.

On the 7th of June the tumor was removed. Under the microscope it proved to be a *cysto sarcoma*. The wound was progressing rapidly toward cicatrization when, on the twentieth day after its removal, the growth was seen to have returned in the track of a tube which drained the bottom of the cavity left by the removal of the original tumor. Without delay it was cut down upon and scooped out, being as soft as cerebral tissue, and already containing small cysts. The part was then thoroughly cauterized with a strong solution of chloride of zinc (℥ i.–℥ i.). Twice within the next three weeks the growth returned and was destroyed with the same caustic application. Each time the chloride of zinc was used it left the ulcer, after the separation of superficial sloughs, covered with small healthy granulations, and with a marked tendency to contract.

About the middle of August the wound was all but healed, when a mass probably the size of a walnut was detected in the cicatrix. As the patient had lost not a little in health and strength by high temperature, suppuration, pain, and confinement to bed, she was advised to go to her country home, stay a few weeks, and return in better condition for another operation, which she accordingly did.

When, on the 13th of October, she returned after an absence of seven weeks, two tumors presented themselves in the gluteal region on the right side, encroaching upon the right lateral abdominal wall. The upper one had broken in two places where fungoid masses protruded; the lower one, as large as a fist, was ready to break. Posteriorly to them was an aperture made by one of the old cicatrices giving way, from which a serious hemorrhage had taken place eleven days before her return.

Oct. 18th, Dr. Briddon operated for the removal of the tumors. The incisions were made free and through sound tissue. Every suspicious part was cut out, even down to the bone (crest of ilium). No effort was made to close the resulting wound by suture; the whole surface, extending from the floating ribs to below the greater trochanter and backwards to within an inch of the median line, was treated by a thorough application of the chloride of zinc (℥ i.–℥ i.). After suppuration had become established the regular dressing consisted of lint spread with salicylic ointment and broad, adhesive straps to approximate the sides of the wound and (by their pressure) repress exuberant granulations. The patient's temperature after the operation ran on irregularly—generally above 102°.

In the early part of November her condition was complicated with a double pneumonia. A crisis came on the seventh day. While resolution went on rapidly on the left side the dulness on the right slowly and only partly cleared up. The changes in the lungs could not be closely followed because of the difficulty in moving patient, but were regarded as indicating secondary growths. The liver was now found greatly enlarged, probably also from multiple tumors. Patient soon required to be constantly under the influence of morphia. She became cachectic. Œdema appeared in her extremities, more pronounced on the right side.

By about the end of November the wound had contracted about one-third; the granulations upon its surface showed a constant tendency to become large and œdematous. For a time galvanic electricity was applied (the positive electrode upon wound) with the effect of relieving pain temporarily, inducing the growth of small granulations and stimulating contraction of the wound. But patient failed rapidly, and died (Dec. 7th) of extreme exhaustion.

At the autopsy (held thirty-one hours after death) the *heart* was found displaced to the left, its apex reaching the axillary line. Otherwise normal.

The *right lung* firmly adherent to the chest-wall at every point. It completely filled the right pleural cavity and encroached upon the left, pushing the heart before it and compressing the left lung. The right lung weighed 46 oz. The upper lobe in good condition; the lower lobes infiltrated and distended with a pultaceous substance.

Left lung adherent posteriorly. On the anterior surface of the lower lobe and between the lobes are adhesions of recent origin. The lung is diminished in size by compression. Lower lobe œdematous.

No infiltration of *bronchial glands*.

The parietal *peritoneum* on the right side at a place corresponding to the ulcer had evidently been acutely inflamed shortly before death.

The *Liver*, 6 lbs. 12 oz., extended entirely across the abdominal cavity and down below the level of the anterior superior spines of the ilia. In removing the organ it broke in several places, and a substance similar to that found in the right lung escaped.

The *Spleen*, 25½ oz., at its upper part was about normal in appearance; but in its lower half was enormously distended with some pulpy material. The other viscera are of no special interest.

Frozen sections of right lung. Liver and spleen are presented to the Society, illustrating in a most beautiful manner the multiple sarcomata of these viscera. Though six days have elapsed since death, the organs present the exact appearance they presented when removed from the body, the yellowish color of the neoplasms contrasting vividly with the surrounding healthy structure, and it is probable that in no other manner could the specimens have been preserved so as to illustrate the gross appearance as observed at the autopsy.

The tumors in the liver are more or less circular, circumscribed, and of a light yellowish or fawn color, that in the lung less circumscribed, in fact it appears to be infiltrated through the whole lower lobe.

The spleen has a very peculiar appearance. The upper two-thirds normal in form and structure; the lower third is expanded into a globular mass, about five inches in diameter. This tumor is darker in color than the others, stained and blotchy with hematine.

SARCOMA OF ARM—AMPUTATION AT SHOULDER-JOINT.

Dr. C. M. Allin presented a specimen of sarcoma of arm, for which amputation at shoulder-joint was performed with recurrence in the stump and secondary deposits. E. S., male, admitted to New York Hospital April 5, 1877, aged 23; Ireland; single; blacksmith. Family history good; previous health good; no history of injury to diseased arm, except that one day, while swinging the sledge-hammer, he felt a sharp pain midway between the shoulder and elbow. In December, 1876, nocturnal pain in right arm first noticed. This soon became continuous. In March, 1877, arm began to enlarge, and forearm and hand swelled. Examination reveals a hard tumor involving the upper end of the right humerus; skin dark purple; veins enlarged; radial pulse is full and strong; limb is the seat of numbness; no paralysis; the scapula moves with the humerus; no cachexia; no enlarged glands; right arm at axilla measures 17 inches; the left, in same place, 13 inches in circumference.—April 12th. Right arm, 18 in.; left, 12 in.—April 21st. Arm removed by me at shoulder-joint, which was not implicated in the new growth; veins much enlarged; growth was found to be periosteal, involving, however, the shaft of the bone to its lower fourth; wound was dressed with drainage tube, sheet-lint, and carbolized oil.—April 30th. Great pain; some discharge; one ligature came away.—May 4th. Two ligatures came away.—May 30th. Pain in hepatic region; can't draw a long breath.—June 5th. Small abscess opened just below the cicatrix.—June 21st. Painless enlargement appears below the glenoid cavity; yields only blood to the exploring needle.—July 5th. Tumor growing rapidly; begins to show granulations on its surface; another swelling has commenced lower down.—July 25th. Pain in left thigh: limb is enlarged and hard; has no heat or redness; the scapular tumor bulges out and presents a sloughy surface; odor foul; antiseptic dressings applied.—July 29th. Some blood and one ligature discharged; loss of appetite and emaciation set in.—Oct. 1st. Large fungoid mass springing from the glenoid cavity, 12 in. by 10 in.; its surface in some points covered by healthy looking granulation tissue, and at others by a grayish-black slough.—Oct. 20th. Died.—Autopsy, 13 hours post-mortem: Skin white; emaciation great; superficial abdominal veins very prominent; no bedsores. Only part of scapula not involved is a narrow margin at the posterior border; scapular muscles displaced and atrophied; clavicle and acromio-clavicular joint not implicated; no enlargement of the axillary or cervical glands. Internal mammary veins much enlarged; anterior mediastinal glands not enlarged; heart normal, firm; whitish clot in the right ventricle; pleuritic adhesions; no fluid; nodules on and in lungs of hard white substance, varying in size from peas to eggs; an immense deposit at the base of the right lung. Some fatty spots in the liver; all other viscera normal; mesenteric glands very numerous, enlarged and white. The sides of the lower lumbar vertebræ and both iliac fossæ are the seat of numerous hard tumors, some resembling enlarged glands, while others are more disseminated. One of these tumors pressed upon and was adherent to the inferior vena cava, which for a distance of two inches above and below was filled by a hard adherent thrombus. Thrombi extended into both iliac veins, and their branches completely closing them. Lumbar plexus was put on the stretch. Large hard tumor occupied the hollow of the sacrum on the right side, leaving just room for the passage of the rectum.

SARCOMA OF ULNAR NERVE ENDING IN AMPUTATION OF SHOULDER-JOINT AND EXSECTION OF SCAPULA.

Dr. Briddon, in connection with this case, referred to a similar one which had occurred to him fifteen years ago. The sarcoma involved the ulnar nerve. The first operation consisted in exsecting four or five inches of the nerve along with the tumor. In seven months the disease returned in the upper portion of the exsected nerve and extended in the course of its trunk to involve the soft tissues as high as the shoulder-joint. Amputation at that point was performed. She then entered the New York Hospital, the disease of course returning, when Dr. Parker exsected the bulbous nerves high up. A short time after this the disease reappeared at the seat of the last

operation, and Dr. Buck exsected the diseased portions, which consisted of the scapula and one-half of the clavicle. Returning again for the last time, the disease invaded the interscapular spaces, when operation was out of the question. Until the third operation the disease followed the course of the nerve. At no time did it invade the bone.

Dr. Sell referred to the case of sarcoma of the mamma which he had removed a few months ago. In a few weeks after the wound healed the disease reproduced itself in the cicatrix. The patient went to a cancer quack, who applied a caustic, and the resulting sore never healed. Death occurred suddenly.

Dr. Post presented a specimen of epithelioma of the upper lip, which he had removed by operation from a man aged 43 years, who, strange to say, had the disease for eighteen years. In order to fill up the gap occasioned by the operation, a flap was transplanted from the cheek.

Dr. Briddon performed a similar operation in that same locality. In the course of six months the disease returned.

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Stated Meeting, December 21, 1877.

Dr. Robert F. Weir, President, in the Chair.

HYSTERIA.

Dr. Frank P. Foster read a brief paper upon the above subject, and the following points were noted. The convulsive form of the disease was not considered, because it was believed that it was already sufficiently well understood. Dr. Foster's own observation had brought him to the conclusion that well-marked globus was less frequent than most descriptions of hysteria would lead us to infer, while the reverse was true with reference to pain and syncopal symptoms. The doctor did not refer to seizures of true syncope, but to what might be termed attacks of *abortive syncope.* The prominent phenomena of such cases were as follows: The attacks were liable to come on suddenly, and in the presence of an assemblage of people, as at church, etc. Full loss of consciousness never occurred in the class of cases to which particular reference was made. If the person actually fell, which was a rare occurrence, she always was able to overcome the force sufficiently to call intelligibly for help. The fall might be prevented either entirely or partially by the force of the will. The patient usually complained of a feeling as if her heart was about to stop beating just before the attack. In exceptional cases there was a choreic form of twitching, always feeble, and never a tonic spasm.

In exceptional cases the phenomena were preceded by an aura.

PATHOLOGY OF HYSTERIA.

The pathology of hysteria had been a subject of considerable dispute. On the one hand it had been ascribed to the uterus entirely, and on the other it had been regarded as exclusively of neurotic origin. It was thought that probably the truth was between the gynecologists and the neurologists. Dr. Foster regarded hysteria as an abnormal condition of the nervous system in one or more parts, either inherited or acquired. The reason for its occurrence among females almost exclusively was because they had less physiological, and, in many instances, less volitional resistance than males.

Hysteria was more apt to be developed by slighter than by severer disease, and that disease was usually in the pelvic organs.

Well-marked hysterical symptoms, however, were sometimes relieved by emptying a distended colon; hence the conclusion that hysterical phenomena did not always depend upon uterine disease. Again, under the influence of some unusual stimulation the patient might make such an extraordinary exertion of the will as would enable her to overcome the symptoms.

TREATMENT OF HYSTERIA.

It was believed to be of the greatest importance to impress upon the mind of the patient the idea that there was no actual stigma attached to her illness. The patient's general nutrition should receive careful attention. Hysteria was not regarded as a disease which was in any way associated with luxurious living, for it was more prevalent among the poorer classes than among the rich. Hysterical patients should take nutritious food liberally, but only in such quantities as could be readily cared for by the stomach.

Alcohol was thought to be beneficial in one period or another during the course of the affection. It should not be given in doses sufficient to produce flushing of the face, etc. Cod-liver oil was serviceable. Arsenic was regarded as the most beneficial of drugs that could be employed in the treatment of this affection. For overcoming pain, electricity was mentioned as a most useful agent. The galvanic current was believed to be more efficient than the faradic. In the doctor's experience pressure over the ovaries did not produce any special benefit.

With reference to the question of marriage, it was thought that the cases were exceedingly few in which such advice was judicious. For if there was uterine disease present it was liable to be made worse instead of better by marriage; and with reference to the question of benefit following the gratification of sexual desire, it was believed that it had no foundation in fact.

Dr. Peaslee remarked that he agreed with the writer of the paper in the statement that the pathology of hysteria was not well understood. He was of the opinion, however, that in the present state of gynecology we had a right to believe that if one organ or set of organs were responsible more than any other for hysterical symptoms, those organs were the ovaries. With regard to the phenomena of hysteria, it was well known that hysterical symptoms were developed in the male such as could not be distinguished from those manifested by the female. Again, the exclusive view that hysteria always depended upon the uterus or ovaries was not correct, because the phenomena of the disease might be developed in girls before puberty, and also in boys. If, however, the subject was confined to women, and to women between the ages of fifteen and forty-five—hysteria was not often met with before or after the cessation of menstruation—it was believed that the ovaries were responsible almost always, and the uterus almost never. In other words, it was safe to say, as a general proposition, that hysteria was always ovarian and never uterine. But it was to be remarked that it was not the grave affections of the ovaries which produced hysterical symptoms; the disease of the ovaries was always of the slighter degree. Acute inflammation of the ovary did not produce hysteria, but congestion of the ovary produced it constantly in a certain class of women.

Here, again, we were obliged to make a restriction, for there were certain women who never had hysteria under any circumstances. The disease, therefore, was

restricted very nearly to that class of women who had what might be called the "ovarian temperament," and it occurred with the slighter degrees of ovarian trouble. In that class of females the slight derangement incident to congestion of the ovaries usually gave rise to an explosion of hysteria; but if the same woman should have acute inflammation of the ovaries, one or both, there was no more hysteria until they got better, when the hysteria would probably return. Hysteria, then, was a symptom produced by congestion, or by some minor degree of disturbance of the ovary. Again, if the woman who was inclined to be hysterical became pregnant, there was usually no hysterical manifestations during the last half of the term. That was true as a general proposition, but there were exceptions. Therefore, when we came to the treatment of hysteria, our attention should be directed to the ovaries more especially than to the uterus.

With reference to telling the woman precisely what was the matter with her, if we had to deal with a patient who had suffered from ovarian irritation for a long time, and had been educated wrongly upon the subject of hysteria; that is, had been led to believe that it was about the most discreditable thing that could happen to have an attack, if such a woman was told exactly what her ailment was, the effect would probably be to make her an enemy for life, and at the same time, in all probability, to cure her of her hysteria. Dr. Peaslee had cured about ten cases in that manner, but they were chronic cases, and the women understood perfectly well their own condition.

In ordinary cases it was proper to tell the woman kindly that she was hysterical, that there was a cause for it, that the best thing possible would be done with a view to its complete removal, and thus endeavor to remove the source of the disagreeable symptoms.

Dr. Peaslee would not advise a woman to marry with reference to the gratification of sexual excitement; but it was probable that if a woman became married her surroundings and occupation would be changed, and her attention would be drawn from herself. There were cases in which he would advise a delay of marriage; such cases, for example, as those in which chronic congestion of the ovaries existed.

But there was another question to be considered with reference to marriage: if the woman's ovaries were not so injured but that conception might occur, marriage might be beneficial. For in that way a rest of nearly two years could be secured for the ovaries. In certain cases, therefore, marriage might be of the utmost importance, and, if there was no objection, should be recommended.

DR. WEIR inquired of Dr. Gibney if he had seen hysteria associated with diseases of the joints.

DR. GIBNEY replied that he had, and especially in connection with knee-joint disease occurring in girls.

DR. WEIR remarked that Dr. Gibney's experience was a confirmation of his own; that he had quite frequently seen hysterical symptoms in connection with joint diseases occurring in women, and at the same time associated with more or less ovarian irritation. Hysterical phenomena might also occur in men who suffered from joint disease.

DR. PEASLEE inquired with reference to the joints which were most commonly affected when hysterical symptoms were developed.

DR. WEIR replied that he had seen it most frequently in connection with disease of the knee and ankle-joints, and that he had usually succeeded in controlling the symptoms by exercising his own will-power over the patient; supplementing such influence, of course, by a more or less general tonic treatment, and also by local treatment.

A vote of thanks was extended to Dr. Foster for his paper, and the Association adjourned.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, January 7, 1878.

DR. E. C SEGUIN, PRESIDENT, IN THE CHAIR.

PECULIAR MARKINGS OF MEDULLATED NERVE-FIBRES.

DR. J. C. SHAW exhibited prepared specimens of nerve-fibres from the frog, which showed peculiar oblique, sharp-edged, feathery markings in the myeline. Dr. Shaw regarded them as entirely artificial, and independent of the constrictions of Ranvier. They were believed to be artificial because the markings were not always in the same direction as Ranvier's constrictions, and because the markings were not always of the same character; in some instances they were much more sharply defined than in others. His method of preparation was as follows:—Remove the nerve as rapidly as possible from a frog or dog, place it in a 1 per cent. solution of hyperosmic acid for twenty minutes; then wash carefully, and afterwards tease small portions in glycerine.

DR. SEGUIN inquired whether the freshness of the nerve-fibre, or the species of animal, in any way influenced the appearance of these markings?

DR. SHAW replied that he had examined nerves removed from various animals, and that the markings had been seen in each instance with the same facility. He had also made examinations of nerves while *in situ*, but had found that if the nerve was removed rapidly, the fissures or markings showed as distinctly as when the nerve was attached to the body of the animal.

In reply to a question by DR. SPITZGA, Dr. Shaw remarked that he believed the markings or fissures were due to the astringent effect of the osmic acid upon the myeline as it coagulates.

DR. SESSLE had observed these markings upon nerve-fibres, and regarded Ranvier's constrictions as artificial, and these as natural. According to his observation, the markings were seen better in the fresh than in other nerves. His examinations were made in aqueous humor and only slightly teasing the nerve. He regarded these oblique markings as part of the lymphatic spaces about nerves, and had seen the formation of Ranvier's constrictions by a gradual disappearance of the sharp corners of the outlines of the fissures.

DR. SEGUIN inquired of Dr. Sessle how he would account for the regular distances at which Ranvier's constrictions were situated, in proportion to the size of the animal, if they were artificial?

DR. SESSLE replied that the distance between the breaks might be farther in human nerves than in nerves taken from the lower animals, consequently the constrictions would be unequally distant in different animals.

DR. SHAW remarked that the fissures or markings were at a varying distance from each other in different specimens from the same animal.

DR. SEGUIN had teased in serum the extremity of a nerve still attached to the body of a frog, and had always found the constrictions of Ranvier present, but had not always seen the oblique, feathery markings under consideration.

A CASE ILLUSTRATING POINTS IN THE HISTORY OF TRAUMATIC FACIAL PARALYSIS, AND ALSO BEARING UPON THE PATHOLOGY OF MÉNIÈRE'S DISEASE.

DR. SEGUIN presented a patient and read the history of the case as reported in the MEDICAL RECORD for

Sept. 2, 1876, p. 586—"*Neurosis of Internal Ear from Chronic Suppuration of Middle Ear.*" Judging from the size of the portion of bone and the locality from which it was removed, it was believed to be altogether probable that there was laceration of the *portio dura*. On the other hand, it seemed almost incomprehensible that so large a nerve as the facial should recover its function when once destroyed. But in this boy, after a lapse of less than one year after the escape of the bones (the cochlea and the semicircular canals), and in less than two years after the beginning of the facial paralysis, there was the beginning of pretty good recovery. The case also threw some doubt upon the accepted pathology of Ménière's disease, viz., impairment of the function of the semicircular canals.

Again, it threw some doubt upon the theory that the integrity of the semicircular canals was necessary to the maintenance of the proper equilibrium of the body.

Remarks were made by Drs. Putnam-Jacobi, Spitzga, Seguin, and others.

TROPHIC DISTURBANCES IN INSANITY.

Dr. James G. Kiernan read a paper upon the above subject, in which he considered a number of trophic disturbances, such as hæmatoma of the ear, of the intestines, etc., discoloration of the skin, condition of the hair, enlargement of the thyroid gland, arthropathies, etc.

NEGATIVE RESULTS FROM ADMINISTERING BROMIDE OF POTASSIUM TO THE INSANE.

In the course of his paper, Dr. Kiernan incidentally remarked that he had given as high as *half an ounce* of bromide of potassium daily to insane patients without producing any noticeable effect, either sedative or in the way of producing acne.

Dr. Spitzga did not regard the electrical condition of the hair in the insane as a trophic disturbance, but that it was due rather to the action of the *arrectores pili*.

The paper was discussed by Drs. Seguin, Putnam-Jacobi, Spitzga, Sessle, and others.

The Society then adjourned.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, January 28, 1878.

Dr. John C. Peters, President, in the Chair.

MEMORIAL OF DR. E. R. PEASLEE.

Dr. T. Addis Emmet read a memorial upon the late Dr. E. R. Peaslee, the skilful physician and surgeon, the learned and conscientious man. Dr. Peaslee had died in consequence of overwork, the very thing against which his warning voice was heard only a few weeks previous, when speaking of the death of the late Dr. A. B. Crosby.

MEMORIAL OF DR. JOS. WORSTER.

Dr. Salvatore Caro read a memorial upon the late Dr. Joseph Worster, in which a fitting tribute was paid to the deceased. The memorial was accompanied by resolutions, which were unanimously adopted by the Society.

THE MARTYRS OF FERNANDINA.

Dr. J. A. Wyeth read a memorial of Dr. Preston Welford, of Fredericksburgh, Va., and Dr. J. C. Herndon, of Savannah, Ga., who responded to the call for aid, and lost their lives in the epidemic of yellow fever at Fernandina, Fla., in 1877.

CERTIFICATES OF MEMBERSHIP.

It was voted, on recommendation of the Comitia Minora, to grant certificates of membership to Drs. Julius Scheider, M. J. De Rosset, M. Donnelly, J. H. Gunning, D. Bryson Delavan, J. W. Hupfield, W. K. Newton, E. C. Seguin, Montello Cristofero, R. M. Fuller, N. E. Crampton, R. A. Caldwell, J. Phillips, and Gustave Minnaillo.

The paper of the evening was read by Dr. J. W. S. Arnold, and entitled:

"An experimental inquiry into the muscular element of the first sound of the heart."

Correspondence.

"HOW TO SUPPRESS QUACKERY."

To the Editor of The Medical Record.

Dear Sir:—I wish to add an endorsement to certain practical suggestions, in the letter of Dr. G. M. Schweig in the Record of Jan. 19th, concerning the need which exists of furnishing to the community some authoritative information about the standing of its medical men.

While there is, without doubt, an inherent tendency toward quackery among people generally, which no amount of education can wholly overcome, yet unquestionably irregular and unqualified practitioners are often employed, only because the public has no ready means of distinguishing them from physicians in good standing.

I have met with cases to illustrate this over and over again, as has probably every one in active practice.

We, as physicians, are, from association and frequent discussion, so familiar with the more important points of medical ethics, like this of advertising, that I suspect we oftentimes do not realize how little they are understood, outside of the profession, even among well-informed people.

I had this brought forcibly to my mind during an after-dinner conversation some time since, in this wise.

Some medical topic was under discussion, and in speaking of it, I casually alluded to the fact, which I supposed was generally understood, that in New York and other cities in this country, if a doctor advertised himself in a newspaper, it was *prima facie* evidence that he was not a regular physician.

There were five or six gentlemen present, all of whom were above the average in culture and intelligence, but to my surprise only one of the number was aware that there was such a rule, and there was decided interest taken in my reiterated statement that such was certainly the case.

It seems to me, then, that if people of education can know so little of the subject, there must be a lack of information throughout the community, which we owe it to ourselves and to our profession to do away with.

As to the best means of effecting this, there will probably be differences of opinion.

The essential point seems to be, that in a city like New York, for example, a standing notice should be published in the leading newspapers, by authority of the County Medical Society, stating, in substance, 1st, That no physician in good standing advertises himself in a newspaper, or in any other manner, it being considered derogatory to self-respect, and a violation of the code of medical ethics. 2d (as is suggested by Dr. Schweig), That the Medical Register, contain-

ing a list of all New York physicians in regular standing, can be seen at any prominent drug store.

There are so many objections to the publication of a list of approved advertisements, as recommended by Dr. S., that I cannot believe that the proposal will find general favor, and it appears to me unnecessary to the object in view—that is, to furnish the public with a ready means of discriminating between regular physicians and quacks.

I remain very truly yours,

G. W. MURDOCK, M.D.

COLD SPRING, N. Y., January, 1878.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—I read with surprise in your issue of Feb. 2d a communication modestly signed "Reformer." As a mere attempt to ventilate sarcasm, the article in question may or may not be a success; of this I will leave others to judge. As an attempt, however, to ridicule what is really a most important matter, that should, whether *pro* or *con*, be only seriously argued, it is, as I shall show, signally unsuccessful. I should not have noticed it at all, were it not calculated to mislead some who, perhaps, have given my own communication but a superficial perusal. To be brief, "Reformer" makes statements that are entirely fanciful and utterly at variance with the measures I advocate. A reference to my first communication will show that I distinctly stated that advertisements in the case of the general practitioner should contain no more than is on the business card of most physicians, *i.e.*, name, address, hours. In the case of the specialist, the simple addition of his specialty, *without any special inducements*. As it was, moreover, my suggestion that the entire matter should be under control and supervision of the County Medical Society, the possibilities held out by "Reformer" are simply an implied doubt of the capacity or willingness of that organization to keep advertisements within proper bounds.

I had thought, Mr. Editor, that I had made my meaning clear enough in my former letter. As it is, I am always cheerfully ready to make things, if possible, even more intelligible, although I believe a careful reading of my letter ought to leave nothing to explain.

GEO. M. SCHWEIG, M.D.

PROPRIETARY MEDICINES.

TO THE EDITOR OF THE MEDICAL RECORD.

DEAR SIR:—Will you favor me with an opportunity to correct a mistake of one of the gentlemen of the N. Y. State Society in a discussion which is related upon page 78 (third paragraph, first column), No. 377, issue of Jan. 26, 1878, of THE MEDICAL RECORD?

Dr. Squibb is in error about "*bromo-chloralum*" ever having been recommended or even mentioned in a paper on the treatment of diphtheria read before the State Society two years ago.

I can speak with absolute certainty that, except as to the trade name, as published in the drug market, *bromo-chloralum* is entirely unknown to the author of the paper alluded to by Dr. Squibb. For the first time in two years Dr. Squibb has inadvertently betrayed the error under which he has been laboring with regard to the pharmaceutical preparation which really was approved in that paper.

GEO. BAYLES, M.D.

37 W. 46TH ST., NEW YORK CITY, Jan. 26, 1878.

THE HOSPITAL STEWARDS, U. S. ARMY.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—Permit me to thank you on behalf of the Hospital Stewards of the army who are specially interested in the "proposition" to which you so ably, justly, and accurately allude in your issue of January 5th. The stewards owe a debt of gratitude to you for your defence of their cause.

I would beg leave to say, through your favor, that, as we do not wish that there should be any uncertainty about the definition of rank, an *amended* "proposition" has been submitted to the higher authorities, asking that clause 2 read: "1st Class Medical Steward, U. S. A., with rank of *Staff* Sergeant-Major, U. S. Army, but to take place next below the Post or Battalion Sergeant-Major at reviews, inspections, or parades of troops" instead of "Regimental" Sergeant-Major. Trusting you will pardon my troubling you thus, I remain, sir, very respectfully,

Your obedient servant,

HOSPITAL STEWARD, U. S. A.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from January 27 to February 2, 1878.

WATERS, W. E., Captain and Asst. Surgeon. Assigned to duty as Post Surgeon at San Antonia, Texas, and as Attending Surgeon during illness of Asst. Surgeon Taylor. S. O. 17, Dept. of Texas, January 23, 1878.

PAULDING, H. O., 1st Lieut. and Asst. Surgeon. Leave of absence extended three months. S. O. 19, A. G. O, January 26, 1878.

TURRILL, H. S., 1st Lieut. and Asst. Surgeon. Relieved from duty as Post Surgeon at San Antonio, Texas. S. O. 17, C. S., Dept. of Texas.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending February 2, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Jan. 26, 1878....	4	6	88	1	114	94	0
Feb. 2, 1878....	0	10	93	5	93	80	0

ALUMNI DINNER OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK.—The annual dinner of this Association will be held at Delmonico's on Feb. 22, at 7 P. M. F. R. S. Drake, M.D., Secretary.

DR. L. P. YANDELL, SR., OF LOUISVILLE, KY., died Feb. 4, in his seventy-third year.

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THE

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NOW READY.—No. 1.

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75 " = 3/4 "	15.00	
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WALTER BAKER & CO.—*Chocolate, Bromo and Cocoa, Preparations* 10
SAVORY & MOORE.—*Pancreatic Emulsion, Etc., Etc.* 29

To the Medical Profession.

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LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its present sale exceeds $100,000 per year at wholesale. Its almost universal adoption by the profession, as the above figures show, is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested REED & CARNRICK's preparation of Pepsin, Pancreatine, Diastase, Lactic Acid, and Hydrochloric Acid, made according to published formula, and called LACTOPEPTINE, find that in those diseases of the stomach where the above remedies are indicated, it has proven itself a desirable, useful and well-adapted addition to the usual pharmaceutical preparations, and therefore recommend it to the profession.

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Physician at St. Francis' Hospital.

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LACTOPEPTINE (Powder in oz. Bottles) per oz.	$1 00	Elixir Lactopeptine, Strychnia & Bismuth, per doz.	$15 00
" (Powder in oz. Bottles) per doz.	10 00	" Calisaya Bark & Iron, with Lactopeptine, "	15 00
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Elixir Lactopeptine.....per doz.	15 00	Liquid Lactopeptine..... "	15 00
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This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy Livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

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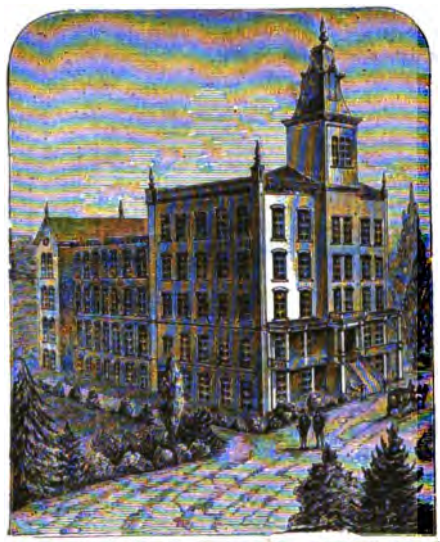

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We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains, in the most potent form, all the active constituents of Ergot of Rye, each grain representing 10 grains of Ergot, and each pill being equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the fluid preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynæcology, assert that they have never found a preparation of Ergot, in which, by experience, they felt as much confidence as in McKesson & Robbins' Ergotin Pills. The advantages of prescribing it in this form will be readily acknowledged. (Dose, 1 to 3.)

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McKesson & Robbins' Solid Extract, made from freshly imported leaves, is used in these pills. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration, accompanying its use, is said not to be followed by any depressing effects.

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Made of McKesson & Robbins' Solid Extract. These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

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The Phosphide of Zinc has been very successfully used by Drs. Hammond (see Dr. H.'s last book), Routh, and other prominent authorities on treatment of brain diseases, all of whom assert its efficacy. It has been used with remarkable results in severe cases of Neuralgia (see paper by Dr. Adolphus, St. L. Med. Jour., XIII. 471). P. Vigier, *Bull. Gen. de Therap.*, states that Phosphide of Zinc is more prompt and reliable in its action than free Phosphorus.

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These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration. The Extract is manufactured from the wood, in our laboratory.

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We prepare both these ingredients in our own laboratory, with great care, and can assert their superior quality. The value of the Oleo-Resin Cubeb often offered in market is very slight, due to the fact that the largest proportion is powdered Cubeb Berries.

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COD LIVER OIL

IN COMBINATION WITH

PHOSPHO-NUTRITINE

(A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES).

This article is offered to the Medical Profession as HAVING ESPECIAL ADVANTAGES OVER ANY AND ALL OF THE COD LIVER OIL PREPARATIONS for the cure of CONSUMPTION, EMACIATION, COUGHS and all PULMONARY COMPLAINTS. The vast importance of the PHOSPHO-NUTRITINE will be perceived in giving to this preparation the HIGHLY-NUTRITIOUS and TONIC properties of the PHOSPHATES exactly as nature provides them, greater NOURISHING, STIMULATING and BUILDING POWER being thereby added, and which not only renders it PALATABLE, LIMPID and EASY OF ASSIMILATION, but ENTIRELY REMOVES ALL NAUSEOUS TASTE AND SMELL and, unlike any other Cod Liver Oil Compound, is miscible with, and should be taken in water. ITS TASTE IS ACCEPTABLE TO THE MOST SENSITIVE and DELICATE STOMACH.

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AND FOR THE NOURISHMENT OF INVALIDS WHO CANNOT DIGEST ORDINARY FOOD.

Price, $1.00 per Bottle. Trial Size, 60 cents. For Sale by Druggists.

MELLIN'S FOOD IS **ENTIRELY SOLUBLE** AND **NOT FARINACEOUS.**

We will furnish a sample of Mellin's Food free to any physician who may desire to try it in his practice. Send for a pamphlet on "Infants' Food," etc., containing Analysis, Testimonials, etc.

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PURE BOVINE (ANIMAL) VIRUS.

This Virus is the result of a continued reproduction from the famed Beaugency stock, propagated under our own immediate supervision at Pearl River, N. Y. It is furnished at the following reasonable

SCALE OF PRICES:

One Quill Slip,	**$ .25**	**Fluid in Capillary Tube,**	**$1.00**
Seven Slips,	**1.00**	**Three Tubes,**	**2.00**

N.B.—Each tube will vaccinate from five to ten persons.

Concrete Vesicle—i. e., Crust or Scab, $1.00 to $3.00, according to size.

HUMANIZED VACCINE VIRUS constantly on hand, as heretofore, at same rates as above.

We guarantee success with 95 per cent. of Quill Slips, and, if used with due care and within one week of reception, will duplicate all failures.

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Peck's Cod-Liver Oil and Wild-Cherry Bark.

Unequalled for rapid and efficient action in **Phthisis, Deficient Nutrition,** etc. Agrees with the most delicate stomach, never causes eructations, is a positive tonic. Its taste is far more agreeable than that of any other combination. It is a perfect emulsion of fifty per cent. of oil and twenty-five per cent. of bark, from which the oil does not separate, and which keeps indefinitely without change.

Dr. W. L. ATLEE, Jr., Philadelphia, writes:—"I have used your Ol. Morrh. cum Prun. Virg. in upwards of a hundred cases. The results were invariably satisfactory and very much better than I ever obtained with other preparations of Cod-Liver Oil."

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For **Paralysis, Melancholia, Lapse of Memory,** etc. **A powerful Aphrodisiac.** A clear, permanent, palatable solution, containing $\frac{1}{100}$ gr. unaltered Phosphorus in each teaspoonful.

Sold by apothecaries generally.

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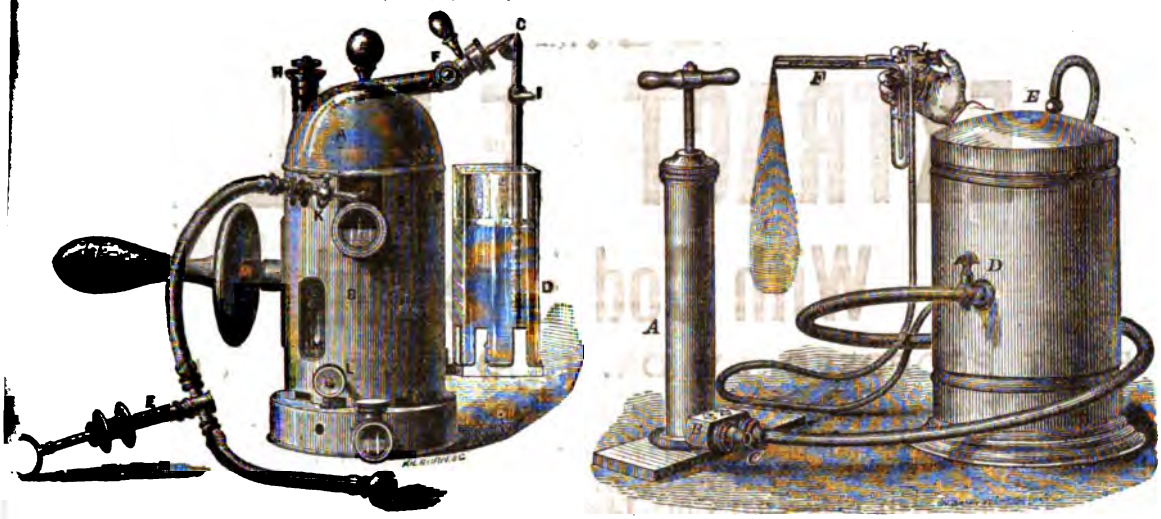

In this apparatus we have incorporated some of the best features of the Atomizing Apparatus heretofore made by us, already familiar to the profession. It is of best materials and workmanship—strong, durable, convenient, easily regulated, and by means of a new attachment of our own design, adequate without cessation of spray for any operation, or series of operations, however extended. Full description on application.

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On Atomization of Liquids, with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American Practitioner, together with a description of the best forms of apparatus, will be sent post-paid on application. Also our new illustrated Catalogue of Surgical Instruments.

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This apparatus will be found entirely satisfactory on account of its elegance and perfect working qualities. It has a double acting Brass Pump (condensing or exhaust, at will), with valves unchangable by time or use. Strong Copper Receiver, Nickel Plated, 12 feet, light and flexible but strong; brown-colored Tubing and a self-closing cut-off (our own design, represented at I), readily connected with any tubes now in use.

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Dr. Oliver's "	**4.00**	**The Constant "**	**3.00**
Shurtleff's "	**3.50**	**Dr. Knight's "**	**2.50**

The Boston Atomizer, $2.50.

See our pamphlet for description of a great variety of Atomizers, Tubes, etc.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SUPERIOR SURGICAL INSTRUMENTS,

13 & 15 Tremont Street, BOSTON.

The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt, and all its combinations.

EXTRACT OF MALT,

With Cod Liver Oil,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO

(See Transactions of American Medical Association, for 1876, page 176),

Is presented to the Medical Profession as an efficient, palatable, and very stable combination, consisting of equal parts of the **Extract of Canada Barley Malt** and the best quality of genuine **Norwegian Cod Liver Oil.** Many patients take this preparation who can not take the oil in any other form. It may be employed in all cases where Cod Liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

EXTRACT OF MALT,

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Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod Liver Oil, Phosphorus being added in the proportion of 1-100 grain to the dose, and so combined, as to be perfectly protected from oxidation. The **Trommer Extract of Malt Company** prepare this combination agreeably to the suggestion of **Dr. Wilson Fox.** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

EXTRACT OF MALT,

With Cod Liver Oil and Iodide Iron

Added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod Liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians referring to it in terms of high praise.

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A Weekly Journal of Medicine and Surgery.

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It is the only WEEKLY MEDICAL JOURNAL published in NEW YORK.

The Medical Record is intended to be thoroughly Cosmopolitan in its character, representing the interests of the profession in all parts of the country. It is entirely independent of all parties or cliques. Its object is to present to the profession a faithful record of the existing state of medical science in all its departments; and, as it is more especialy intended to meet the wants of the general practitioner, the articles published in its columns are thoroughly practical in their character.

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And Diseases of Women and Children.

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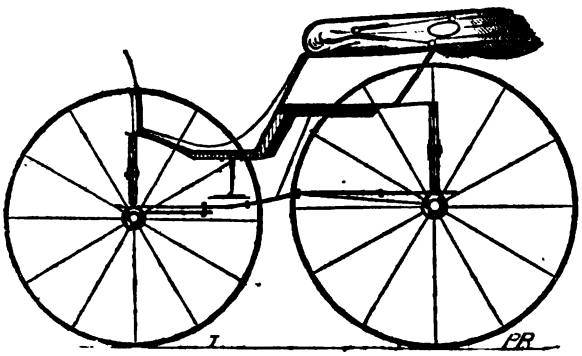

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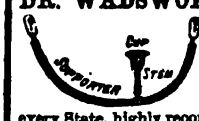

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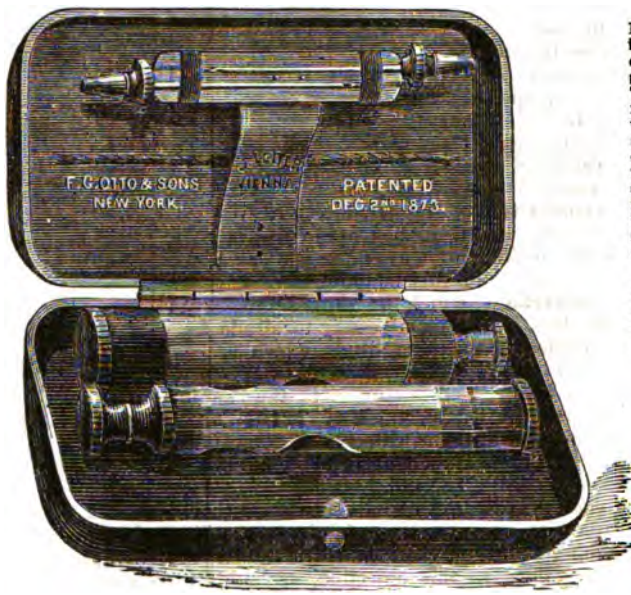

The construction of this Syringe is as simple as it is novel. It consists of a glass cylinder, which is ground conic on the inside of each end; into these sockets fit two hard rubber cones *a* and *b*, Fig. 1. To facilitate the holding of the syringe the glass is ground in the manner shown at *C* and *D* in Fig. 1. The upper hard rubber fitting *a* is for the reception of the needle which is provided with a cone as shown at *D* in Fig. 2, the lower fitting *B*, Fig. 1, receives the piston-rod, which is also made of hard rubber. The glass cylinder being ground conic (making the opening larger at the extreme ends) makes the introduction of the piston very easy, after being taken apart for cleaning or lubricating. Having made considerable improvements in the manner of filling the syringe, as well as in the needles, we feel justified in saying that this syringe is far superior to any yet brought before the profession. The syringe is filled in a very simple manner.

Fig. 3 shows the vial. *B* in Fig. 3 is a cone which fits the socket in fitting *a*, Fig. 1, after having introduced cone *B*, Fig. 3, into fitting *A*, Fig. 1, unscrew the fitting *C* in Fig. 3, draw down the piston and the syringe will fill readily and without a chance for air coming into the same. *A* in Fig. 3 is a cap to close the vial.

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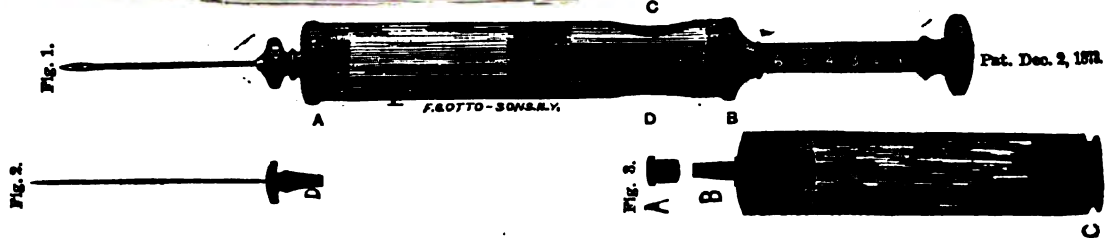

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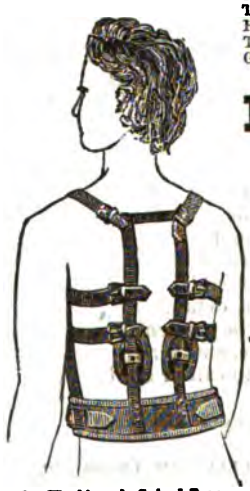

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See Advertisement of SEABURY & JOHNSON'S Medicated Plasters, &c., page 19.

See Advertisement of TROMMER'S EXTRACT OF MALT, page 8.

See PHILLIP'S Cod Liver Oil, with Phospho-Nutritine, Page 6.

See Advertisement of KEASBEY & MATTISON, Page 31.

***See Advertisement of Codman & Shurtleff*—Antiseptic Atomizer, page 7.**

Original Communications.

REPORT OF SIX ADDITIONAL CASES OF STRICTURE OF THE RECTUM.

TWO TREATED BY RECTOTOMY.

By PHILIP S. WALES, M.D.,

MEDICAL INSPECTOR, U. S. NAVY.

In No. 8 of The Medical Record for 1877, I published an account of two cases of rectal stricture successfully treated by a new mechanism for dilatation. Since that time I have been endeavoring to improve it, and after much delay and difficulty I was fortunate enough to interest Messrs. Tiemann & Co., of New York, in the matter, who, with their well-known skill and ample manufacturing resources, by dint of numerous, patient, and expensive experiments, have succeeded in carrying out my plans admirably.

The dilators now present a beautifully polished surface, which, by reducing friction, increases the facility of introduction and eliminates the unpleasant sensation of dragging caused by a rough instrument.

Although devised at first for the treatment of stricture, I soon recognized the advantages of the instrument in intestinal catheterism for other forms of abdominal disease, and have already used it hundreds of times, attaining a height of thirty-two inches in the colon.

If the statements of Dr. Edward Krull, of Güstrow,* are confirmed by future experience, the instrument will find a practical application in irrigation of the bowels. He uses water in this way for catarrhal jaundice, and declares that success has crowned the treatment when other means have failed. In one case the patient had suffered nearly a year and a half. He first employed water at the temperature of 59° Fah., and gradually increased the heat with successive injections to about 73° Fah. The water was thrown in slowly in as large a quantity as could be held, and the longer it is retained the better. The operation was repeated daily, and in the majority of his cases the biliary secretion was re-established, with great relief to the patient, after the second injection, rarely more than seven being required in any case. He believes the improvement to be due to the reflex influence of increased peristalsis of the bowels upon the liver and gall-bladder. Again, Professor Mosler has been advocating a plan of treating tape-worm, which has been attended with remarkable success.† Its chief characteristic is the injection of large quantities of warm water into the colon, after the administration of the anthelmintic. The diet is first regulated, food being given which is supposed to be distasteful to the tape-worm—bilberry tea, herrings, sour cucumbers, salt meats. The intestine having been emptied, as far as possible, by laxatives, a dose of the extract of pomegranate bark, prepared from the fresh bark, is administered, and then a large quantity of warm water is injected into the rectum. The theory is that the worm, previously brought down into the colon, is prevented by the water from attaching itself to the wall, and is brought away by the liquid in its escape. It is asserted that in every case in which this treatment was adopted the head of the worm was removed. I employed with success the plan of injecting a solution of carbolic acid and salt high in the colon after a preliminary administration of oil of turpentine, in the case of a gentleman who had been troubled for months with tape-worm. Several of the most esteemed vermicides, as kameela, brayera, male fern, and pomegranate, had failed in bringing the head, although proglottides were expelled after each administration of these remedies.

Many other instances of the utility of intestinal catheterism and irrigation might be cited, as in intussusception, impaction of fæces, intestinal inflammation and ulceration, atony of the bowels, uterine diseases, etc. The wider the field of application, and the greater the frequency of use of any new mechanism, the greater is the necessity of reducing its possible harmfulness in hands little skilled in surgical manipulations. In my opinion this advantage has been secured in this instrument as far as it is possible, and I cannot conceive that any damage can be done except by the most blamable violence, even when the walls of the intestine are preternaturally soft. That the ordinary contrivances are not free from danger, such as Bell's explorer, O'Beirne's tube, and the various forms of bougies and sounds made of metal, wax, and other materials, is shown by the records of surgical science. The intestinal walls have been repeatedly perforated by them, both in cases where there was no obstruction and in those in which there was.

Sir B. C. Brodie* asserts that he knew seven or eight cases in which this frightful accident occurred, and the patients died in consequence. I will here append, in further illustration of the danger of O'Beirne's tube, the following case, related to me by a professional friend:

Case III.—Mrs. H., aged 65, a large, fleshy woman, called me to see her late in November, 1875. She stated that she had passed nothing from her bowels for four or five days, previously to which time she had had several loose and very copious evacuations. No pain; pulse quiet and regular. The abdomen was very largely distended and tympanitic, and the colon could be easily felt in its entire course till it dropped into the pelvis. Only slight tenderness on pressure. The symptoms continued for five or six days without other changes than a gradual weakness of the vital powers. No treatment, either by medicine or the frequent use of injections, relieved the obstruction, which, from the absence of any gastric disturbance whatever, as well as of general constitutional disturbance, was diagnosed to be situated low down in the large intestine. Dr. S., in the meantime, saw the case with me, and we determined to introduce O'Beirne's tube as far up the bowel as possible, using injections through this, with the hope of relieving our patient. We passed the tube a considerable distance up the bowel, but were deterred from using the injection, from the fact that no gas escaped from the tube, and on withdrawing it it was not stained with any fecal matter.

Mrs. H. gradually sank, and died at 5 o'clock P.M., the next day, by asthenia. A post-mortem, made a few hours after death, showed the rectum bound down over the promontory of the sacrum by a band of false membrane, stretching transversely across the bowel, rendering it impervious from above and below. Just below the constricting band was a rent in the intestine, evidently made by the O'Beirne tube, and accounting quite satisfactorily for the distance to which it had penetrated the day before. Except this band of false membrane there was no effusion of lymph or serum, and the peritoneum was free from any evidence of in-

* *Berliner Klinische Wochenschrift*, No. 12, 1877.
† London *Lancet*, September, 1877.

* Clinical Lecture on Stricture of the Rectum, *London Medical Review*, vol. xvi., p. 20.

flammation. I would mention that the instrument used was of large size—larger than those that I saw at your office—with an ivory head-piece, and that every caution and gentleness was practised in using it.

Of the next three cases which I am about to relate, the first two originated from inflammation of the intestinal mucous membrane, due, in great part, to repeated attacks of malarial fever; the third, I regard as an instance of congenital stricture of the rectum, few cases of which are recorded. M. Thume reports one in the *Nouvelle Bibliotheque Médicale*, Mai, 1828; and M. Tuffet another of unusual interest in the *Bulletin des Sciences Médicales*, tome VII., p. 160.

Case IV.—I. D., a physician, aged 42, called upon me, March 6, 1877, complaining of what he believed to be some rectal trouble, and which a professor of surgery had diagnosticated stricture of the rectum, and had suggested the operation of dividing the sphincter, introducing the whole hand into the gut, and stretching the contracted bowel with the fingers. The patient courteously furnished me with the following account of himself, from which I make the following extracts: "I told you, in speaking of my case, that I have had chronic diarrhœa for twenty years, or more. Apart from the inconvenience involved, as it is no respecter of time, place, or circumstance, I have regarded this diarrhœa as rather conservative than otherwise; for, except occasional malarial trouble, my health, up to the last year, has been all that I could desire. In this time, more or less pain in the hypogastric region, extending into the left iliac, preceding and during the act of defecation, remaining much longer at stool than usual, and often a gush of liquid fæces; the passage of short, flattened pieces, sometimes as many as a dozen, are symptoms which have been increasing month by month. I found, too, that horseback-riding, often the country doctor's only means of getting around to his patients, became extremely painful, and finally had to be given up entirely. During the months of August, September, and October last, a protracted and painfully distressing case of illness in my own family caused me to lose rest at night continuously, and this, added to the fatigue incident to almost daily attention to professional business around the country, greatly reduced my strength, and increased the sufferings complained of. I have mentioned pain as an almost constant symptom. At times it is most severe, frequently causing nervous chill, and always puts me on my back for several hours. Another distressing symptom for the last five or six months is insomnia; I hardly know what it is to get an uninterrupted night's sleep."

I examined this case with my explorer, and found a stricture seven inches from the anus. The dilatation was begun, and improvement was soon manifest, and has continued up to the present time, as will be seen by reference to the following extract from a letter dated November 16th: "I promised you a statement of my case since you commenced treating me last March for stricture of the rectum, with your dilators. It gives me great pleasure to assure you of my conviction that the contraction of the bowel has been relieved. I no longer suffer from that peculiarly distressing pain before and during the act of defecation I have so often described to you. The feeling of weight and oppression in the lower bowels, which rendered any other position than a reclining one disagreeable, and often impossible, has left me, and I can take a fair amount of exercise now, without the irresistible inclination to go to the water-closet."

Case V.—C. E., aged 28, a baker, was sent to me, June 8, 1877, by Dr. D. H. Hagner, of Washington, to be treated for rectal disease. The patient related his case clearly, stating that about four or five years ago he had had intermittent fever off and on for several months, and then he became conscious of pain and aching in the sacrum and perineum; his bowels were irregular, there was difficulty in defecation, and the fæces were diminished in size. The bladder was irritable, requiring him to micturate frequently during the day and night, and every time he did so there was an irresistible desire to evacuate his bowels also, and *vice versa*. The bladder was carefully examined, and no stricture or stone found; the largest sound slipped in easily, causing not the slightest uneasiness. The rectum was explored first with the finger, the patient being erect, and directed to strain forcibly, while the perineum was pushed up with all the force I could exert, aided by an assistant who seized my elbow. Under the circumstances the bowel was somewhat intussuscepted, and the tip of the finger could reach a ring-like narrowing, which seemed to be situated at least four and a half inches from the sphincter. The explorer was then introduced, and expanded to the diameter of an inch and a half, or thereabouts. It caught above when drawn upon, at the point stated, and showed the stricture to be a narrow one.

The dilators were used three times a week, with manifest benefit; the troubles about the bladder entirely disappeared, and defecation was effected with greater ease. Business called the patient to a distant city, and I have not seen him since.

Case VI.—Mrs. R., age 28; mother of two children, first came under my notice while laboring under a severe attack of colic, as she imagined, from eating water-melon. She told me that her bowels were always constipated, never acting without taking purgative medicine, and that this state of affairs had begun many years ago. Her abdomen is very large, and her body generally unnaturally adipose. Appetite always good, but was very guarded in matters of diet on account of her bowels. This was about all she knew of herself.

In the attack of colic, I prescribed purgatives, without obtaining any action, and unless I kept her continuously under hypodermic injections, she complained grievously of pain along the course of the colon. I determined to use my long, elastic dilator, and inject warm water. Upon introducing the point of the instrument into the anus, I found it would not pass beyond an inch. My finger soon revealed a narrow cord-like constriction about one inch from the margin of the anus, through which I could press my finger with difficulty, and great pain to the patient. The bowel above seemed to be quite natural and capacious. I suggested the use of the knife, but this was declined; though dilatation was approved of. To relieve her immediately, I passed one of the smaller sizes of the dilators seventeen inches into the rectum, and injected large quantities of warm water until the bowels were freely moved, with immediate relief to all the symptoms.

The following two cases were instances in which the stricture was within reach of the finger, and were treated by incision followed by dilatation in the usual manner:

Case VII.—C. T. V., a physician, aged 41, consulted me October 20, 1876. He was kind enough to keep the record of his own case, and furnished me with the following account a year after the operation:

"I am of a nervo-bilious temperament, dark complexion, measure five feet ten and three-quarter inches in height, and weigh one hundred and twenty pounds. My habits are good. I suffered with acute hepatitis in

1857. The liver and gastro-enteric canal were for months after this very irregular in their functions; my digestion was feeble and sluggish, and I was a victim to severe colics, particularly during the spring and fall. This condition of things demanded the most rigid dietary. During this time I noticed a great development in the veins of the lower extremities and surface of the abdomen; hemorrhoidal tumors formed around the anus, which frequently bled. Mental depression was now a prominent feature in the case. I became emaciated, my pulse beat 65 in the erect posture, and I experienced a sensation of weight in the rectum, pain in the back, cold extremities, borborygmi, eructations, heaviness in the occipital region, aphthous eruption of the buccal mucous membrane, pain in the cardiac region, and at times palpitation. There was a constant mucous discharge from the rectum.

"In the month of May, 1876, I had a very severe attack of hemorrhoids, and in a few weeks afterwards a tumor was formed within the rectum, just above the sphincter. The pain was excruciating, and lasted a whole night; but by the constant application of hot water the pain finally ceased, and a purulent discharge made its appearance through the anus, the tumor disappearing. About a month later, a painful swelling was felt on the right side of the anus, which also broke and formed a fistula as the former had done. The aperture of the one was posterior, of the other lateral. There was a profuse discharge of pus, so that my health was completely shattered. At this point I visited Washington, and consulted you."

I made a physical examination of the patient and found a stricture three inches from the anal orifice, horizontal, entirely surrounding the bowel, with a rounded and cord-like margin about one-quarter of an inch thick. The aperture admitted the point of the index-finger to the distal end of the second phalanx, and was situated more to the sacral side of the obstruction. I traced the lateral fistulous canal, whose orifice was well out upon the nates, above the stricture, so that when the point of the director was at the constriction, the handle was in contact with the skin. The second fistulous canal terminated in the first. The tissues of the perineum were hard and brawny, and the skin very red. There was always more or less discharge of blood and pus with the fæces, and tenesmus was also present.

I performed rectotomy, cutting the stricture first laterally, at the same time laying open the fistulous canal, and then I incised the ring posteriorly so that the bowel was completely freed of all obstruction. A few ounces of blood were lost. I inserted a fine sponge to prevent further bleeding and put the patient to bed, giving him a good dose of opium. Several hours later, hemorrhage came from the cut below the sponge, but it was promptly stopped by stuffing in some styptic cotton. Three days later the dressings were removed and the bowels syringed with a dilute solution of carbolic acid. In December the patient left for his home in New Jersey, and was under the care of a professional friend, who continued the use of appropriate dressings. The patient continued to improve, and soon resumed his practice. In a letter written to me recently he says: "It is now one year since the operation was performed, and only a small aperture remains, which is healing slowly but surely, and my health is re-established."

Case VIII.—A. C., aged 37, came under my care September 23, 1877. The history of the case runs thus: In youth was healthy, but not vigorous. His father, who is yet alive, possesses an active, hardy constitution, but has complained of gastro-intestinal troubles for years; the same remarks are applicable to a younger brother. Members of his family have been noted for longevity.

In 1861, had stricture of the urethra arising from a neglected gleet, and from time to time, until 1863, had dull pain about the anus. Contracted syphilis in 1865, chancre and bubo; never had any condylomata or other local changes around the fundament during this time. Alteration in the shape of the fæces, which were flattened or shaped more like the blade of a razor, gastric irritability, rumbling of the stomach, especially during the night, and early morning; a morbid craving for food and a feeling of exhaustion were prominent features of his case during 1869–70.

In 1871, a node developed upon his left shin, suffered from nocturnal pains, and was a frequent victim of diarrhœa. For these troubles he underwent mercurial treatment. In the following year he could not retain fæcal matter; the moment the desire came on he was compelled to rush for the closet. His health became now much deteriorated; was attacked by a sharp rectal hemorrhage in 1874, which was checked by astringents; felt more or less pain constantly over the sacrum during this year. Passed pus and mucus like the white of an egg, and the slightest imprudence in diet, or exposure to atmospheric vicissitudes, brought on diarrhœa. This state of things has continued up to the present time, and in addition is greatly distressed by tenesmus. Last May, after eating a snipe, a small bone caught in the rectum, producing severe diarrhœa, and purulent discharge mixed with blood. He told me he had been lately under treatment for rectal ulceration by caustic.

I examined the rectum after having largely dilated it with a duck-bill speculum. A stricture was clearly visible two and a half inches from the anus, placed obliquely across the bowel, so that upon its vesical side the distance was about three inches. The aperture was closed, but admitted the point of the index-finger, though with pain to the patient. The bowel above was of ample capacity as far as could be reached. The obstruction was about one-quarter of an inch thick, and tightly stretched, its aperture ovoid, eccentric, with the broad end towards the bladder. Its edges were rounded, intensely red, and granular. On passing the finger around the aperture, the posterior and narrow border felt hard and callous, seemingly tied down to the subjacent stratum, while the anterior border was broad, tense, and dilatable. It struck me that at the former spot there had been an ancient ulcer.

Situated at the front part of the anus was a large muco-cutaneous pile; posteriorly near the sphincter were two large condylomata, and on the same aspect internally, a fissure. The entire skin of the perineum and nates adjacent was of a deep red color. His general condition is bad, being thin, weak, sallow, and mentally depressed. His abdomen is much distended, but not tender; is tormented by alternating constipation and diarrhœa, with constant tenesmus; purulent matter and mucus are constantly escaping from the bowel, and keep the regions around anus always moist.

The operation of rectotomy was performed with a specially constructed knife. The stricture was divided freely through its anterior border, the tissues cutting with a creaking noise, distinctly audible to the assistants standing near. The incision gaped widely, forming an ellipse, and at the same time the stricture seemed to instantly vanish instead of leaving flaps as had been expected, the intention having been formed to clip them off. The growths around the anus were all removed

by excision, and the sphincter was cut through posteriorly in the line of the fissure and the posterior angle of the stricture. Very little bleeding occurred; the rectum was dressed with a sponge thrust beyond the line of the incision, and opium was freely given. Ten hours after the operation hemorrhage occurred, by the sponge having been forced out of the bowel. It was speedily checked by replacing the sponge and packing the bowel below with styptic cotton. The dressings remained in place for forty-eight hours, when an irresistible desire to evacuate the bowels came on, which induced the patient to remove the sponge himself by pulling on the thread attached to it. On the third day there was an enormous quantity of fecal matter passed, which greatly alarmed the patient, who feared, he said, that the entire contents of the abdomen were issuing. He continued to improve; and on the tenth day I introduced one of my largest elastic dilators fifteen inches into the bowel, permitting it to remain twenty minutes, and before withdrawing it, threw in a pint of water dashed with carbolic acid. The finger detected a hard lump at the side of the anterior incision, evidently caused by lymph infiltrating the submucous connective tissue.

The patient is gaining in strength, and time will be necessary for the cure of the changes consecutive to the stricture.

One of the most interesting questions presented by rectal strictures is that of the manner in which they are formed. The explanations offered are too varied to be introduced separately, but the accounts found in special treatises on the rectum, and in the more recent ponderous compilations on general surgery, may be condensed in these statements. It is attributed in the majority of cases to inflammation arising from various causes. Congestion takes place in all the tunics of the bowel, plastic matter is effused into the meshes of the tissues, concretes, organizes, and contracts, diminishing the calibre of the intestine. If the morbid action is restricted to one side of the bowel, or to one of the free edges of the mucous folds, it becomes enlarged, and forms a sort of valve, bridle, or eccentric contraction, according to the form and direction of the inflamed tissue. At other times the inflammation leads to atrophy of a section of the bowel, so that its size may be diminished to that of an ordinary lead-pencil. We are further told that the several forms of stricture also arise from cicatrized ulcerations that have involved the mucous membrane in certain directions and extent.

Howship discourses in this wise of the manner in which stricture is formed:

"When a small mass of hardened fæces in the rectum is situated low down, with another above it, the part of the bowel between the two may have a tendency to contract itself in the vacant space. Should the irritation incident to loaded bowels cause the parts thus circumstanced to inflame, effusion taking place between the coats of the intestine will inevitably convert its temporary form into a permanent condition. The subsequent escape of the fæces is attended with violent pain, and the contracted part will always be irritable, because much exposed to annoyance from the perpetual transit of the contained matter. In this way I believe a sort of transverse valve or membrane is sometimes formed with a central opening, inducing most distressing consequences." *

In a note communicated to the Société Anatomique, M. Broca,† in speaking of a case, stated that a sort of plastic exudation in the form of two bands (traînée) embraced the rectum like a ring, and produced a valvular stricture. There is thus a new tunic superadded to the normal walls, and he thinks that the majority of valvular strictures are produced by a similar or analogous mechanism.

In another communication Dr. L. Aug. Mercier * affirms that the majority of rectal strictures are the product of an inflammation which has obliterated the capillary net-work of the bowel, principally of its muscular layer, by which it is transformed gradually into fibrous tissue.

The above explanations may be sufficient to account for certain cases of rectal strictures, but by no means all of them, nor, in my opinion, even of a majority. I believe the mechanism to be very simple, and that most strictures seated in the rectum are caused by a drawing in of the natural folds, or of circular strips when there are no folds of the mucous membrane, by the contraction of cicatricial tissue, repairing ulceration arising from either specific or common causes. In this way any loss of substance of the intestinal tunics, however small or occurring at any point in the walls, may produce a crescentic or diaphragmatic stricture during the healing process. In other words, the stricture in great part consists of the normal tissues displaced by contracting cicatrices. The anatomical relation of the mucous membrane with the muscular layer, connected, as they are, by loose connective tissue, favors the formation of stricture in this manner. In typhoid fever ulceration of the small intestines is common enough, and yet we never meet with stricture from this cause, as the mucous membrane is too closely connected with the subjacent coat to permit any displacement, so that the cicatrix formed from an ulcer located here is thin, shining, and flat. I regard the above view of the formation of rectal stricture as of considerable practical importance in relation to the operation of incision.

In Case VIII., the ulceration was originally located in the posterior wall of the rectum, marked by the limited area of hardened and fixed tissue that could be covered by the tip of the index-finger, the balance of the stricture being normal mucous membrane tightly stretched into the lumen of the bowel; this is the earliest stage of the stricture. Later, as the disease slowly advances, the passage of the fæces is gradually obstructed, causing more or less inflammation, which will occasion thickening and hardening of the displaced mucous fold and of the surrounding tissues. This advanced stage is represented by Case VII.

Were stricture cases clearly made out at an early period, before much change has been occasioned in the intestine walls, I believe that many of them might be submitted to the knife with the happiest result, no fear being felt that union of the edges of the wound would occur, inasmuch as they will widely gap from the resiliency of the divided tissue. In most of these cases also diarrhœal and purulent discharges are constantly passing through the rectum, and would militate strongly against any form of repair taking place in the wound, except that by granulation.

From this point of view, the advice of certain authors to thrust in a large bougie, and retain it there for some time, after rectotomy, would seem to be altogether unnecessary, if not positively injurious.

I prefer to wait several days until the wound begins to cicatrize, at which time contraction of the newly formed tissue can only occur. The chances of success of rectotomy will be greatly promoted by prepar-

* Practical Observations on the Diseases of the Lower Intestines and Anus, 3d ed., London, 1824, p. 7.

† Bulletin de la Société Anatomique de Paris, 1852-3.

* Gazette Médicale de Paris, t. vii., p. 262.

ing the patient by three or four days of preliminary treatment, by the administration of laxatives and the daily introduction of one of the small rubber dilators far up the bowel, through which carbolized water may be injected in sufficient quantities to clean the intestine as thoroughly as can be done. During these few days the patient should be supported on fluid food, milk, beef-tea, and egg flip. When the operation is completed, opium may be given freely to relieve pain and quiet the bowels. The local dressings are of much importance—to prevent any of the intestinal excretions coming in contact with the wound, until the gap made with the knife and the surrounding connective tissue have become infiltrated up with lymph, which will occur in forty-eight hours or so, a piece of fine sponge secured to a curved gutta-percha tube opening beyond the sponge, the two together resembling in shape a mushroom, may be thrust into the rectum beyond the incision, and held in place by a tape tied to a waist-band. This contrivance will be, in most cases, easily borne for two or three days, and will give issue to wind, which often originates the desire to evacuate the bowels. It has another great advantage, and it is this, if any bleeding occurs the blood will fill the rectum and appear externally, when styptics may be applied on cotton wool in such quantities as to block up the rectal pouch.

As complications of rectotomy we find enumerated in the books a formidable array; as hemorrhage, fecal extravasation, abscess, fistula, pelvic peritonitis, pelvic cellulitis, peritonitis, and septicæmia. In srelation to these dangers the opinions of surgeons have differed greatly. Among the ancients the treatment of rectal disease in general was characterized by the utmost freedom of recourse to the severest surgical processes, if we are to believe that the judgment of Hippocrates either represented or influenced the prevailing practice. He says, "rectum enim intestinum et secans, et resecans, et consuens, et urens, et putrefaciens, etiamsi gravissima hæc esse videantur, nihil læseris." But the fact is, comparatively little was known of the nature, diagnosis, and treatment of the disease until the beginning of the eighteenth century. Without doubt, had stricture, by any accident been discovered in those times, it would have been incised, and, perhaps, many were thus treated, of which we have no record. The earliest case I can find is that reported by Wiseman.* He gives the history of a man who suffered from perineal abscess resulting in fistula, which was treated by both knife and ligature. As the wounds healed, stricture formed, "about an inch or more within the rectum." Dilatation with tents made of gentian and deer-suet was tried first, without avail. "The bowel being choked up," he says, "our work was the dividing the contracted callus, which made the stricture, which we did by an instrument made for the purpose, with which, without hurting the intestine, we cut through in several places, making the opening so large that the excrements came away big; and by the injecting of *ol. lubricorum*, cured the wounds in a few days after, and left him at liberty: he not only expelled them well, but also retained them; yet, within this twelve months, twice we have enlarged it, and by the instrument we designed, it may at any time be helped, without hazard of wounding the sound parts near it; but since the last incision of it, it hath continued open, and upon a late search with my finger, I could see nothing of it."

In the above case the obstruction was seated low, and there could have been no doubt as to the judiciousness of the operation performed, as there was neither danger nor difficulty to weigh against the hoped-for advantage of free issue to the fæces. The chief points in considering the applicability of the knife to non-malignant rectal stricture are two, its height and its width. The higher it is situated the greater the risk and difficulty of incision, and I am not aware that any case has been recorded in which a stricture beyond the reach of the finger has been so treated. Its situation decides the propriety of rectotomy for many surgeons, as Quain, Mayo, Salmon, Syme, and Bushe,* and the practice recommended by them is set forth fully by the latter. "When the stricture is near the anus, narrow and firm, the surgeon may hook it down with his finger, and then partially divide it, in two, three, or more points, with a hernial knife."

On the other hand, the dangers of incising strictures located high up, are believed by others to be greatly exaggerated; and ranged on this side are Howship, Copeland, and Calvert.† The latter of whom speaks in very decided terms, as follows: "When the stricture consists of a narrow indurated septum within reach of the finger, and the bougie either does not agree, or is a long time in effecting the dilatation, the best and shortest method is to divide it in the direction of the sacrum, and with a probe-pointed bistoury . . . . it is not attended with any danger, either from inflammation or hemorrhage; . . . . the division may be performed in one or more directions; but sometimes it answers the purpose equally, and is safer to divide the stricture towards the sacrum only."

As to the width of the stricture, it need hardly be remarked that the narrower it is, the more favorable for incision. There certainly is great variance in this respect, but in the greater number of cases the width will scarcely exceed half an inch, and in numerous instances the stricture is simply a bridle occupying a part of the circumferences of the bowel, or extending quite around under the form of a diaphragm with central aperture. Wide obstructions may be more advantageously treated by dilatation.

The incision may be single or multiple, and made at any part of the intestinal wall, though usually it is recommended as safer to incise posteriorly in the median line, and rather by several nicks at different parts than by one cut. With proper precautions, there is no doubt but that the rectotomy may be safely performed with the very best results at any part of the bowel within reach of the finger, and I am even sanguine that even strictures higher up may become manageable in the same way, with properly constructed instruments.

424 East Capitol St., Washington.

Dr. Pierre Berthier, Physician-in-chief to the Lunatic Asylum at Bicêtre, died on December 20th. From the very commencement of his medical studies Dr. Berthier's chief attention was directed to the subject of insanity, and he soon attained an enviable position in that specialty. He was the author of numerous valuable papers on insanity and its complicating affections.

* Severall Chirurgicall Treatises. By Richard Wiseman. Folio. London, 1676, p. 237.

* A Treatise on the Malformations, Injuries, and Diseases of the Rectum and Anus. N. Y., 1837.

† Practical Treatise on Hemorrhoids or Piles, Strictures, and other Important Diseases of the Urethra and Rectum. London, 1824.

CREMATION PRACTICALLY CONSIDERED.*

By CH. SMART,

CAPTAIN AND ASSISTANT SURGEON, U. S. ARMY.

In July, 1877. the writer was called in by his friend, Dr. John F. Hamilton, of Salt Lake City, to assist in conducting the cremation of the body of Dr. Charles F. Winslow.

Immediately on the completion of the process he proposed putting on record the points connected with it, but other matters occurring prevented him from carrying out the intention until the cremation seemed to have become too old a story to recount in the columns of our current literature.

Recently, however, the idea of reporting the case recurred with the force of a neglected duty, for though the cremation is a thing of the past, the practical questions involved in it are as new now as when they demanded solution at the hands of Dr. Hamilton himself, or as they would be to-morrow were some professional brother charged with the superintendence of a similar case.

It is not proposed to discuss the cremation *versus* burial question. The profession already knows most that can be said on the subject in its sanitary, economic, medico-legal, and sentimental aspects. But if the present writer can predicate of the profession as a whole from his acquaintance with individuals, it knows but little, at least in this country, of cremation from a practical point of view. And yet, as in this case, so in the next, medical men will no doubt be called upon to superintend the process. It is true cremations are not common with us, so the call to superintend one may be long in coming, but it is liable to come any day, and having come, it brings many anxieties which are by no means soothed by a recognition of the fact that, however private may be the arrangements, there are certain to be present many curious and critical eyes to oversee the process.

The report of this case may, therefore, be of use at some future day as a practical guide; while at the present it can stand as a contribution to the history in this country of the modern revival of cremation.

Dr. Charles Winslow, the subject of this cremation, was a resident of Salt Lake City, Utah, for several years before his death, and was considered a very able man, although credited by the public with some eccentricities; that is, he ventured to differ from public opinion on certain questions, and made no secret of the difference.

Among the various provisions of this gentleman's will was one requiring that within forty-eight hours after his death his heart be removed and placed in a preservative solution, and that thereafter his body be cremated in the most convenient manner, and with as little publicity as possible, under the direction of Dr. Hamilton, of Salt Lake City.

One of the executors of the will, Mr. Samuel Woodward, lived in Salt Lake City, the other, Mr. W. C. Pease, in San Francisco, California, while the relatives of the testator dwelt in the Eastern States.

Dr. Winslow died on the 7th of July, of valvular disease of the heart, and on the 9th the thorax was opened, under the direction of the resident executor, and the heart removed and disposed of as required by the deceased. No steps, however, were taken in the matter of the cremation until after the arrival of the executor from San Francisco.

During this time the body was kept on ice in the sexton's office.

On the arrival of Mr. Pease from San Francisco arrangements were made to carry out the provisions of the will so far as related to the disposition of the body.

A small furnace was planned, which was conceived ought to answer the purpose, but before orders were given for its construction, it was thought advisable to consult some of our mining men, whose practical experience in the smelters might offer some valuable hints. These approved the plan of the furnace, as a furnace (that is, their opinion was not required on its merits as a crematory), but presented the objection that such a construction would require at least ten days of a graduated heat to dry and season it, else it would break down under exposure to an elevated temperature. Coming from practical men this objection carried so great weight that the idea of the special furnace was abandoned as involving too much delay, and an inspection was made of several smelters in the neighborhood of the city with a view to finding a furnace which might be utilized. In the meantime, however, it having been suggested that, although the gradual heating and seasoning of a furnace intended as a permanent working structure was undoubtedly necessary to its permanence, the small cremation furnace might last long enough to perform the work required of it without any such lengthened seasoning.

After some hesitation and discussion this suggestion was acted upon, and a site having been obtained from the city authorities, the furnace was built in the course of a dozen hours and fired up to season it for its work.

A vacant lot in the centre of the city, between the theatre and Brigham Young's residence, was granted for the purpose. This site tended to give greater publicity to the cremation than was desired, inasmuch as the furnace had to be built under the very eyes of the populace; in addition, the local papers, having learned something of the *status quo*, endeavored to keep their readers posted on the matter. Yet, as the cremation was expected to be completed in the course of a few hours, it was hoped that by concealing the hour of the commencement of the process the affair might be an accomplished fact before the public became acquainted with it. The site, also, had the further disadvantage, in case of the evolution of any empyreumatic odors, of being under the nose of the populace, who would, no doubt, be much disposed to sniff the air when they knew what was in progress, and to be favorably or unfavorably impressed, according to the dictum of their olfactories.

After some sixteen hours of gradual heating the furnace was well coaled up, and in two hours more, when thoroughly heated, a hind quarter of veal and some bones, enveloped in a sack, amounting in all to about forty pounds, were thrown in. None of the idlers around the furnace were aware of what was consigned to it, and none discovered any taint in the atmosphere, save that from the coal-smoke when the fire was replenished. At the end of half an hour the soft tissues had disappeared, leaving a mass of incandescent bone, with some dark carbonaceous patches here and there among the crevices. At the end of an hour and five minutes, when the door of the furnace was again opened, the bones were found to break down under the weight of a long iron poker laid gently on them. The result was regarded as satisfactory; for, as one-sixth only of the floor of the furnace

* Being a report of the cremation of the body of Dr. Charles F. Winslow, which was effected at Salt Lake City, Utah, July 31, 1877, under the superintendence of Dr. John F. Hamilton, surgeon in charge of St. Mark's Hospital, Salt Lake City.

was covered by the experimental tissues, it was supposed that had the remaining five-sixths of the floor been covered in like manner, the cremation of the whole would have taken place in the same length of time. It was therefore determined, as the floor was being cleaned out, to keep up the heat and cremate the body in the evening.

Meanwhile, however, a telegram was received from the relatives of the deceased forbidding the cremation in most positive terms. Full particulars of the provisions of the will relative to this point were telegraphed back by the executors. One of the sons of the testator, Mr. Charles Winslow, of St. Louis, Mo., intimated his intention of coming to Utah, and requested that no action be taken until his arrival, but that the body be embalmed for future burial or cremation, as might be determined on.

The embalmment was accomplished on July 18th, by means of alcohol, carbolic acid, and chloride of zinc.

In a few days Mr. Winslow arrived, and having made himself acquainted with all the facts in the case, acquiesced in the action of the executors, and proceeded homewards to represent matters to the other members of the family, and gain their acquiescence to the willed disposition of the body.

In the meantime, while waiting for the removal of all sentimental objections to the cremation, the construction of the furnace which had been built, tried, and approved, had better be described.

Externally it had the appearance of a large brick box—eleven feet long, four wide, and five high—which, in addition to being well cemented, was bound together by long iron bolts and heavy timbers. It consisted of a stone foundation, brick walls, and fire-brick lining. From its upper surface, at either end, there arose a brick chimney about three feet high, on each of which was superimposed a twenty-feet metal smoke-stack; these, of course, being kept in position by strong iron-wire stays.

At the upper half of one end, which might be called the front of the furnace, was a semicircular iron plate, hinged below on its straight edge, and forming the door of the cremation chamber, which chamber was arched transversely in its ceiling, seven feet long, two feet wide, and two feet in height in the centre of the arch. The floor of this chamber, which separated it from the fire-place and flue, was a heavy boiler-iron plate, three-eighths of an inch thick, let into the brick wall of the furnace along its sides, and supported underneath by fire-bricks set on edge, their under edges resting on the floor of the flue.

The fire-place was under the fore part of the iron floor of the cremation chamber, its opening being at the lower and fore part of one of the sides of the brick box, while the flue ran backward under the iron flooring to the rear of the building, where it curved upwards past the rear end of the iron plate and cremation chamber to the brick chimney and smoke-stack, which projected it vertically upward.

So far as the flue has been described, it is evident that the draught would be from the fire-place back under the flooring of the cremation chamber, then upward past its inner or rear wall, and so into the atmosphere through the posterior smoke-stack, communicating heat to the chamber and its contents only through the flooring and end wall, thus making an oven of the said chamber, or rather a retort, as it had an exit pipe in the shape of a smoke-stack at its upper and fore part. Heat so applied would effect the destructive distillation of animal matters, not their oxidation. But the rear wall of the cremation chamber had an opening in it communicating backward into the flue, and this aperture was guarded by an iron plate which, on being raised or let fall through a transverse slit in the top of the brick box, opened up or shut off the communication between the flue and the chamber. This might be called the perpendicular valve. Again, in the chimney of the flue—the rear chimney, that is—a fissure in its wall admitted the driving home or withdrawal of a horizontal plate or valve, by which communication was cut off or opened up between the flue and the posterior smoke-stack. Thus, by pushing home the latter plate and raising up the former, the smoke, flame, and hot air of the flue, instead of escaping by the rear smoke-stack, would be turned into the chamber, converting it into a reverberatory furnace, in which oxidation of contained material would be accomplished by oxygen in the air, which had passed through the fire and flue and escaped consumption by the fuel used.

The smoke-stack at the fore part of the furnace was thus the real stack of the crematory, that at the other end having been added simply for convenience in clearing the chamber, when required, of its smoke, flame, and heated air.

The essential of a cremation furnace being understood to be a chamber which will furnish at the same time a strong heat and a free supply of air, it is manifest that the construction above described provided only the first of these in perfection, the air supply for the chamber consisting only of the residual oxygen which escaped combination in passing through the fuel. Yet this was presumed to be sufficient for the purpose, and by the trial above recorded the presumption was sustained. In case, however, of delay in the oxidation of the last portions of the carbon, provision was made for an increased influx of air by having on hand a fan wherewith to institute an artificial blast. It was recognized, also, that the iron flooring of the chamber would withdraw from the organized material to be oxidized much of the residual oxygen, by its strong affinity, at a high temperature, for that element. Yet, as the iron flooring was more easily laid than one of fire-clay tiles, it was approved and found to fulfil the requirements of the occasion.

In each side of the reverberatory chamber was inserted a small mica window for the purpose of observing the progress of the crematory process, but they were found of little value. The best observations were made through a circular aperture, one inch in diameter, in the semi-circular iron plate which formed the door of the chamber. The aperture, when not used as an observatory, was closed by an iron slide. The view through it, when the chamber was cleared of smoke and flame by tilting the current through the rear smoke-stack, was very satisfactory. All official observations were made by means of this aperture, and the mica windows were given up to the curious eye of the public.

Such having been the furnace prepared for the cremation we may now recur to the story of its use.

On the 30th of July a telegram was received conveying to the executors the acquiescence of the relatives, and the cremation was set for five o'clock of the afternoon of the following day.

The body, in the meantime lying on ice in the city sexton's office, had lost in weight by evaporation, on account of the warm weather, from 180 pounds at the time of death to 139 pounds at the date of cremation.

By the building and trial of the furnace, the comments of the local press, and the objection of the relatives to the cremation, public curiosity was roused to

its utmost, and the appointed hour found the vacant lot crowded with people.

A number of carriages, containing the pall-bearers and friends of the deceased gentleman, called at the sexton's office and conveyed the body to the furnace enclosure. Here it was exposed, wrapped in a simple linen shroud, the face pale, firm, preserving all the natural lines, and looking more like a marble cast of Dr. Winslow than his mortal remains. Some ladies who were present laid bouquets upon the body, and Dr. Hamilton, General Moses M. Bane, and the writer, followed each other in making remarks appropriate to the occasion, which belong, of course, more to the daily news account of the ceremony than to the pages of medical literature.

The body was then prepared for the furnace by being placed upon a one-eighth inch iron plate, which was six feet long and twenty-two inches wide, with its edges turned up about an inch to convert it into a shallow tray. The original intention was to have placed the body directly on the floor of the furnace, and to have raked the ashes out after cremation, but the heat to which the furnace had been subjected during its trial, and in firing up for the cremation previous to the interference of the relatives, with the subsequent cooling, had done much to damage it. The expansion and contraction of its metal flooring had slightly loosened the brick-work, but the chief result was the tendency to cave in of the unsupported parts of the floor. As it was feared that the heat, during cremation, would so increase this as to render it difficult to rake the ashes out over the uneven surface, the sheet-iron tray above mentioned was improvised.

The laden tray was borne by the pall-bearers on three staves to the open door of the furnace-chamber. The smoke and hot air had been turned off through the rear smoke-stack preparatory to this procedure. The head end of the tray was then rested on the edge of the iron floor of the chamber, and, with a steady, onward movement, tray and body were carried into the furnace, each pair of pall-bearers dropping their staves and stepping aside as they reached the door. A few seconds only elapsed from the moment the head end of the tray was rested on the edge of the furnace until the door was shut upon the subject; so few, that the most critical observers could only see the gradual but rapid browning of the shroud, and a flash of flame catching it as the door was closed.

The perpendicular plate was immediately raised and the horizontal one driven home, permitting the smoke and flame to roll along the chamber, lapping the body, and make its exit through the anterior smoke-stack. Nothing could be seen through the mica windows save the wave-like masses of flame; but a rapid, crackling sound, owing to the dissipation of the water of the tissues, was heard for many minutes. In the smoke was noticeable an odor of carbolic acid, due to the vaporation of the carbol used in embalming. This gave occasion to the *Salt Lake Herald* to remark that every offensive odor was observed during the cremation; but the only odor present was the carbolic, and this was so slight, or so assimilated in character to the coal-smoke in which it was disseminated, that a majority of the people failed to observe it. Anyhow, it was of no lasting duration. During the greater portion of the time occupied by the cremation there was no trace of odor.

At the end of half an hour the flame was turned off through the posterior stack, and an observation made through the hole in the iron door, discovering the ribs and the bones of the lower extremities to be denuded of soft parts; but the hips, trunk, and head were yet covered with carbonaceous masses.

At the expiration of an hour, as the skeleton seemed to have been freed from all black masses or streaks, the door of the chamber was opened for a thorough inspection, revealing the incandescent skeleton with a few dark patches still persisting about the hips and upper part of the trunk.

During the succeeding hour the bones fell apart, becoming broken in their fall, and were more or less crumbled by the continuance of the heat. When the door was opened at the end of this hour, the cremation might have been considered completed. The poker, placed gently on some of the prominent bony masses, crushed through them by its weight. But as thorough success was desirable, and as the artificial blast had not yet been put in requisition, it was determined to give the remains half an hour longer of the heat, with the increased air supply produced by the fan.

During this treatment the bones glowed in their incandescence, but little further change was noticed in their aggregation.

At the expiration of two hours and thirty-five minutes the fires were raked out and the door of the chamber opened, shortly after which the tray was extracted and placed on wet ground to cool. In about half an hour the remains were ready for collection.

The influence of the heated air on the iron plate was now manifest in the numberless flakes of heavy iron oxide which were swept up in collecting the ashes. They constituted about one-fifth in weight of the debris. This result, it must be confessed, had not been foreseen. The loss of active cremative air by the presence of the iron had been appreciated and accepted before the process was initiated; but the flaking up and adulteration of the ashes by the oxide had not been thought of until it was presented in the process of collection. However, the separation was readily effected. Most of the flakes were large and removable by the fingers. Smaller pieces did not yield to the trituration required to reduce the friable bones to powder, and were separated by passing the dust through a coarse-meshed sieve.

None of the bones were complete, but many of the pieces were large enough to enable their derivation to be easily recognized. Some spongy pieces were beautiful specimens of whiteness and delicate lamination.

The result was three and a half pounds of ashes, weighed, urned, and labelled within four hours after the consignment of the body to the furnace.

In view of this fact we must credit the furnace with having done the duty for which it was intended in a very satisfactory manner, although it labored under the disadvantages of a deficient air supply, and an iron flooring which deteriorated the quality of the air. Were a permanent crematory to be called for, Dr. Hamilton and the writer coincide that the furnace above described would fulfil all the requirements, provided the floor of the chamber was made of fire-clay tiles, and a hot-air supply furnished by means of a fire-clay pipe running underneath the flooring, and debouching on the rear wall of the chamber beneath the throat which communicates with the flue.

The cremation was virtually finished in two hours by the furnace in question, notwithstanding its defects; with those defects remedied it is safe to say that two hours would be the maximum time required per body for cremation.

In order to determine the thoroughness of the cremation to which the body of Dr. Winslow was sub-

jected, a sample of the ashes was examined by the writer with the following result:

Phosphate of lime	85.06
Magnesia pyrophosphate	1.60
Lime sulphate	1.77
Lime carbonate	11.04
Sodium chloride	.17
	99.64

A trace of the lime existed in a free state as quicklime, but it and traces of iron were not determined, on account of the small quantity of material available for investigation.

The analysis shows the entire dissipation of the organic matter, even of the various salts which are incorporated with it, a trace of chloride of sodium, from the organic tissue of the bones, alone remaining.

Fluoride of calcium, which exists to the amount of two per cent. in bone, has disappeared from the ashes—the lime of that salt having combined the sulphate with the acid from some of the broken up sulphates of the organic tissues—as lime sulphate is not a constituent of ordinary bone.

The magnesia pyrophosphate in the ashes, as might be expected, does not differ in quantity from that yielded by bone.

Lime carbonate exists in smaller proportion in the ashes than in bony textures, part of it having probably been carried off by the draught of the furnace; while the deficiency of lime-carbonate and sodium chloride is replaced by an excess of the lime phosphate, of which eighty-five per cent. is yielded, instead of seventy-six per cent., the average in human bones deprived of their organic matter.

A SHAWL-PIN LODGED IN THE LEFT BRONCHUS FOR THIRTY-THREE DAYS.

SUCCESSFUL REMOVAL BY OPERATION.

By EDWARD J. ILL, M.D.,

NEWARK, N. J.

On November 3d my father, Dr. Fridolin Ill, was called to a child, Lizzie Gaus, aged six years, with the history that the child had swallowed a pin on Oct. 30th. The mother had administered several doses of castor-oil without the desired effect.

At this time the child had a croupous cough, but nothing could be detected in the pharynx except a small scratch on the left anterior pillar of the palate. A most careful examination of the lung revealed nothing at this time. The child now became feverish.

On Nov. 8th, the fever abated somewhat, but the hoarse cough still remained and became very irritating, purulent bronchitis showing itself.

On Nov. 27th, my father noticed the respiratory noise on the left side to decrease in force, and a slight dulness on percussion over the lower left lobe.

On the 28th, I was asked to see the child with my father; but the patient was taken to one of the clinics and we missed seeing it that day. On the 29th we were asked to see the child again. Now we discovered a slight dulness on percussion, a check at the beginning of inspiration and at the end of expiration, and a constant whizzing sound during inspiration and expiration over the left bronchus anteriorly; decreased fremitus over the whole left lung; a slight dulness on percussion over the lower part of the lower left lobe; decreased respiratory murmur, and numerous râles over both lungs. Fever was very little at this time, but the constant irritating cough which had been present from the beginning had increased. The hoarseness was very slight.

Having gained the confidence of the child, I proceeded to make a laryngoscopic examination. The result was negative, although I gained sight of all parts down to the vocal cords.

I furthermore found that the child, having the head of the pin in its mouth, suddenly gaped, and the pin disappeared.

The diagnosis now was: Pin lodged in the left bronchus with the point upward. To verify the diagnosis, we observed the case for two days longer, always finding the same symptoms, the laryngoscopic examination always negative.

On the evening of Dec. 1st signs of pneumonia set in, and we immediately prepared for an operation to remove the offending cause. In the presence and with the assistance of my father, Drs. Stachlin, O'Gorman, and Lehlbach, I performed the following operation on Dec. 2d:

Tracheotomy, with an incision of one inch, and an opening into the trachea, of from the second to the fourth ring included was made. A most forcible coughing took place, which lasted throughout the whole operation, and was not controlled even by the most profound anæsthesia. I first made search for the pin with a probe, which was introduced into the trachea for nearly four inches, and immediately struck a body which I took to be the pin. I then handed the probe to my friends, but they obtained a negative result.

Again I examined the trachea, and with the same positive result. I now introduced a dressing forceps, bent upon the flat about half an inch below the handle, and was able to catch something between its fangs, but unable to bring it up. To make the story short, I caught hold of the pin, pressed it downward and to the left, thus disentangling the point and bringing it out of the trachea. The pin is one and three-quarters inches long, and the head one-quarter inch in diameter.

The whole operation, including the anæsthetizing, took one hour and twenty minutes. The purulent bronchitis soon abated and the pneumonia resolved. On Dec. 28th I dismissed the child cured.

NEWARK, N. J., Jan 4, 1878.

A CASE OF GREATLY ELONGATED CERVIX UTERI AT FULL PERIOD OF GESTATION.

OS INCISED AND FORCIBLY DILATED TO ADMIT OF DELIVERY.

By A. R. BARTON, M.D.,

JAMESTOWN, N. Y.

About 3 P.M. of the 10th of July, 1873, I was called to see Mrs. M——, a native of Ireland, aged about 33 years, who was supposed to be in labor with her fourth child. As near as she was able to tell, she was at the full period of gestation, and the membranes were ruptured forty-four hours previous to my visit, but no pain had occurred until about 6 o'clock in the morning of the day on which I was called, when she had a few slight irregular pains, and a continuous pain in the sacral region, which had not left her at the time of my visit. Soon after the commencement of this pain she had a chill, followed by fever and profuse sweating. At time of my visit, pulse was 100; temperature, 101.4°; skin, hot and moist; tongue,

slightly covered with yellow coating; bowels, acting naturally.

In attempting an examination per vaginam, I found protruding from the labia a large tumor, which, on inspection, proved to be the neck of the uterus, so greatly elongated as to protrude full four inches, by measurement, from the vulva. It measured in circumference eight inches. The os was sufficiently dilated to admit of index-finger by using very little force. The tissues surrounding the os, extending to the outer surface of the tumor, and running back an inch or more, were dense and hard, almost cartilaginous. The vaginal tissues covering the tumor were hard, hypertrophied, dry, and as smooth and shining as the integument on the thigh. There was no ulceration, excepting at one point on the anterior lip and near the os, where there was a small ulcer of about two lines in diameter. The finger carried into the cavity of the tumor discovered nothing more than a continuous canal. Even when the tumor was carried up on the finger as high as possible, the child could not be reached. The fundus of the uterus was well up into the epigastric region, and the abdomen was as large as that of women ordinarily at full term of pregnancy.

My questions elicited the following history of the case: Previous labors were natural, easy, and very short. Patient's health has always been good previous to the fourth month of present pregnancy, when, after walking four miles, and carrying a heavy package, she felt a great weight, or "bearing down" in the pelvis. This condition continued for many weeks, and soon after its commencement her attention was called to a prolapsed condition of the womb by presenting itself at the vulva. From this time there was a gradual elongation and growth of the organ until the end of the fifth month, when, she says, it protruded at least one inch more than it did at the time of my first visit, and continued thus until the last days of gestation, when she was obliged to keep her bed some, and the tumor receded a little. During this time the abdomen gradually enlarged, showing that the body of the uterus was following the natural course of that organ during gestation. The cervix had not been replaced or returned to its normal place for more than four months, during all which time she had attended to her domestic duties, and attended to all shopping for the family. At first she would replace it, or return it inside the vulva on retiring for the night; but, after a little while, it refused to stay there, and she abandoned the practice. There was slight pelvic tenesmus, or dragging downward of the pelvic contents, and constipation. The bearing-down pains were aggravated by walking, standing, or lifting of heavy weights. There was no more pain in back or limbs than is frequently experienced in normal conditions of pregnancy. There was no difficulty in urinating, but occasionally a little more frequent repetition of the act. The most she complained of was the weight, or dragging sensation, and the interference it offered to the movements of her limbs.

An attempt to reduce the deformity resulted in its being returned within the vulva, where it remained. Rest in the recumbent posture was enjoined, and I left, with instructions to call me as soon as the pains became severe. At 11 P.M. of same day, a messenger came, stating that the pains returned at 6 P.M., and had continued quite regular and frequent and at that time were quite severe. Being in attendance on another case, to which I had been previously called, I could not leave for a couple of hours, and advised them to call another physician. At 3 o'clock on the following morning, after I had returned to my home, I received another call to see the woman, the messenger stating that she was still undelivered, and that they had been unable to procure other assistance, except a half-dozen or so of old women, whom I found standing around the patient's bed, wrapt in bewilderment at the sight of the strange phenomena of a child's head being outside of the vulva, yet as far from their reach virtually as it was when in the mother's abdomen. I learned that the pains had been frequent and severe for three or four hours previous to midnight, but from that time they had been less frequent, but quite regular, occurring on an average of once every five minutes. I found the uterus prolapsed, and lower than at the time of my previous visit. The child's head, enveloped in the neck of the uterus and the vagina, protruded about half its size from the vulva, but every pain or contraction of the uterus forced it completely outside the vulva, and then as the pain subsided it would recede to its former position. This shuttle motion had been going on for three hours. The os was dilated to nearly the size of a silver quarter, but the tissues surrounding it were as hard and unyielding as ever. There had been some hemorrhage, which led me to fear that the placenta might have been sufficiently detached to endanger the life of the child, although I could still hear very indistinctly the placental souffle and the heart-beats of the child. The patient's condition, aside from that referred directly to the uterus, was much better apparently than at the time of my first visit.

Recognizing the inability of nature to relieve the woman unaided, and the necessity for immediate action for the safety of the child and the comfort of the mother, if not her safety also, I set about dilating the os uteri. First, with one finger of each hand, and afterwards two fingers, introduced within the os, I made forcible distention by drawing in opposite directions, and thus, after an effort of half an hour or more I succeeded in dilating it to the size of a silver dollar, but not without rupturing the tissues at two points. Seeing that I could make no further impression on it without danger of perhaps serious rupture, I took a bistoury, and carrying the point back fully an inch and a half on the inside of the cervix, brought it out through the tissues at a point about one-half inch from the end on the outside of the tumor. These incisions I repeated about one inch apart all around the os, and finding they did not admit of sufficient dilatation to allow of the passage of the head of the child, the incisions were repeated between the others until ten in all were made. Then grasping the head of the child with one hand, at the time the uterine contraction forced it beyond the vulva, and with the other making forcible retraction of the cervix, in the same manner one would draw over the finger a tight-fitting glove, I finally, after several efforts, succeeded in delivering the woman of a living female child, of about 7¼ lbs. weight, but not without the further rupturing of the tissues, extending from two or three of the incisions. The loss of blood was comparatively slight from the incisions. The placenta followed in a few minutes, the uterus contracted well, and the whole loss of blood was no more than is usually met with in cases of parturition. The body of the uterus could be as distinctly felt above the pubes as is generally the case immediately after delivery, while the neck of the organ still protruded from the vulva at least four inches. After bathing the tumor in cold water, and on examination to see that none of the ruptures involved other tissues, I carefully reduced it, elevating it as high as possible. I left the woman

quite comfortable, aside from an occasional after-pain, for which I administered ten grains of Tully's powder, and gave orders to repeat it if necessary. Pulse, 72. Skin cool. There was a partial laceration of the perineum, to remedy which I could not get the patient's consent for the introduction of a single suture, although absolutely required to remedy the prolapsus.

As a detailed history of the case and its management from this time on may not be of much interest or practical value, I will give but a brief synopsis of it.

Following delivery the patient had more or less febrile disturbance, followed by profuse sweating, as she had the day before delivery, with rapid pulse, elevated temperature, anorexia, etc.; but with the exception of a little tenderness in the hypogastric region, there was no unpleasant symptoms referable to the uterus as the cause or seat of difficulty. The lochia remained free and natural for a week. Vaginal injections of warm water impregnated with carbolic acid were used three times a day. Saline aperients, mineral acids, and other tonics completed the treatment, and in sixteen days she was about the house doing her work. The behests of poverty overbalanced my authority and influence, and she could not be induced to keep quiet any longer. The uterus at this time was well up in the pelvis, nearly or quite to its normal position. In three days after getting up it had descended to within an inch of the vulva, and the vagina prolapsed an inch or more. One week subsequently, I found the uterus prolapsed three inches from the anterior commissure of the vulva. The incisions had all united very perfectly. Rupture of perineum had nearly healed by granulation. The tissues around the os were hypertrophied and indurated. Vaginal walls hypertrophied. Tumor, 7¼ inches in circumference. When returned into the pelvis it immediately followed the finger back unless the patient was on the back with hips elevated. There was no perceptible discharge from the uterus.

Such was her condition the last time I had an opportunity to examine the case. She would not consent to any treatment looking towards a removal of the deformity. Said she would rather remain in that condition than have more children, for a drunken husband might yet compel her to provide for those she had. A few months subsequently she came with complaints of backache and a dragging sensation in the pelvis, but still declined surgical interference. About this time she passed from under my observation. I, however, learn from a trustworthy source that without ever having had any treatment whatever, she again became pregnant, and in a little more than two years from the time of the birth of the child herein mentioned, she gave birth to another at the full period of gestation, the labor being normal.

Dr. E. Gintrac.—By the death of this gentleman, the medical faculty of Bordeaux has lost its oldest and one of its most universally respected representatives. He was known to science as the author of valuable papers on obliteration of the portal vein, cyanosis, and other pathological subjects, and also of an extensive work entitled *De Pathologie interne et de Thérapie médicale*. This work gained for him the title of Corresponding Member of the Académie des Sciences, and gave him a distinguished rank among scientific men. Dr. Gintrac was an admirable clinical teacher. He had been the instructor of most of the present professors of the school of Bordeaux, and in many ways rendered great service to that school.

Progress of Medical Science.

A Case of Noma in which Moving Bodies were Observed in the Blood During Life.—The notes of this case were communicated to the Royal Medical and Chirurgical Society by Dr. Sansom. The patient, a little girl, æt. four and a half years, was admitted into the North-Eastern Hospital for Children, under Dr. Sansom and Mr. Fay, on Feb. 12, 1876. Her disease commenced a fortnight before admission, with pain in the left cheek. Very great prostration occurred, and increased until admission. Sloughing rapidly took place, the cheek became perforated, and the inferior maxillary bone necrosed. Copious hemorrhage ensued on the third day after admission; on the same day broncho-pneumonia set in. The child died the eighth day after admission. The post-mortem examination revealed very extensive necrosis of the tissues surrounding the left cheek and left side of the tongue, and necrosis of both superior and inferior maxillæ. The bases of both lungs were consolidated. The first microscopical examination of the blood during life was made on the third day after admission. The white elements were in excess, and many existed in fragmentary condition. Examined by a high power, a large number of small, highly refractile bodies, resembling minute colorless crystals, were seen in active movement. Reagents acted upon them variously; weak solutions of carbolic acid, and of quinine arrested their movements; weak solutions of potash and of sulphuric acid stimulated them. The number of these motile bodies varied greatly at different times. After hemorrhage and fall of temperature they were greatly reduced in number; again, when the temperature had risen to 103° F. they were in great abundance. When numerous they tended to form groups resembling zoogloea. In size they were one-twentieth part of an ordinary red blood-corpuscle. Shortly before death, ordinary bacteria were observed in addition to the translucent bodies. Similar translucent bodies were found in the urine examined immediately after being voided; and a large number were seen in the fæces. The discharges from the wound also manifested them in abundance. Investigations concerning the infective character of the blood and secretions were commenced on the second day after the child's death; the fluids preserved for inoculation having been kept in sealed capillary tubes. A healthy mouse, inoculated with blood from the right auricle, died on the day following, and on examination showed evidences of peritonitis, the exudation containing a large number of motile bodies, exactly resembling those present in the blood of the child.

A Guinea-pig, treated in the same way, died five days after the operation; its blood contained a vast number of the special translucent bodies. Inoculation of the fluids from the seat of the noma was practised upon a mouse and a cat. Both animals died, and there was a complete absence of the motile translucent bodies from their blood. It would appear, therefore, that whilst inoculation of the fluids derived from the diseased tissue produced peritonitis without discoverable alteration of the blood, inoculation of the diseased blood induced septicæmia, with the manifestation of the characteristic motile particles observed in the original disease. The organisms resembled amœbæ rather than bacteria. — *Medical Examiner*, October 25, 1877.

THE MEDICAL RECORD:

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GEORGE F. SHRADY, A.M., M.D., Editor.

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LIBERALISM IN HOMŒOPATHY.

THE resolutions recently passed by the Homœopathic Medical Society of the County of New York are a striking indication of the tendencies of the times. They say in effect that the dogma "similia" is no longer capable of universal application, and that, as honest physicians, the homœopaths are obliged to rely to a greater or less extent upon the practices and methods of the older school. In other words, they no longer desire to be considered as exclusives.

For many years it has been a matter of common notoriety that professing homœopaths have not infrequently availed themselves of the teachings of regular medicine, and applied them in purposely disguised forms. The inconsistency of such a course has undoubtedly led to much of the ill-feeling which we as a school have borne towards them. The present honest declaration, that homœopathy, pure and simple, is not all that their earlier fancies painted it, is simply a public admission that the sectarian position formerly assumed by them is no longer tenable; that duty to their patients requires them to become physicians in the broadest sense, and not blind followers of a creed nor worshippers of a man. That honesty, learning, and ability, possess many representatives in their ranks is unquestioned, and we welcome the resolutions as a desire on their part to return to the ranks of a catholic profession, broad enough, as its earlier records show, to embrace and give trial to any views, when presented in a spirit of scientific moderation, and when not accompanied by too great demands upon ordinary credulity.

THE COLUMBIA HOSPITAL CONTROVERSY.

WHILE criticism of minor deficiencies in the administration of hospitals and asylums ought not to be admitted into the columns of a medical journal, and while defects, arising from causes beyond the control of medical officers or from the infirmities of human judgment, may properly claim the immunity of kindly silence, it is our bounden duty, however ungracious the task, to call upon medical boards and superintendents for an explanation in instances of public institutions, where apparently well-founded allegations of mismanagement or corruption are made. In exercising this duty, it fell to our lot, several weeks since, to take notice of a pamphlet, understood to be written by a distinguished physician in Washington, charging serious maladministration upon the Columbia Hospital for Women and Lying-in Asylum, while Dr. J. Harry Thompson was officially connected with the institution as surgeon. The charges were of such gravity, and so specific in their details, that the omission to explain them scarcely admits of any interpretation save confession of their justice. In noticing the allegations of the writer, and summarizing them, it was distinctly stated that our article was in the nature of a *résumé* of what had already appeared in the *Louisville Medical Journal*, and distinctly intimated that any sufficient answer to them would receive immediate attention. In lieu of such a vindication as the circumstances demanded, a copy of the report of the Columbia Hospital for the fiscal year ending June 30, 1877, was forwarded to this office. This report, when critically examined, was found not only to contain no materials for the refutation of the charges, but to furnish the data to verify them in many important particulars. This fact was kindly stated in a brief editorial, and the managers were assured in very direct terms that, while the facts and figures of the report apparently sustained the writer of the pamphlet in all material points, the columns of THE MEDICAL RECORD were at their service, if substantial injustice had been done.

Since then a pamphlet reprint from an article in the January number of the *Louisville Medical Journal* has been submitted to our inspection, in which the writer—understood to be the same as the author of the preceding article—enters upon a thorough analysis of the figures of the report, points out several grave discrepancies, and asks that sums to a considerable amount be duly accounted for. For details, readers must be referred to the pamphlet or to the columns of the journal in which the article appeared. It is not to our purpose just now to reiterate statements already accessible to those who have an interest in the management of the Columbia Hospital; but it is distinctly within our purpose once more to advise the gentlemen in charge of that institution that they are of such gravity as to call for specific denial and specific explanation of the figures upon which they are based. Of course it is beneath the dignity of medical men of established reputation to take notice of vague intimations of maladministration, or of unsupported charges, unless they appear in journals of distinguished professional stand-

ing. But there are occasions when, distasteful as it may be to physicians conscious of the rectitude of their intentions, silence is liable to be misinterpreted; and the gentlemen whose administration of the affairs of the Columbia Hospital is impugned are profoundly mistaken in permitting notions of professional dignity to prevent them from repelling charges that imperil their reputation as honorable men, and from publishing the fullest vindication of their acts. Perhaps—the intimation is tendered in all sincerity—the easiest way to vindicate the management of the hospital is to demand an investigation, and to insist that it be thorough and authoritative. There are many members of Congress who would not object to serve upon a committee for that purpose, and such a disposition of the affair is not derogatory to professional dignity.

GYNÆCOLOGICAL STATISTICS.

THE twenty-second annual report of the Woman's Hospital in the State of New York presents one feature that is decidedly worth the attention of gynæcologists—namely, a carefully prepared tabular statement of all the cases treated in the institution from its foundation, and the results in each case, thus giving a retrospect of twenty-two years in the treatment of diseases peculiar to women. During this long period, from December 31, 1855, to December 31, 1877, the total number of cases recorded has been 2,153, of which 1,049 were cured, 729 improved, 81 not improved. In 210 cases the result is not recorded. The deaths were 84, or a trifle less than 4 per cent. of the admissions. A glance at the statistical exhibit of diseases furnishes a certain species of information—respecting the relative frequency as compared with each other of the principal disorders peculiar to women—in which the profession at large is probably somewhat deficient, and which, therefore, is worth summarizing. The table opens with 4 cases of uncomplicated hysteria. Diseases of the labia furnish 10 cases; deranged menstruation, 54; metrorrhagia, 3; fissure of the os uteri, 1. Ovarian diseases are responsible for 22 cases, of which 16 were ovaritis. Laceration of the perineum occurs in 142 cases; extra-uterine pregnancy in 1. Diseases of the rectum, 20; tumors—cystic, fibroid, and ovarian—203; polypi, 36; urethral diseases, 18; uterine diseases, 970; vaginal, 98. In all, since the hospital started, 1,247 operations have been performed. Pages 54 to 81, inclusive, embrace a complete analysis of the diseases of which a summary has just been given, with notes respecting the causation in each case, the mode of treatment adopted, and the result. Cystotomy has been performed 17 times, with 4 cures. Closure of recto-vaginal fistula has been undertaken in 19 cases, with 14 cures; of vesico-recto-vaginal fistula in 9 cases, with 7 cures. Of the 52 ovariotomies, 26 recovered and 26 died. In one case both ovaries were successfully removed.

This brief summary of Dr. Beekman's valuable collation must suffice. Although it is necessarily very incomplete and unsatisfactory, it will serve to indicate to the profession that a really valuable contribution to science has been made in the compilation of the tables, which are particularly specific in their description of the modes of treatment adopted in the various diseases, and their comparative results. Of the 25 cases of dysmenorrhœa, for instance, in 16 the cervix was divided, with 11 cures, and the rest improved. The three principal causes of death have been hemorrhage, peritonitis, and septicæmia—the first having 8 cases, the second 41, and the third 18.

The medical board reports 232 admissions during the year, and 174 operations, with a mortality of 7.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

OBSTETRIC SECTION.

Stated Meeting, January 21, 1878.

DR. ISAAC E. TAYLOR, CHAIRMAN.

NARRATION OF CASES—CASE FOR DIAGNOSIS.

DR. BUTLER related a case as follows: A male child, born in normal labor, with no physical defect apparent, had a semi-idiotic appearance, and had not made any attempt whatever at co-ordinated movements, not even to raise the head, when he was two years and three months old. He was supposed to be still-born, but persistent efforts brought restoration. He had been bottle-fed. The skin was translucent, veins showed plainly, sutures were well united, head normal in size, abdomen slightly enlarged. There was difficulty in deglutition, and the stools were curdy. No known attempt had been made on the part of the child to raise a hand or foot. There was a slight tonic muscular contraction constantly present; at times quite severe spasms, and yet there seemed to be some measure of paralysis. The skin could be pinched without giving rise to the least complaint, unless the pinching was very hard, when a moderate recognition was given.

Treatment.—The diet was changed from milk to beef-tea; bismuth and pepsine, alternating with the tincture of iron, were administered, and the bowels were kept soluble with salines.

At the end of six weeks the character of the stools had changed, the appetite had improved, and cod-liver oil was administered. At the end of two months the salines were discontinued, the appetite was fair, and the boy began to brighten. At the end of four months he was able to sit up. At the end of six months he began to creep. When he began to creep he would occasionally lay his head upon the floor and intentionally bump it. He was then taking nux vomica with the iron. Both remedies were discontinued, and the symptom disappeared. In less than one year the child began to walk by the aid of a chair, and said "papa" and "mamma." There was no evidence of rachitis.

DR. TAYLOR asked what the presentation was, and Dr. Butler replied that it was vertex.

HEMIPLEGIA AND PARAPLEGIA—BREACH PRESENTATION—OCCIPUT POSTERIOR.

DR. TAYLOR referred to cases of hemiplegia and paraplegia that had come under his observation, and associated with breach presentation and presentation with the occiput posterior. In such cases there might be improvement, but it was usually slow. The explanation given was, that in breach presentation the head might not rotate as did the shoulders, and the consequence was a twisting of the neck. In occipito-posterior presentation it was not certain that the shoulders rotated at the same time with the head, and the same consequence followed. This was regarded as a quite frequent cause of the death of the child in these presentations.

TAPE-WORM—CHILD TWO AND A HALF YEARS OLD.

DR. TAYLOR reported a case of tape-worm occurring in a child two and a half years of age. The child had no symptoms of worms, except that it did not seem to be very bright. It was thought by the mother to have pin-worms, but upon investigation it was found that joints of tænia solium were being passed.

The worm was removed by the use of turpentine and castor oil. About thirty feet were obtained, and it was thought the entire worm was expelled. The joints presented the appearance seen in both the tænia solium and the tænia lata.

RETAINED PLACENTA.

DR. CARO related a case in which the placenta, after an abortion, was retained six days without accident. His plan of management had been non-interference, except the administration of occasional doses of ergot.

DR. TAYLOR regarded it as a proper method of managing the placenta under such circumstances. He did not resort to forcible removal of the placenta, if retained after abortion, because such procedure was dangerous. If flooding was present, the tampon was the most serviceable means for arresting the hemorrhage. He had seen cases of abortion in which the placenta had been retained two, three, and five years. He once went to remove a supposed uterine polypus, but when in hand it was found to be an old placenta. The only symptom had been an occasional hemorrhage.

DR. W. T. WHITE asked whether or not it was proper to remove the placenta at any period of abortion.

DR. TAYLOR replied that the best method was to let it alone. It was not so dangerous to interfere when the placenta was retained at full term. When he had interfered and forcibly removed the placenta after abortion, the patient had generally been troubled subsequently with metritis.

CRANIOTOMY—PECULIAR DEFORMITY OF THE PELVIS.

DR. TAYLOR related a case in which the pubis dipped inwards instead of outwards, and rendered craniotomy necessary.

The case was interesting as one illustrating the fact that it did not necessarily follow because the forceps had been applied extreme traction should be made. If, with quite powerful traction, the head could not be moved, it was best to remove the forceps and wait a few minutes; then reapply them, and it would usually be found that at the second application the head could be moved by the use of a very reasonable degree of traction.

The case also illustrated the fact that it was not necessary to wait until the mouth of the uterus was fully dilated before applying the instruments.

CONVULSIONS IN CHILDREN—HYDRATE OF CHLORAL.

DR. HUBBARD related a case of convulsions occurring in a child two years of age. They were supposed to be due to malaria. The case was related to illustrate the good effect produced by the hydrate of chloral in the management of convulsions in children. The child was unable to swallow, and grs. v., in solution in water, were injected into the bowels, with the most satisfactory results. There was no evidence of meningitis. He had used chloral with success in cases in which chloroform had failed to control the convulsions.

DR. DOWNS remarked that he had employed the remedy, in doses of 15 to 20 grains, in the management of puerperal convulsions, and the dose was repeated every half-hour, if the convulsions continued.

He had also used it, in 1, 2, 3, or 4-grain doses in the treatment of convulsions in children, and in both instances with good results.

DR. TAYLOR remarked that he had always been somewhat timid with reference to using very large doses of hydrate of chloral.

DR. CARO regarded the use of hydrate of chloral in cases of hydrocephalus as certain to produce a fatal result, because it removed what little blood there was left in the brain. In the treatment of any case in which there was no congestion, it was almost absolutely certain to produce death.

The same principle held good in its use in the treatment of delirium tremens. If there was no congestion present, the patient would not be put to sleep under its influence, but would sleep under the influence of opium. If active congestion was present in delirium tremens, the chloral would be a proper remedy to be employed.

The Section then proceeded to the election of officers for the ensuing year.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, December 12, 1877.

DR. E. G. JANEWAY, PRESIDENT. IN THE CHAIR.

(Continued from page 115.)

CONSERVATIVE SURGERY.

DR. MASON exhibited a male patient, aged about 45 years, for the purpose of illustrating one of the triumphs of conservative surgery.

Thomas Daly, aged 45; Ireland; married; car-driver; admitted to Roosevelt Hospital, March 23, 1877. On day of admission, patient was endeavoring to couple a loosened trace, when the horse bolted suddenly and dragged him over the dash-board of the car on which he was the driver.

An examination revealed compound fractures of both condyles of the left humerus and of the head of left radius; also considerable comminution.

As patient's history and condition were unusually good, an attempt to save the limb was thought justifiable, the external wounds being small.

On March 27th, erysipelas, which became phlegmonous, attacked the injured part and spread rapidly up the arm to the shoulder and over the back. Hypodermics of a solution of carbolic acid employed to arrest the spread of the erysipelas. Temperature of patient, for two weeks, ranged from 104° to 106½°. Patient unconscious the while. Suppuration very ex-

tensive and diffuse. Free counter-openings made for drainage. About April 20th, a large portion of external condyle and trochlear surface was removed with dressings. One week later a piece of the internal condyle and trochlear surface was taken away. Small granular pieces of bone came away from time to time, until April 21st, three days after patient's discharge from hospital.

Recovery of patient was decidedly rapid from May 16th, when he was allowed to sit up for the first time. Passive motion perseveringly employed both by house-surgeon, Dr. Halstead, and the patient. August 18th. discharged cured.

REPORT OF THE MICROSCOPICAL COMMITTEE ON THE CASE OF LARYNGEAL PHTHISIS, PRESENTED ON THE MEETING OF NOVEMBER 14, 1877, BY DR. BEVERLEY ROBINSON.

To external appearance there was no decided lesion of the larynx, more than that the surface of the mucous membrane was rough, especially at the base of the epiglottis, and from this point down to and over the lower vocal cords. There was no decided elevation of the mucous membrane, indicative of miliary tubercular granulations. On section of the tissue between the epiglottis and upper margin of the upper vocal cord a number of yellow, circular spots were noticed in the submucous tissue. They looked to the eye like cheesy nodules, and varied in size from a pin's head to a No. 2 shot. No miliary granulations were seen anywhere. Examined microscopically, it was seen that these spots had undergone granular and fatty change, as is seen in the so-called "yellow granulations." The submucous tissue was in places densely infiltrated with lymphoid corpuscles, chiefly about the mucous glands, but neither adenoid tissue nor giant-cells were seen. The epithelium of the surface showed the characteristic cylindrical form that occurs throughout almost the whole of the larynx, and was intact, except in a few places, but never wholly gone. In these places the epithelium was low, deformed, and did not take the coloring matter. The elongated papillæ seen on the true vocal cords and in the posterior foldings of the mucous membrane, near the arytenoid cartilages, were normal.

Stated Meeting, Dec. 26, 1877.

DR. E. G. JANEWAY, PRESIDENT, IN THE CHAIR.

TUMOR OF OPTIC THALAMUS—NO SYMPTOMS OF BRAIN LESION.

DR. E. C. SEGUIN exhibited a tumor of the thalamus opticus which had been removed from a patient under the care of Dr. Willard Parker Unfortunately there were no symptoms of brain lesion during life, and no history bearing directly upon the nature and extent of the lesion was ascertainable. The patient had merely complained of dyspeptic symptoms, for which he was treated. The point of interest in connection with the supposed absence of symptoms, was the situation of the tumor in the substance of the thalamus, and confined to its anterior portion, the internal capsule not being involved. The optic nerves were not examined.

DR. JANEWAY referred, in this connection, to a case under his care in which two hemorrhages occurred on the same side of the brain. One effusion was just below the position of the tumor in Dr. Seguin's case, involving the internal capsule and lenticular nucleus. The other hemorrhage took place in the first temporo-sphenoidal convolution, involving the descending horn of the lateral ventricle. In that case there was a marked loss of sensation. The patient (a woman) lived two days after the accident.

DR. SEGUIN asked if the second lesion produced any symptoms.

DR. JANEWAY, in answer, alluded to a case of cerebral tumor which occupied precisely the position of the second lesion in the case referred to, and in which there was undoubted paresis on one side.

INTRA-UTERINE FIBROID.

DR. A. C. POST presented an intra-uterine fibroid which he had removed, by operation, from a widow, aged 34 years. Her husband died four years ago. During her married life she had several abortions, and from the time she first menstruated she had been subject to dysmenorrhœa. A uterine tumor was not detected until a few months ago. She had had for a considerable time past paroxysms of rectal and vesical tenesmus, and a moderate amount of uterine hemorrhage. On several occasions she had retention of urine, and it was during one of these attacks that she was examined by her family physician, who detected the nature of the trouble. She then came under the care of Dr. Post, at the Presbyterian Hospital. The os uteri was dilated to the size of a silver dollar, and the extremity of the intra-uterine growth was easily reached. The margin of the cervix was firmly attached to the tumor at its posterior part. The uterine probe showed the length of the tumor to be four and one-half inches. The patient was placed under the influence of ergot (Squibb's fluid ext.) for several weeks, in doses of a drachm three times a day, and afterwards four times a day. It occasioned some uterine contractions, but not of a severe character, and did not affect the position of the tumor. It nauseated the patient somewhat, and the remedy was temporarily suspended accordingly.

December 20th, the patient was etherized, placed in the lithotomy position. Firm pressure was made upon the hypogastrium, the uterus was pushed down so that the tumor could be brought within easy reach. The presenting portion of the tumor was then seized with a vulsellum. and firm traction made upon it. It yielded but little, however, until the firm adhesions at the cervix were severed. The finger could then be passed around the growth. The adhesions to the uterine walls were separated slowly and with difficulty. A strong double ligature was then passed through the growth, and a loop made. By this means a very convenient method of making traction was applied, and almost replaced that made by the vulsellum. The separation of the tissues by means of the finger, and afterwards by Dr. Thomas's serrated spoon, was kept up until the larger part of the uterus was through the os uteri. It was then found that the os itself resisted the further descent of the tumor; the former was then nicked with a scissors, when the mass was extracted without trouble. There was but a moderate amount of blood lost during the operation. After the removal of the tumor the whole hand could be passed readily into the cavity of the uterus, which was exceedingly soft and flaccid. The tumor weighed nearly seventeen ounces.

When the patient was removed to the ward there was considerable hemorrhage, but not of an alarming character. There was some soreness over the anterior portion of the uterus, but the temperature at no time rose above 102°.

RENAL CALCULUS.

DR. AMIDON presented two specimens of renal calculi removed post-mortem from patients in the New

York Hospital, under the care of Drs. Woolsey Johnson and George A. Peters, respectively. The histories are as follows:

Case I.—Male, æt. 31, brass founder. August 21, 1877, admitted to New York Hospital, service of Dr. Woolsey Johnson. Four months ago, weakness in the small of back, and slight pain in same situation was noticed. Two months later attacks of vomiting set in, which lasted till death. About the same time the ankles, then the abdomen, and last the face began to swell. The degree of swelling varied with the treatment. It was at no time excessive. Cough, with copious mucous expectoration, was present. The urine was all through scanty, ℥ x. daily, and contained albumen, hyaline, and granular casts.

Aug. 22d.—Diarrhœa set in. Vomiting continued.

Aug. 24th.—Diarrhœa excessive. Two or three watery stools every hour.

From Aug. 24th to Sept. 5th, no history, except the previous symptoms continued and aggravated.

Sept. 5th.—Died.

Autopsy.—Extreme pallor of the skin. General anasarca. Hypertrophy of the left ventricle. Insufficiency of the pulmonary valves. Considerable bloody serum in both pleural cavities. Extensive œdema of both lungs. More than a quart of clear, amber fluid in the peritoneal cavity. Liver enlarged. Right kidney enlarged, but of normal appearance on section. Left kidney hard to find, and removed on account of its small size and the inflammatory adhesions in the perinephritic areolar tissue which bound it down to the posterior abdominal wall. The adhesions were apparently old. The kidney, when removed, showed an irregular sinus on its posterior surface, from which a puriform fluid could be squeezed. Capsule adherent, cortex thinned; medulla atrophied, papillæ flattened and of grayish-black color. Pelvis contracted, discolored, and full of a purulent fluid. Left ureter hypertrophied, and pervious to a small whalebone guide, but about one and a half inches below the kidney the ureter was dilated and contained a rough calculus one-half an inch in diameter. Bladder was normal. No vesical calculi existed.

Case II.—Male, æt. 57, France. Brass finisher. Married. Admitted Nov. 16th, service of Dr. George A. Peters. Suffering from abscesses in right side of the neck. Patient complained of continuous headache, pain in the neck, small of back, and in the course of ureters. Had attacks of shivering accompanied by spasms of the legs. Had a maximum temperature varying from 101° to 103°. Patient was emaciated, suffered from anorexia, constipation, and hemorrhoids. There was no œdema or ascites. Micturition on admission was difficult, and later almost complete retention of urine came on. Urine was drawn twice a day with a catheter, which met an obstruction far back in the prostatic urethra. The urine at first was clear, but later became cloudy and ammoniacal, contained albumen and casts, and had a sp. gr. of 1010. About twenty-six ounces were daily drawn. Examination of bladder by Dr. Peters showed the absence of stone and the presence of an hypertrophied prostate.

Dec. 23d.—Died.

Autopsy.—Fourteen hours after death. External appearances normal. Head and spinal canal not opened. Contents of chest normal. No peritoneal fluid. Liver, stomach, pancreas, and spleen normal in appearance and position. Right kidney of normal size and position; capsule adherent, cortex injected; medullary portion grayish and atrophied; pelvis dilated, papillæ flattened, and calyces dilated. The right ureter presents several fusiform dilatations in its course the size of an almond. Left kidney displaced upwards. Capsule adherent, cortex thinned and fatty in some places. Medulla black and atrophied, pelvis dilated, and containing a stone the size of an English walnut. The left ureter, just below the stone, was of normal size, but still lower it was dilated to the size of the wrist, and contained within its thinned walls about two pints of a thin, purulent fluid. Before reaching the bladder it again contracted to the size of a lead-pencil. Bladder full of purulent urine. Muscular coat hypertrophied. Mucous coat presents the appearances of chronic cystitis. On the left wall of the bladder is seen a round opening, one and a half inches in diameter, which leads into a spherical sac three inches in diameter. The walls of the sac are thinner than those of the bladder proper. There was no vesical calculus. The prostate was symmetrically hypertrophied to about twice its normal size. Some small prostatic calculi were found.

Dr. L. A. Stimson exhibited a fleshy vegetation one inch in length, and covered with vesical epithelium, which was discharged per urethram by a child nineteen months old. The specimen was sent to him without a history.

The Society then went into Executive Session.

Correspondence.

THE TREATMENT OF DIPHTHERIA.

To the Editor of The Medical Record.

Dear Sir:—In his recent article on "The Treatment of Diphtheria" in the Record of Jan. 12th last, Dr. C. E. Billington gives as the "distinctive features" of his treatment the following: 1. The combinations in which he gives the tincture of the chloride of iron, the chlorate of potash, and the lime-water, mixing them with glycerine. 2. The convenient and unirritating method of their application, meaning, doubtless, the spraying of the throat with carbolic acid and lime-water mixed. 3. The frequency of the application of the remedies. 4. The avoidance of local irritation of the membranes by brushes or swabs. 5 and 6. The omission of quinine or other unpleasant medicines, and of alcoholic stimulants (as a rule).

By neglecting to mention whether other observers have adopted the same or a similar course, Dr. Billington allows us to assume that this plan is original with him. Now, Mr. Editor, it seems no more than justice to correct this impression, since I find essentially precisely the same rules recommended by Dr. A. Jacobi, in an article entitled "Contributions to the Pathology and Therapeutics of Diphtheria," read before the County Med. Soc., Dec. 28, 1874, and published in the *American Journal of Obstetrics* for Feb., 1875. In this article the frequent application of the iron, the chlorate of potash, and the lime-water, mixed with glycerine, is distinctly recommended, although the convenient formulæ of Dr. Billington are not given, probably because every physician knows how to write such prescriptions. Both the iron and the chlorate are positively ordered to be given every quarter hour, half hour, or hour, as may be necessary. Local applications by swabs, etc., are discountenanced as unnecessary, because the medicines, when swallowed sufficiently, touch the diseased pharynx. Carbolic acid and lime-water are also recommended as local

disinfectants, particularly in nasal diphtheria, applied by means of a syringe every half hour or hour. Quinine and other internal antiseptics, according to Dr. Jacobi, are useless.

Of distinction sixth, I do not speak, as probably it is scarcely necessary to caution against the indiscriminate use of stimulants in cases where the patient readily takes all the nourishment he requires; and when the reverse occurs, no physician would hesitate to give all the stimulants he can induce the patient to take. In this particular, there can be but little difference of opinion.

Now, Mr. Editor, where are the "distinctive features" of Dr. Billington's treatment? Apparently solely in the use of the spray instead of the syringe, for I do not find the former instrument mentioned in Dr. Jacobi's paper. Dr. Billington's statistics show the excellence of the treatment; therefore, it is but fair that the man who employed it years previously, and reported it before its adoption by Dr. Billington (in the epidemic of 1875, as the latter states), should receive the credit due him, and not be passed over in silence.

PAUL F. MUNDÉ.

29 WEST 45TH STREET, Feb. 9, 1878.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—I was somewhat surprised when I read Dr. Billington's letter in the current number of THE MEDICAL RECORD, in which he takes me to task for certain *supposed* criticisms of his article on "Treatment of Diphtheria," in the RECORD of January 12th. It is true, as he says, that I did not, at the time, read his article very carefully. I have since done so, and reiterate that I see nothing "strikingly new" in his method of treatment.

He makes chlorate of potash and tincture of the chloride of iron the basis of his constitutional remedies; so do hundreds of others. He uses almost the identical spray mentioned by Dr. J. Lewis Smith, in the October, 1877, number *Am. Journal Med. Sciences*. He claims a distinct method, because, 1st, "the combinations are simple, pleasant, harmless, and efficacious;" 2d, "the convenient and unirritating methods of their application;" 3d, "the frequency of their application;" 4th, "he does not, as a rule, apply a brush or swab to the throat;" 5th, "he does not, as a rule, give quinine or other unpleasant medicines to children;" 6th, nor, "as a rule, alcoholic stimulants."

I contend that other combinations of chlorate of potash and tincture of iron, which are used by others, are equally as "simple, pleasant, harmless, and efficacious;" 2d, supposing that the doctor refers to local treatment, I affirm that there is nothing "*new*" in his suggestion of the spraying apparatus; 3d, he will find that Smith and others used their remedies about as frequently as he does; 4th, Oertel, for one, has anticipated Dr. B. in condemning all harsh local applications to the throat; 5th, it is almost universally acknowledged that all medicines, the administration of which necessitate a struggle with the child, or which produce nausea or vomiting, should be omitted in the treatment of diphtheria. The reason is obvious. I will not discuss it. But I contend that quinine can be given in mucilage of slippery elm, without resistance from the patient, and without subsequent nausea and vomiting. Scarcely any one denies the great value of this drug in diphtheria. If the doctor objects to quinine on the ground of its unpleasantness, his objection must be overruled. 6th (and here is one great difference), he objects to the use of stimulants, except in rare instances. I do not believe in the indiscriminate use of stimulants in diphtheria; neither do I in any disease. Accepting Dr. B. W. Richardson's views of the physiological action of alcohol as correct, I employ it only to tide over impending danger from paralysis of the heart. In mild cases of diphtheria, and in those severe because of laryngeal complication alone, I do not use stimulants. In those cases where there is marked systemic infection (especially if there is a tendency to asthenia) I prescribe them freely.

The principal points of difference in Dr. B.'s article and that of Smith, *loc. cit.*, are these: Dr. B. regards diphtheria as primarily a local disease; Dr. S. does not. With this difference I have nothing to do, as it was the similarity of treatment alone which I discussed; second, the use of quinine; third, the employment of stimulants. In all other important points of medicinal treatment their methods are very similar. I need only to refer to their respective articles for proof of my assertion. Dr. B. thinks it strange that I should have associated the two methods; I do not. Finally, I have never assumed that Dr. Billington's treatment possessed no *just* "*claim to originality.*" I said that it was not "*strikingly new.*" Stephenson "originated" the locomotive, Morse the telegraph; some person may possibly "originate" them again with "*slight modifications*," but they would not be "*strikingly new.*"

W. B. RODMAN, M.D.

FRANKFORT, KY., Feb. 5, 1878.

THE DEATH FROM VACCINATION.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—A few weeks since I reported a case of death following—NOT *dependent upon*—but following vaccination. The object in reporting the case was to explain the probable cause of death and prevent it from appearing hereafter as a death due to syphilis, erysipelas, or other bugbear urged by the enemies of vaccination. In that report I tried to make three plain statements: 1st, that reports of death following vaccination were very rare; 2d, that certain diseases sometimes could be communicated by impure virus, which, however, I showed could not have been the cause in the case reported; 3d, that my patient doubtless did die of septicæmia.

A medical gentleman, for whom I have the highest respect, and whose appreciation of the value of vaccination can be superior to mine only as his knowledge of the subject is superior to most general practitioners, seems to have read the report so carelessly as to have considered it allied to the notorious Westford cases, and, in his zeal to defend bovine virus from a supposed attack, attributed the death to vaccination during the prevalence of scarlatina, and attached some censure to the operation at such a time.

In explanation of the cases of scarlatina appearing at that time, it is proper to state that all occurred in one house in the extreme suburbs, nearly a mile from my office, and that my patient was not, at any time, nearer than one mile to that house. Further, the cases of scarlatina were not patients of mine, nor had I seen a case of scarlatina for more than two months previous.

Should censure properly be attached to vaccination during the prevalence of scarlatina, in all our large cities vaccination would be permanently suspended, since at no time are most large cities free from the prevalence of scarlatina.

As I expressed in my first communication, and as Dr. Martin could have observed had he read more care-

fully, the death was evidently due to septicæmia, not to scarlatina; and as well might have followed the removal of the epidermis by the scalpel had no vaccine virus been introduced into the system—as well might have followed the bite of a mosquito, a bullet-wound, or pin-scratch.

I have recalled the attention of the profession to this case, lest it should be distorted and compelled to do service by the enemies of vaccination.

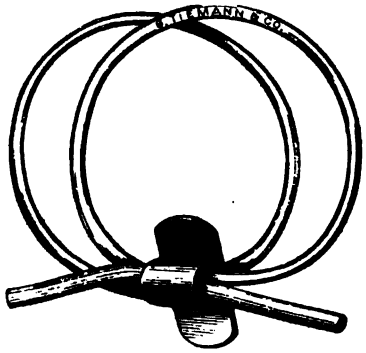
JESSE HAWES, M.D.

GREELEY, COLO.

ESMARCH'S BANDAGE.

TO THE EDITOR OF THE MEDICAL RECORD.

IN Esmarch's prize essay on Military Surgery, recently published, I found a woodcut of a simple contrivance for fastening the rubber bands or tubing used in his "bloodless method," which has proved so useful in the New York and Roosevelt Hospitals, that I venture to ask you to republish the diagram, in order that it may be more widely known. When the tubing is drawn tight in encircling a limb, it narrows so much that it can be introduced through the slit seen on the top of the instrument, but when the tension is relaxed, the natural increase of the diameter of the rubber beyond the clamp prevents all slipping or yielding. To unloose it, the rubber band is again pulled upon until it is thinned sufficiently to escape through the slit.



A little smaller size is needed for a rubber band than for rubber tubing.

Yours, truly,

R. F. WEIR.

I may add that Langenbeck has also devised a catch like an ovarian clamp (which will answer as well), to secure the extra turns of the rubber *bandage* when this plan is resorted to, to avoid the more concentrated pressure of a band or tubing upon the tissue.

THE PROVIDENT DISPENSARY SYSTEM.

TO THE EDITOR OF THE MEDICAL RECORD.

DEAR SIR:—A large number of the profession in this city felt aggrieved at the action taken by the New York Hospital in issuing a circular offering to treat "all persons without distinction" for the sum of one dollar per month, and now comes the "Good Samaritan Hospital," where, "to avoid the abuse of this charity," persons having an income of twenty dollars per week are required to pay *twenty cents per week* while under treatment, and "the staff is to be increased from time to time as the requirements of the institution may demand." Now let me ask, if this plan is to be extended and made popular, where are the majority of New York physicians to look for their patients? At the present time, I believe, much the larger part of the heads of families in this city would be glad to receive an income of twenty dollars per week, and the larger part of New York practitioners have derived a modest livelihood from fees of one or two dollars, cheerfully paid by the middle classes. Why is our right to be ignored by inducements held out to "the industrial classes" to obtain "the best medical and surgical treatment" for twenty cents per week, or for one dollar per month, as the case may be?

These professors, who breathe the atmosphere of Fifth Avenue, and who despise anything less than a fee of from ten to twenty-five dollars, seem to quite ignore the rest of the profession. Do they alone possess the *fundamental* knowledge requisite to treat diseases of the rectum? Their names upon our diplomas would seem to contradict that assumption. They took our fees as students, and have received many a fee since in consultations which we have procured them, but if they seek now to leave us no field in which to practise, we shall be compelled in return to ignore them and all specialists, and in self-defence to consult only ourselves, and to return to the old plan of every physician covering the whole field of practice. R.

NEW YORK, January 22, 1878.

PROPRIETARY MEDICINES.

TO THE EDITOR OF THE MEDICAL RECORD.

ALLOW me to correct and apologize for a blunder of mine at the late meeting of the State Medical Society, to which Dr. George Bayles has called public attention through your columns (current series, p. 120). In referring to an action which the Society had taken in regard to advertising patented articles through its Transactions, a paper was mentioned without giving its title or its author, and the wrong patent medicine was named. This I regret and apologize for.

Dr. Bayles was the author of the paper referred to, and his paper was rejected by the Society because it recommended a patent medicine, and the blunder was that I named another patent medicine of the same house that he was then advertising instead of the one he recommended. Dr. Bayles has, therefore, correctly suspected that his was the paper referred to. Had he been equally acute in seeing the true character of the blunder he would have been saved the trouble of the very emphatic denial and imputation with which he has publicly favored me.

It was this same old subject before the State Society, and the action taken upon it, which you criticise in an editorial on pages 71 and 72 of your current series. If you will in that article read mineral-waters or wines instead of patented goods, and refer back to criticisms which you have made upon medical men aiding to advertise such articles, it is probable that the recent action will not appear as "pandering to" either "prejudice" or "reason."

One of the grounds for objecting to the name of the Patent Food Company being given has escaped your notice, and that was that at least two other companies have similar foods, professedly prepared in a similar manner, from similar material, by patented processes, and that the State Society's Transactions would be likely to be quoted in advertising one company to the prejudice of others, without adequate knowledge of the relative values of the products. It was, therefore, thought to be sufficient that the food should be described without giving the name of any particular company, and the wonder was that the author of the paper did not consent to withdraw the name without

pushing the matter to a discussion and a vote, which obliged him to withdraw it or his paper. The food being fully described in the terms of nearly all the advertisements of all the companies, it would have been left to the professional reader to judge as to which company's drummers and advertisements should be accepted.

The high stand which the RECORD has taken in regard to these matters, and notably the editorial on p. 93, commending the excellent resolutions adopted by the New York County Society, on p. 99, make the criticisms above referred to seem a little inharmonious, for, if we put the State Society in the place of an individual member of the profession, how can it consistently lend its publications "for the purpose of advancing the pecuniary interests of any inventor, patentee, originator, discoverer, manufacturer, proprietor, or advertiser"—no matter whether the article be mineral-water, wine, or food?

Very respectfully yours,

E. R. SQUIBB.

BROOKLYN, February 11, 1878.

[We are much obliged to Dr. Squibb for calling our attention to apparent inconsistencies in our remarks upon so-called "patented foods." He is certainly in error when he supposes that our criticisms upon this subject had any reference whatever to a previous action of the Society regarding the use of patent medicines, or of any patented articles for the exclusive use of the sick. On the contrary, we referred to the "food" as an entirely independent matter. We also stated at the time, that the "food" was patented only as to its method of manufacture; that its composition was no secret; that it was not a medicine, but a mere article of alimentation, and as such it did not come under the provisions of the code. Patented medicines and patented articles of ordinary commerce, are not convertible terms, as regards prohibition of their use according to the code. As far as any attempt at advertising the food was concerned, or of committing the Society upon its merits, we believe the author of the paper was above suspicion. The mere allusion to an article does not imply an attempt to advertise it. We understood him to recommend it, and incidentally to mention the name of the company merely because it was necessary to designate a particular article. But Dr. Squibb now states the fact, of which we were ignorant before, that such a precaution was not necessary, as at least two other companies manufactured virtually the same article. This, it strikes us, is the best reason why the name of a particular company should be omitted, and the best of excuses for the action of the Society. In any event, no company has a right to use for purposes of advertisement any recommendation thus made, without the permission of the author or of the Society.

There is nothing in all this inconsistent with an unqualified endorsement of the recent resolutions of the County Society. A medical man may recommend an article to his professional brethren, because he knows it is good, and be perfectly indifferent as to the pecuniary interest of the proprietor. Everything depends upon the man who gives the recommendation or the certificate. The code is hardly competent to make any restriction upon such a practise, provided it is limited to professional channels, and for the ostensible purpose of advancing professional knowledge. Under such circumstances we have never objected to the publication of any *bona fide* certificates for mineral waters, wines, or other similar articles. Of course, it would be improper for the Society to lend its publications for the mere purpose of advertising the company in question, but we are scarcely willing to admit that the paper was presented for such a purpose. When these certificates or recommendations are published in the daily papers, the case is entirely different, as we have on previous occasions endeavored to prove.—ED.]

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending February 9, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Feb. 2, 1878....	0	10	93	5	93	80	0
Feb. 9, 1878....	0	11	80	6	99	73	0

THE LATE DR. E. R. PEASLEE.—The following were adopted at a recent meeting of the Faculty of Bellevue Hospital Medical College:

Whereas, In the wisdom of the merciful Father of all, it has seemed good to suddenly take from our midst our honored associate and co-worker, Prof. Edmund Randolph Peaslee; and whereas we, the Faculty of the Bellevue Hospital Medical College, desire to express our respect, esteem, and affection for his memory; therefore

Resolved, That we have received the intelligence of his death with heartfelt sorrow, and a deep sense of the greatness of our loss.

Resolved, That in future it will be our delight to recall the singular purity of a life in the presence of which the voice of envy was silent—a life nobly spent, unstained by meanness and falsehood, but beautiful in its private worth, and in its devotion to the highest aims of the profession in which he stood pre-eminent.

Resolved, That in his lifetime the wide-spread confidence he enjoyed and the many honors conferred upon him, were only the just rewards of his high attainments as a scholar, and his many and important contributions to science. His crowning work upon ovarian tumors stands almost without a rival in medical literature, in the high attributes of taste, judgment, and independent thought, and it behooves us, now that his record is finished, to proclaim, what he, with the modesty of greatness, left unspoken, his own distinguished part in placing upon a firm foundation the operation for the removal of ovarian growths, which is justly regarded as the foremost achievement of modern surgery.

Resolved, That in warm sympathy with his family, we direct that these resolutions be forwarded to them as a slight, though inadequate expression of our regard for our deceased comrade.

(Signed) FORDYCE BARKER, M.D.,
ISAAC E. TAYLOR, M.D.,
WILLIAM T. LUSK, M.D.,
Committee.

The following resolutions were adopted by the students of Bellevue Hospital Medical College, New York, Jan. 26, 1878.

Whereas, We, the students of Bellevue Hospital Medical College, have learned with feelings of the most profound sorrow and regret, of the death of Professor Edmund R. Peaslee, whom we all so greatly admired for his superior qualities as a teacher, his virtues as a man, and his constant devotion to the interests of science and our profession; therefore, be it

Resolved, That in his death our school has lost an earnest and justly noted teacher; our chosen profession a faithful and untiring worker for its honor and advancement, and society at large an honorable and useful citizen.

That, while we deeply deplore our loss, yet we meekly bow in submission to the inscrutable will of a wise Providence who doeth all things well; and shall ever commend to others, and strive to imitate in our own lives, those estimable traits of character which rendered him so eminent and worthy of our emulation.

That we extend to the family of our lamented friend and teacher our heartfelt sympathy in this their sad bereavement.

Be it further Resolved, That a copy of these resolutions be given to the family of the deceased, to the secretary of our Faculty, and to the medical journals for publication.

CHARLES H. EAMES,
D. SCOFIELD,
OSCAR A. KING,
R. G. EBERT,
FREDERIC HERBERT LAY,
Committee.

The following resolutions were adopted by the staff of the Woman's Hospital:

Whereas, It has pleased the Almighty in his infinite wisdom to remove from our midst our esteemed associate and fellow-laborer, Dr. Edmund R. Peaslee; therefore, be it

Resolved, That by his loss the medical profession of this city has been deprived of one of its ablest and wisest members; one who during his whole career has discharged all his functions with an unflinching devotion to duty, and won the respect and esteem of all who knew him.

Resolved, That in the death of Dr. Peaslee the Woman's Hospital in the State of New York has lost one who, by his devotion to its interests and untiring exercise of skill in its service, has contributed greatly to its efficiency and usefulness; and that its Medical Board has been deprived of a member whose judicious counsels, honesty of purpose, and amiability of disposition had peculiarly endeared him to his associates.

Resolved, That we tender our deepest sympathy to the bereaved family in their affliction; that these resolutions be published in the medical journals of this city, and that a copy of the same be sent to the family.

T. GAILLARD THOMAS,
T. A. EMMET,
Committee.

The following was communicated by the New York Obstetrical Society:

"The New York Obstetrical Society desires to give expression to the incomparable loss which it has suffered in the death of Dr. E. R. Peaslee, one of its founders and most distinguished members.

"We feel that he has, perhaps more than any one of its fellows, contributed to the elevated standard which the Society has acquired among its sister associations.

"The roll-call of the meetings will prove his most constant and continuous attendance, its record that he has brought to its consideration rich funds of material from the fields of his wide and carefully studied experience.

"To the value of its discussions he has contributed eminently by his always luminous and logical statements, while his just and amiable temper promoted the harmony of its deliberations. The social element of the Society has been equally expanded by his store of wit and humor.

E. NOEGGERATH, M.D.,
JOHN BYRNE, M.D.,
W. M. CHAMBERLAIN, M.D.,
A. J. C. SKENE, M.D.,
Committee."

LIBERALISM IN HOMŒOPATHY.—At a meeting of the Society held on the 8th of February, the following preambles and resolution, reported by Drs. Minor, Lilienthal, Dowling, McMurray, and Burdick, were adopted:

Whereas, There are some physicians who by injudicious action have bred dissension in our ranks, in which the utmost liberty of opinion and action should always prevail; and,

Whereas, We deprecate such action as neither conducive to professional harmony, nor tending to the advancement of medical science; therefore,

Resolved, That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*Similia Similibus Curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolable right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care.

ARTHUR T. HILLS, M.D., *Sec'y.*

THE NEW MATERNITY HOSPITAL.—The following gentlemen have been appointed *Obstetrical Surgeons* to the new Maternity Hospital, Blackwell's Island: Consulting, Isaac E. Taylor, M.D., Fordyce Barker, M.D.; Attending, T. G. Thomas, M.D., W. R. Gillette, M.D., W. T. Lusk, M.D., M. A. Pallen, M.D.

DEATH OF WILLIAM STOKES, M.D., F.R.S., D.C.L., OF DUBLIN.—This distinguished physician died in Dublin, January 7, 1878, in the seventy-sixth year of his age. He studied medicine in Edinburgh, Scotland, and took his diploma in 1825. Three years after he married and settled into practice, and at the same time he published his first work on the "Application of the Stethoscope to the Diagnosis of Thoracic Disease." This brought him into immediate recognition, and he soon commanded a large and lucrative practice. In 1837, he published his work on "Diseases of the Chest," and two years after received the honorary degree of M.D. from Trinity College, Dublin. In 1845 he was chosen Regius Professor of Physic to the University. In 1849, he produced the greatest and most important of all his works, "The Diseases of the Heart and Aorta." Oxford gave him the hon. D.C.L. in 1865, and Cambridge its hon. LL.D. in 1874. Edinburgh also followed with her LL.D.

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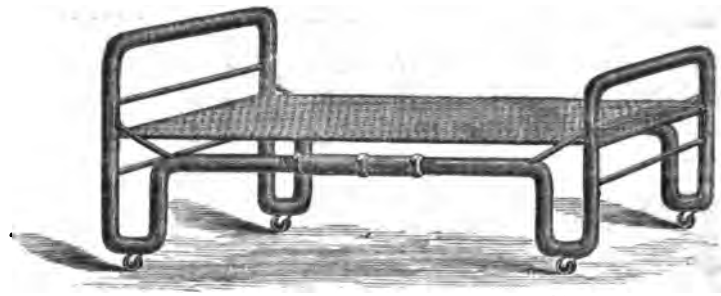

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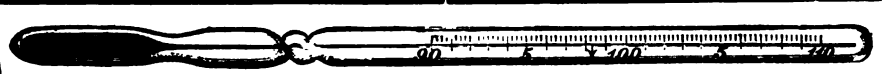

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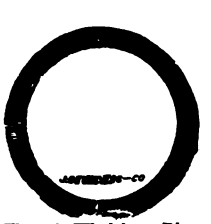

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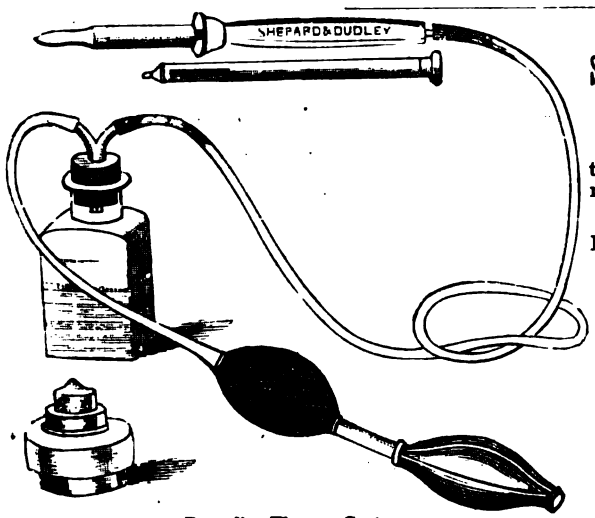

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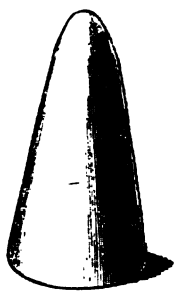

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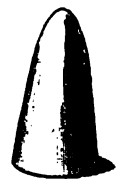

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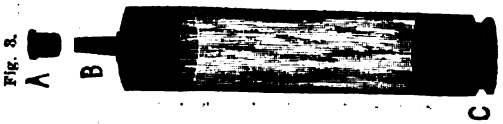

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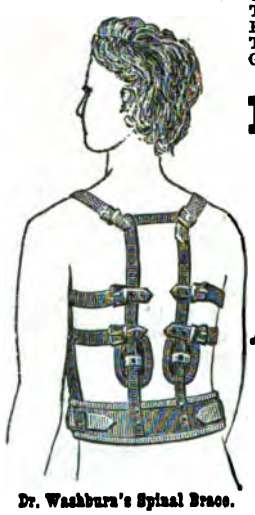

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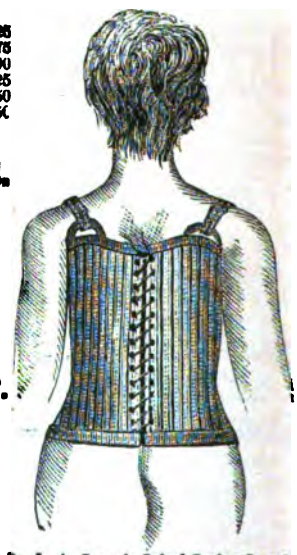

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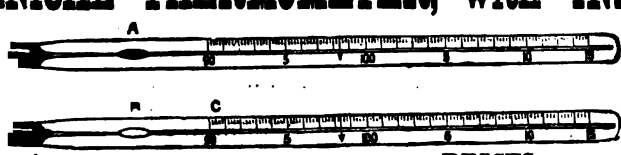

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DISEASES OF THE NERVOUS SYSTEM.

A Lecture Delivered at Bellevue Hospital Medical College, December 14, 1877.

By C. E. BROWN-SÉQUARD, M.D.

(Reported for The Medical Record.)

SYMPTOMS OF DISEASE IN THE CONVOLUTIONS OF THE BRAIN—DO PSYCHO-MOTOR CENTRES EXIST IN THE CONVOLUTIONS?—ONE-HALF OF THE BRAIN REMOVED WITHOUT PRODUCING PARALYSIS UPON THE OPPOSITE SIDE OF THE BODY, BUT, ON THE CONTRARY, REMOVING THE PARALYSIS ALREADY PRESENT ON THE SAME SIDE OF THE BODY—PARALYSIS THE RESULT OF INHIBITORY ACTION—CLINICAL FACTS RELATING TO THE CONVOLUTIONS OF THE BRAIN—CONVULSIONS WITH DISEASE IN THE BRAIN—CURABILITY OF EPILEPSY DEPENDENT ON BRAIN DISEASE—THE AURA AND LOSS OF CONSCIOUSNESS—AN ATTACK OF EPILEPSY PRODUCED BY IRRITATING SOME PARTS OF THE SURFACE OF THE BODY—VARIETIES OF AURA—LOSS OF CONSCIOUSNESS.

Gentlemen:—I have endeavored in preceding lectures to show that, although symptoms of disease of the brain are exceedingly variable, we can generally arrive at a correct diagnosis regarding the seat of the disease in that organ.

The portions of the brain which remain to be examined are the convolutions. The convolutions of the brain, certainly, are parts which produce exceedingly variable symptoms; so that, if you have to deal with a case of paralysis dependent upon disease located in those parts, you may have great difficulty in reaching a diagnosis regarding the seat of the lesion. Still there are symptoms which may lead to correct diagnoses, but before speaking of them there is one point to which, although it has been mentioned many times during this course, I must again revert, and that is whether or not the convolutions of the brain contain what has been called psycho-motor centres.

DO THE CONVOLUTIONS OF THE BRAIN CONTAIN PSYCHO-MOTOR CENTRES?

As you well know, within the last five or six years great efforts have been made by physiologists, first in Germany, then in England, in France, and finally in this country, to establish the fact that certain parts of the convolutions of the brain in front and behind the fissure of Rolando, and also those near the fissure of Sylvius, are those in which the will-power acts to produce voluntary movements.

The facts upon which these views have been grounded are extremely interesting, and indeed one in particular, that discovered by Fritsch and Hitzig, is extremely remarkable. It has been believed by physiologists and by physicians that the brain substance, in the central lobes at least, was not excitable under the application of any ordinary irritation, such as galvanic, mechanical, chemical, or traumatic. As you well know, when heat or cold, or pressure or irritation of any kind is applied to a nerve, or to certain parts of the spinal cord, or the base of the brain, they produce what are called reflex movements, and direct movement if the part irritated is directly motor. There is no doubt that, if we found such movements to follow irritation of certain parts of the convolutions of the brain, it would be established that those parts were either excito-motor or directly motor. But it is not so. The only agent, thus far, which has been found to be able to produce movements when the surface of the brain is excited is galvanism. But galvanism produces a diffused effect, and its influence can be propagated to other parts, so that the movements which occur when the surface of the brain is excited at certain points do not show that those parts are psycho-motor centres. Again, the efforts which have been made to show that galvanism applied to the surface of the brain causes movements by irritation propagated to other parts, have shown that such propagation takes place irregularly, and is not constant.

There is no doubt at the present time, notwithstanding all the efforts of friends and pupils—efforts led in a measure by myself, although I was mistaken—there is no doubt that local irritation of the surface of the brain by galvanism may be followed by muscular movements, but there is nothing whatever which proves that those movements result from the fact that the part acted upon is a psycho-motor centre. We know perfectly well that irritation of the sole of the foot, for instance, and to use an oft-repeated illustration, produces contraction in the muscles of the face, but we certainly do not regard the sole of the foot as a psycho-motor centre, especially the motor organ that produces the appearance of laughter. The same method of reasoning applies to the convolutions of the brain; and, if galvanism applied there produces movements, there is no reason whatever to conclude, from that fact alone, that a motor centre has been acted upon. It may be that a motor centre has been excited, but it has been by a propagated influence, and a reflex action has been the consequence.

This view certainly is more in harmony with facts than the one generally admitted. If those parts of the brain were motor centres, certainly we should see movements produced by all irritants as well as by galvanism; and, also, when those parts are removed, of course the motor centres would be removed; there would always be paralysis which would be persistent. What is observed in animals is an apparent paralysis after the ablation of these parts, but, when we analyze this appearance of paralysis, it is found to be something like the general paralysis of the insane, in which the convolutions are inflamed, and in which there is also great irritation of other portions of brain tissue. You will find that it is a disorder in the action of the will, and not loss of power, that exists. There is no real paralysis in that case, and certainly the fact, if it lead to any direct conclusion, would show that the part removed was the part which served to maintain the equilibrium of the body, and not that which presides over voluntary motor action. Even the second conclusion, that the convolutions maintain the equilibrium of the body, is not correct, as you will see by this fact, that removal of only part of the pretended motor centre, leaving the greater portion undisturbed, there will be more disorder of movement than when all the organ is removed; there is no paralysis. In these two cases, one in which a portion of the motor centre is removed, and the other in which more than the entire organ is removed, there should be greater paralysis following the latter operation, if there is any difference at all. In many cases there is no appearance of paralysis.

DISAPPEARANCE OF PARALYSIS UPON ONE SIDE PRODUCED BY REMOVAL OF ALL THE MOTOR CENTRES UPON THE SAME SIDE.

It has been found that in cases of paralysis affecting one side of the body, if the so-called motor centres

upon the healthy side of the brain are removed, the paralysis first produced disappears. The experimenter should have found a second paralysis, and no influence whatever should have been exerted upon the paralysis first produced. This fact is decisive in showing that by removing so-called psycho-motor centres and by irritating another part of the nervous system, you can produce a cessation of the cause which produces the first disorder.

The experiment has been made of removing one-half of the brain, when paralysis appeared upon the opposite side of the body. The other half was then removed, and, instead of paralysis, such as was produced after the removal of the first half, the paralysis following the removal of the first half disappeared.

One-half of the brain was removed, and a paralysis followed apparently due to removal of voluntary motor centres; all had been carried away, but removal of the remaining half of the brain, instead of being followed by a second paralysis upon the opposite side of the body, was followed by cure of the paralysis produced by removal of the first half of the brain. This mode of treatment, however, I should not advise in the human species.

PARALYSIS CAUSED BY INHIBITORY ACTION.

From this experiment it can be seen that there is no reason to believe that paralysis depends upon loss of an organ employed by the will-power, and the result of an analysis of this experiment as well as the effect of disease, shows that paralysis, in most cases, is due to irritation which starts from the place where the disease is; from that point spreads its influence to many parts of the cerebro-spinal axis, and so produces by inhibition a cessation of the activity of those cells, and thereby produces paralysis.

CLINICAL FACTS RELATING TO THE CONVOLUTIONS OF THE BRAIN.

What are the clinical facts relating to the convolutions of the brain? One of the ablest physicians in Europe, Prof. Charcot, has shown from clinical facts that certain parts of the convolutions of the brain possess more power than others in producing paralysis. There is no doubt but that disease in front and back of the fissure of Rolando, more frequently than in other parts, gives rise to paralysis. But when you study the facts, one after another, you will find but few among those given by Charcot, and aided by others scattered through the medical journals, which are in harmony with the admitted theory.

According to the admitted theory, the parts in front and behind the fissure of Rolando are those which serve chiefly for movements in the arm and the leg—that is, they are the psycho-motor centres for those parts of the body.

Still there are many cases in which disease has destroyed those parts without producing any marked paralysis. Certainly, such facts are quite sufficient to show that the conclusion reached is false.

Then if you will examine the facts which seem to be in harmony with the theory, you will find that in a great many cases disease occupying only a small part of this region in the brain has been followed by hemiplegia. In other cases we find that the face is paralyzed, together with the arm, while the lesion is in the part considered to be the motor centre for the leg. In fact, the discrepancies between the details of the cases and the conclusions drawn by many physiologists from experiments, are certainly quite decisive against the admitted theory.

Is it possible, however, to make a diagnosis of disease existing in the convolutions of the brain, even when the disease is elsewhere than in the so-called psycho-motor centres? It is so sometimes. If there is disease in the convolutions, together with paralysis, there is great probability that convulsions will occur.

There is scarcely a part of the brain which is more liable to produce convulsions than the convolutions. So much is this the case, that Wilkes, of Guy's Hospital, thought that epilepsy depended upon disease in the convolutions of the brain. I committed another mistake equally apparent, when I regarded epilepsy as always the result of disease of the membranes of the brain, either outside or in the ventricles. This view of mine found many facts in its favor, and other facts against it. It is quite certain, however, that both the membranes and the convolutions of the brain have some power in producing convulsions. So, if you find convulsions and paralysis, there will be some reason to examine further for the purpose of determining whether or not the disease is in the convolutions.

It is extremely frequent, in cases of extended disease in the convolutions, to find disorder of movements, if movement remains. The paralysis is not simply loss of voluntary action, but loss with some disorder of movement. Then, besides, this paralysis will be much more limited than for disease in other parts of the brain; it is generally limited to the arm, or at least chiefly marked in the arm. The arm is frequently paralyzed, without reference to the seat of the disease in the brain.

Moreover, the convolutions of the brain are employed, in a great measure at least, in the exercise of the noblest faculties of the mind; therefore, there should be some disorder of the mental faculties when they are the seat of disease. If the disease exists upon the left side of the brain, whether in the third convolution or elsewhere, there will be loss of memory of words. Very frequently there will be complete loss of power of expressing ideas by speech. There are, therefore, certain symptoms which show that the disease that produces the paralysis is in the convolutions of the brain.

Other features are very interesting. There is very frequently contracture—that is, rigidity—chiefly in the arm and upon the opposite side, if there has been prolonged disease, such as inflammation, tumor, etc. This rigidity Prof. Charcot has endeavored to explain on the ground of secondary degeneration, and he has the credit of showing that this secondary degeneration extends to the pons varolii, the medulla oblongata, and to the spinal cord, when the seat of the disease which produces the paralysis is in front or behind the fissure of Rolando.

PECULIAR SYMPTOMS.

Diseases in the convolutions also present peculiar features that assist in diagnosis. My friend and former assistant, Dr. J. Hughlings Jackson, was the first to clearly show the features which belong to these cases.

If epilepsy or only convulsions appear as the result of disease in the convolutions, it very frequently is the case that the arm especially, sometimes the leg, is seized by cramp preceding the attack.

Sometimes one muscle, sometimes many, will contract very firmly. Sometimes with such contractions there are peculiar sensations, as if insects are crawling over the surface, burning or pricking sensations, etc., occurring in the arm or the leg, and for a while the symptoms are localized in one limb only.

These features are not absolutely peculiar to disease in these parts, but certainly they occur by far

more frequently with disease there than elsewhere; so you will see that diagnosis of disease in the convolutions of the brain is possible, from the facts which have been stated. I cannot review all the symptoms which will conduct us to the cause of paralysis, but I will summarize them in as few words as possible.

If you find, with paralysis in the limbs, paralysis in the face upon the opposite side, you have reason to look upon the pons varolii as being the region in which the disease is located.

If you find paralysis with hemiopia, then there is likelihood that the disease is in the tubercula quadrigemina.

If you find paralysis coexistent with complete loss of action in the third pair of nerves upon one side, the paralysis being in the limbs upon the opposite side of the body, then you have, in all probability, to deal with disease in one of the crura cerebri. These are the most important features, and those which are most frequently observed. As regards the details given in the preceding lectures, my time is too limited to give a complete summary.

CONVULSIONS ASSOCIATED WITH BRAIN DISEASE.

I pass now to the study of convulsions in connection with brain disease.

Convulsions, as you well know, may appear without epilepsy; they are certainly something quite distinct from epilepsy proper. The essential characteristics of epilepsy are recurrence by attacks with loss of consciousness. In fact, there is no need of any convulsions whatever to the existence of epilepsy. In *petit mal* there is no necessity for convulsions or rigidity of any muscle in the body. There may be a mere cessation of consciousness, from many causes, but for the existence of epilepsy there must have been a few such attacks. As you well know, loss of consciousness itself cannot characterize epilepsy. If, however, there is no syncopal state, the heart continues to beat, and in a number of attacks there has been loss of consciousness, then the patient has epilepsy. In almost every case, in fact, in my long experience, I have rarely seen a case in which there was not convulsive movement of some of the muscles of the face or neck, and although there may be such cases, epilepsy is, however, usually characterized by these two series of manifestation—loss of consciousness and two kinds of convulsions: 1. Tonic spasms, manifested almost invariably in the beginning of the attack; and 2. Clonic convulsions. These two varieties of convulsions, existing in succession, accompanied by loss of consciousness and occurring in repeated attacks, make complete epilepsy.

But in brain disease we very frequently do not have to deal with epilepsy proper when the patient has convulsions. Frequently, convulsions exist without loss of consciousness. In idiopathic epilepsy the convulsions are almost invariably upon both sides of the body; both sides act alike. In convulsions dependent upon brain disease, it is very rarely the case that both sides of the body are affected. Convulsions occurring upon one side of the body may, therefore, lead to the suspicion that there is brain disease existing as the cause.

Still more, convulsions limited to one arm or leg, or to one side of the face, to some muscles of one eye, very frequently depend upon brain disease, and you do not see such convulsions in idiopathic epilepsy.

Again, in most attacks of epilepsy caused by brain disease, what was described by Galen and other physicians of his day, namely, an *aura*, occurs before each attack.

CURABILITY OF EPILEPSY DEPENDENT UPON BRAIN DISEASE.

There are other important features of epilepsy dependent upon brain disease, and one especially to be mentioned is its curability.

We can hardly say that one out of many hundred cases of idiopathic epilepsy is ever cured.

When epilepsy depends upon disease in certain parts of the brain, especially when the base of the brain is diseased, it can sometimes be cured rather rapidly; that is, we can rather rapidly prevent the manifestations of the disease. Do not understand that I mean the patient can be removed from danger very quickly, for he is liable to attacks of epilepsy for perhaps two years after all manifestations of the disease have been prevented, and apparent cure has been effected within two weeks.

There is no doubt that epilepsy dependent upon brain disease is caused simply by irritation of certain parts over which a great and controlling influence is exerted by two modes of treatment. I think the time is not far distant when we may be able to do for paralysis as much as we are now able to do for epilepsy. For, according to the doctrine which I have here taught, paralysis is nothing more than a manifestation of irritation the same as epilepsy.

If irritation, starting from disease, goes in a certain course, it will produce an inhibitory effect—produce a cessation of activity—and then there is paralysis. If the irritation goes to cells which are able to produce reflex action, instead of to motor cells, then convulsions will be produced. In both cases the same thing exists at the beginning, and certainly what is essential in both cases is identical; that is, irritation starting from a diseased part. Such irritation is propagated to other parts, and produces either paralysis or convulsions, according to the properties in the part upon which it acts.

If, therefore, we can cure epilepsy dependent upon brain disease, why cannot we find means to cure paralysis dependent upon a precisely similar cause? What has been found out as regards anæsthesia is most important in this respect.

THE AURA AND LOSS OF CONSCIOUSNESS.

I pass now to the study of some of the features which may lead to diagnosis in cases of convulsions due to disease in the brain, as well as to other forms of epileptic manifestations.

These features are chiefly the *aura* and the loss of consciousness; there are also one or two other points.

As regards the aura, I wish that every young man, if not others, would study every case of epilepsy thoroughly and carefully, to ascertain whether or not what I have to say exists. It is true that it is very difficult for the busy practitioner to examine every part of the surface of the entire body, from the nails of each extremity to the trunk, and then the entire trunk, etc., and I confess that I have not taken the trouble to do it, yet I think we fail as physicians to perform our duty to our patients by such neglect.

IRRITATION OF CERTAIN PARTS MAY PRODUCE AN EPILEPTIC SEIZURE.

I will state the facts which have led me to make these remarks. I have ascertained many times that there are certain parts of the body, in epileptics, which, when irritated by one means or another, give rise to the beginning of an attack, and sometimes to a full

attack, of the disease. I have not dared to push the irritation so far as to produce an attack, yet in a few cases, and in a few only, an attack has been produced in this manner. Indeed, I do not wish ever to produce an attack; still, it is important to determine whether we have to deal with epilepsy dependent upon organic disease in the brain, or some other kind of epilepsy.

The importance of being able to determine whether an attack can be produced by irritating the part from which the *aura* starts, or by irritating some particular part of the body, is very great. For if it is found that there is a place, either with or without an aura, which, when irritated, gives rise to an attack of loss of consciousness and convulsions, it will be found that counter-irritation has great power in effecting a cure in those patients. So if you ever have the misfortune to produce an attack of epilepsy in this manner, the patient may be repaid, inasmuch as counter-irritation, applied near that part, may be the means of curing or diminishing the severity of the disease.

The aura may appear in any part of the body, so it is thought that irritation of the skin upon the back of the neck, under the ear, upon the back at the level of the first and second dorsal nerves, upon the limbs, in some cases upon the breasts, and many other places, may be a means of cure for epilepsy.

VARIETIES OF AURA.

The *aura* may vary immensely when due to organic disease in the brain. It may be a mere sensation, or some peculiar muscular movement. I had a case in London in which there was a sudden and irresistible contraction of the bladder two or three hours before an attack, such as to cause the urine to flow out with great rapidity.

There is no muscle in the body which cannot be specially affected under such circumstances, and the muscles of the arms, of the abdomen, of the chest, etc., may contract the same as did the muscle in my patient's bladder.

As you know, there are muscular fibres in the walls of the blood-vessels, and these may contract some time before the occurrence of an attack of epilepsy. If this occurs in the blood-vessels of the face, there will be marked paleness in that part before the attack.

It matters not when such contraction of blood-vessels takes place, there is a diminution of temperature, and if the part is superficial, a marked paleness can be observed.

There is, therefore, a kind of aura, which consists in *muscular contractions in various parts of the body.* The important point, for the sake of applying means of treatment, is to determine whether irritation of a certain place *constantly* produces an attack, or at least the place is one in which very frequently some action takes place before the occurrence of an attack. If such is the case, there is good prospect of giving relief by applying counter-irritation near the affected part.

There is another kind of aura, which may be called an *aura of sensation.* This sensation is exceedingly variable. Generally, however, it consists in some indefinable feeling; most epileptics will say that they cannot describe the sensation. The peculiarity is, that the sensation is like itself and like nothing else. It is a distinct feeling that belongs to that peculiar state. Some physicians have endeavored to restrict the application of the term aura to this peculiar sensation, but it should be applied to either any peculiar muscular movement, or to any peculiar sensation which constantly takes place before the occurrence of the attacks.

If the aura takes place some time before the occurrence of the attack, there is a very fair chance indeed of saving the patient from the fit.

Of the means of treatment to be employed, I will speak in my next lecture.

LOSS OF CONSCIOUSNESS.

I pass now to the explanation of the loss of consciousness associated with disease in the brain.

In 1857, in this country, I tried to show, what is now admitted by physiologists and physicians, that the loss of consciousness is the result of contraction of blood-vessels in the central lobes. I am very sorry that my views have been followed in that respect, for I think now that it is only partly true, if true at all. It is quite certain that the blood-vessels in the brain contract, so that the fact itself is out of the question; but neither in the case of loss of consciousness in epilepsy, nor in sleep, as maintained by Dr. Hammond, is that contraction essential. The contraction of blood-vessels in the cerebral lobes is not essential to the production of sleep. For in animals both sympathetic nerves have been divided, giving rise to dilatation of the blood-vessels and consequent congestion in the cerebral lobes, and yet sleep took place just as completely, perfectly, and refreshingly, as if nothing had been done; as if the blood-vessels contracted. So it is clear that, although contraction of blood-vessels is something that occurs during sleep, it is not the something which causes sleep, and it is not essential to the existence of sleep. To employ remedies, therefore, which we know to produce contraction of the blood-vessels in the brain, with the view of producing sleep, is all wrong.

The cause of loss of consciousness in epilepsy will be considered in my next lecture.

Original Communications.

CLINICAL CONTRIBUTIONS.

By D. B. ST. JOHN ROOSA, M.D., and EDWARD T. ELY, M.D.

The following are a few cases lately observed in private practice:

METASTATIC CHOROIDITIS.

In the following cases the diagnosis of metastatic choroiditis was made. It is regretted that, owing to the pressure of other work, the histories were not more fully recorded. However, as no doubt was felt about the diagnosis, they may be of some value, although so incomplete. The first patient was seen through the courtesy of Dr. Oscar Rieffel, who was also kind enough to furnish some notes regarding her illness.

Mrs. F., aged 42. Was confined Jan. 4th. Five days after delivery she became "feverish"—according to the story of the midwife who attended her. She also had profuse uterine hemorrhages. On the tenth day she was seen by Dr. Rieffel, who found her suffering from septicæmia and endometritis, and who removed a piece of retained placenta, about the size of an orange and extremely putrid. On Jan. 28d one of her eyes became inflamed, and on the 24th she was found to have suppurative choroiditis. The lids and conjunctiva were very œdematous, the vitreous cloudy, and vision reduced to perception of light. She was

directed to use cold applications, atropine, and such general measures as seemed indicated. The disease ended in panophthalmitis, rupture of the globe, and atrophy. At one time there was exophthalmos from orbital cellulitis, and pus was evacuated through an opening made in the conjunctiva over the insertion of the external rectus muscle. At the time the ocular inflammation appeared there was also a suppurative inflammation of one of the knee-joints, which had begun two days before. On Feb. 12th, Dr. Rieffel ceased his visits at the request of the patient, who considered herself out of danger. After five days he was recalled to find her much worse. On March 7th she died. The inflammation of the eye lasted about three weeks.

The next case was seen with Dr. W. J. Welch.

Sister of Charity, aged 46. Had a severe attack of croupous pneumonia in the left lung, in January. On the eighth day of the disease, signs of cardiac distress suddenly appeared, the heart working slowly and intermittently. This condition continued five or six days; recovering then under the use of stimulants. Convalescence then progressed slowly. One day, in the third week of her illness, she felt pains in her left eye, "as if a knife were being run through it." The next day the eye appeared inflamed, and on the day after that, "the sight was gone." At the first consultation she presented the symptoms of suppurative irido-choroiditis. There was great chemosis, and some pus in the anterior chamber. She was treated by cold applications, atropine, paracentesis of the cornea, etc. The disease ended in atrophy of the globe.

At the time the eye became inflamed the patient also complained of *soreness* about the right shoulder-joint, and extending down the arm. This continued to annoy her for about six weeks. There was some tenderness about the joint, but no swelling.

The third case was one seen in consultation with Dr. J. L. Campbell, who has kindly furnished notes of the previous history:

Mrs. W., aged 33. Was confined Oct. 4th. One week later she was attacked by fever, typho-malarial in type. On the 16th she complained of a sudden, sharp pain in the right eye, and on the same day she found that the vision of that eye was wholly lost. When seen by Dr. C. three days later, there was extreme congestion of the conjunctiva, and marked chemosis. There was also exophthalmos, which increased for the next four or five days, and then began to subside. The onset of the disease was not marked by a chill, and there was not very severe pain at any period. The eye was treated with atropine and warm applications. A week after the eye became inflamed, an acute synovitis of the left knee-joint, with effusion, appeared.

To-day, Oct. 27th, the right eye presents a turbid cornea, irregular pupil, and opaque vitreous. Some exophthalmos. No pain. No perception of light.

The striking feature of these cases is the fatal result to the eye, to avert which, all treatment seems to be powerless. If there be an incipient stage of hyperæmia of the choroid or retina, which might be combated by local antiphlogistics, it is not known. When the attention is first called to the eye, suppuration has already occurred, and then treatment can only be palliative. Physicians attending patients with symptoms of blood-poisoning, may, perhaps, by very careful observation and daily inquiry as to the condition of the vision, soon settle this point, and, possibly, a treatment may be suggested that will prevent the fatal formation of pus in the eye.

ANÆMIA OF RETINA—CONCENTRIC LIMITATION OF VISUAL FIELD—EFFECTS OF QUININE.

Dr. A., aged 27. March 10, 1876. Says that he was "totally blind" for half an hour this morning, just after breakfast. When vision returned it was very much blurred. For an hour or more could only see the lines in a newspaper, being unable to distinguish any of the letters. Sees very well now (11 A.M.), but objects still appear somewhat blurred. Complains of nothing else. Is subject to neuralgia. Has shortness of breath after exertion. Has had rheumatism. Has a heart-murmur, which has been pronounced to be mitral regurgitant by one authority, and anæmic by another. Works hard. Sits up very late at night. Smokes a great many cigarettes. Looks pale.

V = $\frac{20}{20}$ both eyes. Accommodation normal. Visual fields contracted concentrically. Nothing seen by ophthalmoscope, except that retinal arteries appear small, and capillary circulation in optic discs deficient (?).

Directed to stop smoking and to take ten grains sulphate quinia.

March 16th. Feels the same. Quinine appeared to have no effect. Visual fields the same. Vision 1.

March 18th. Visual fields the same. Took 15 grains of quinine at 11.40 A.M. No immediate effect. Took 15 grains more at 12.15. At 12:30 had flushing of face, suffusion of conjunctivæ, ptosis right upper lid, and slight tinnitus aurium. Says that face feels swollen. Pulse 108, same as before medicine was given. No change in visual fields. No change can be detected in fundus.

March 29th.—Has been in the country since the 18th. Feels very much better. Has had night-blindness while away. Noticed it the first night of his absence, when he walked out before dark, and was unable to find his way home again without assistance. Thinks he would be troubled in going about at evening now, if it were not for the street-lamps. Sight is clear during the day: V = 1. Fields, *normal.* Right field larger than on March 16th by 10 inches in vertical, and 13 inches in horizontal diameter. Left field increased 5 inches in vertical, and 11 inches in horizontal diameter.

October 16th.—The patient continues to use tobacco, and to suffer from visual symptoms; *i. e.*, he complains of want of sharpness of vision, and also of inability to continue work with his eyes. Has an anæmic appearance. Ophthalmoscope shows appearances of slight latent hypermetropia, and the patient's asthenopia is partially relieved by convex glasses.

A POLYPUS IN THE EAR FOR FORTY YEARS (?)

In the following case it seemed probable, from the patient's statements, that there had been a polypus in his ear for about forty years. During that period there had been constant discharge from the ear, and, in cleansing the ear, etc., the patient had felt something obstructing the canal.

Mr. H., aged 56. Says that he has had a discharge from his right ear ever since he was a small boy. He has "felt something filling that ear" since the age of 15. Never has had any examination or treatment.

H. D.: R. E., $\frac{0}{40}$; L. E., $\frac{18}{40}$.

Tuning-fork heard better on right side.

A large polypus was seen filling right external auditory canal, and attached to the upper and posterior walls. It was removed by a snare, and the space behind it was found packed full of dried secretions. After removing the latter, the drumhead was seen to be cicatricial, and without any perforation. The

patient was seen twice after this, and roughened bone detected just at the junction of the cartilaginous and osseous canal. The patient was rather attached than otherwise to the polypus, and seemed to regret its removal. He has not been seen since the third visit, when there was a slight discharge from the diseased part.

ACUTE CATARRH OF THE MIDDLE EAR, CAUSED BY SNUFFING WATER UP THE NOSTRILS.

No further proof is needed of the danger of introducing fluids into the nostrils, and the following case is reported only because its features are so clearly marked. The fact that the patient had already lost the function of one ear in a similar way gives additional value to his testimony. The use of the nasal-douche and its modifications has been much debated, and is still a question of controversy. It is freely granted that it may be used by *the surgeon himself* upon hundreds of cases without harm, as has been shown in a recent paper by Cassells.* The only point ever sought to be established by the writer is that this therapeutic measure cannot be safely entrusted to patients. The very best of them are often incompetent to remember and carry out the various "precautions" given them, and, in this sense, it is impossible always to tell beforehand that your case is a "proper" one to be allowed to apply the remedy for himself. Moreover, in some cases, harm has certainly resulted where every direction was followed by the patient, and even where the operator was an educated physician. Thus a certain small percentage are constantly suffering injury, which to one placing a high value upon an ear, is not compensated for by all the advantages which this treatment of naso-pharyngeal catarrh is supposed to offer.

Mr. F. was snuffing water up his nose on account of nasal catarrh, and, while blowing it out again, he "felt a drop enter the right ear." Had pain in that ear immediately (this was at noon), which increased in severity, and at midnight was unbearable. Took large doses of morphine with only partial relief. Next morning he applied for advice, and was found to be suffering great pain, with some fever. The right auditory canal was red and swollen at the bottom, and the drumhead very red and somewhat bulged outwards. H. D. was $\frac{c}{40}$. A paracentesis of the drumhead was made at once, and the hot douche ordered to be used every hour. Immediately after the operation the pain disappeared, and did not return until five days later, when it was relieved by leeching. Under the usual treatment the inflammation subsided, and the hearing was restored. The water which was used in the nostrils was cool and not medicated.

Four years ago this patient felt water enter his left ear while using the nasal-douche, and had acute catarrh of that ear, followed by suppuration and deafness. The H. D. on that side was $\frac{0}{40}$, and the drumhead was cicatricial.

INJURY OF AUDITORY NERVE BY A BLOW FROM A FUR GLOVE (?)—EFFECTS OF STRYCHNIA.

The following case presents symptoms of disease of the middle ear as well as of the auditory nerve. The points of interest are regarding the causation of the latter, and the effects of treatment.

Mr. H., aged 35. Says that four years ago he was struck on the right ear, with a fur glove, in sport. The blow caused no pain, but occasioned a sensation like that of an electric shock running through the whole right side of his body. Noticed deafness and tinnitus on the right side *immediately*. Feels sure that the deafness and tinnitus were caused by the blow from the glove. Never noticed anything wrong about his ears before. Two years ago he noticed deafness and tinnitus on the left side, which have increased since. Never has had pain or discharge in either ear. Says that he hears somewhat better when riding in the cars. Music sounds *false* to him. General health good. Never has noticed any catarrhal trouble in the throat.

H. D.: R. E., $\frac{0}{40}$; L. E., $\frac{P}{40}$. Voice, 1 foot behind back.

Tuning-fork heard better on left side.

Right drumhead: Sunken; only upper part of malleus seen; atrophy, outer and middle layers; reddish color.

Left drumhead: Sunken; diffuse light-spot; loss of translucency.

After being treated for a short time by hypodermic injections of strychnia, the voice was heard at ten feet, and the watch as before. The patient then passed from under observation, so that it is not possible to say whether the improved hearing was permanent, and whether it was really due to the strychnia. Inflation was tried without benefit.

INJURY OF THE COCHLEA FROM CANNONADING—EFFECTS OF QUININE ON THE EAR.

The following case was considered to be one of chronic catarrh of the middle ears, with affection of the cochlea. While under treatment it happened to furnish an illustration of the effects of quinine upon the ears.

Dr. P., aged 51. In 1870, was exposed to heavy cannonading, after which he had sudden tinnitus and impairment of hearing on both sides. These symptoms passed away in great measure within a short time. Since then he has had the tinnitus only occasionally. The deafness has not been enough to annoy him until lately. Thinks the right ear has always been the worse. A year and a half ago he noticed that he heard the *click* preceding the striking of his clock, but did not hear the strike. Now he hears the strike, but not the click. Hears worse in a noisy place. Has been troubled with irritation and excess of secretion in pharynx for a long time. Health otherwise excellent.

H. D.: R. E., $\frac{1}{40}$; L. E., $\frac{0}{40}$. Voice, 50 feet behind back.

Tuning-fork placed on teeth is heard alike. Plugging either ear makes no difference. Placed on forehead or vertex is heard alike, but better on left side when plugged. Placed on mastoid heard better on left side than on right; plugging left ear intensifies sound of fork; plugging the right ear makes no difference. All the notes of a piano are heard well with the left ear. The right ear has partially lost its perception of some of the lower and some of the upper notes, but hears the others well.

Right drumhead: Opaque. Light-spot, narrow and divided.

Left drumhead: Opaque. Good light-spot.

Pharynx catarrhal.

Inflation for three weeks improved the hearing for the watch to $\frac{0}{40}$ on both sides.

One morning, while under treatment, the patient came complaining of great "stuffiness" and tinnitus in both ears. During the preceding twenty-four hours he had taken 38 grains of quinine for neuralgia. The hearing for the watch was $\frac{1}{40}$ R. E., and $\frac{0}{40}$ L. E. There was intense redness along each malleus-handle.

* Dublin Journal Medical Science, June 1, 1877.

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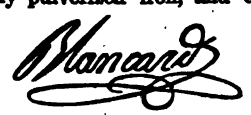

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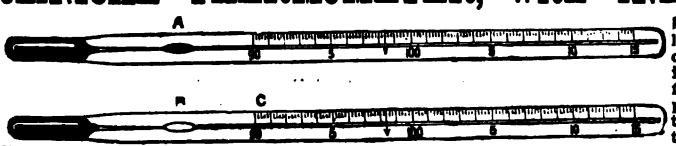

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treatment, then what, if any, general rule shall guide us?

Dr. Packard says: "If repeated operations are necessary, it becomes a question whether aspiration should not give place to the operation by incision."

"If the secretion of pus is itself decreasing, and the constitutional disturbance is moderate, and especially in a young subject, we have reason to hope for an ultimate cure by aspiration. If, on the other hand, the pain and constitutional irritation continue severe, and the pus rapidly reaccumulates, I think there is no question that the pleural cavity should be opened by an incision large enough to admit of a ready evacuation of its contents, and of the manipulations necessary in washing it out, if the pus should be of an irritating quality."

Now, in place of the foregoing, I would offer the following amendment, making the line between the different operations to be more arbitrary, and as follows: If the contents of the pleural cavity is serum, I would always aspirate; but, if it is pus, I would always use as large a trocar and canula as possible, or make a free incision with the knife, and then use the antiseptic wash, as described in the cases given above. In most cases the aspirator may be first used to test the character of the effusion. With our present facilities for the antiseptic treatment of disease, and for preventing infection in surgical operations, we are able to more than compensate for any evil resulting from the admission of air into the suppurating pleural cavity. In fact, the operation for the relief of pyothorax should be performed as much for the purpose of disinfecting the diseased cavity as for merely evacuating its contents.

Again, on the question of the time for operative measures to be resorted to, Dr. Packard's article has the following: "The time for interference must differ with differing cases. A latent pleuritic effusion, the result of a low grade of inflammatory action, and containing very little fibrin, while all the more likely to degenerate into pus, will not make many or strong adhesions, and, in this respect, may safely be left for weeks." [Query—What is the advantage of leaving such a case for weeks? Surely the risks of thus leaving it are greater than any incident to the early use of the aspirator?] "But," says the article, "an acute pleurisy is a different thing, and I think three weeks is the outside of safety against the formation of permanent and disastrous adhesions." [Query—Is it not well to avoid the outside limits, and relieve the oppressed absorbents while their action may yet be restored, and while the effusion is yet only serous in character?] As for evidence of the correctness of the views here given, both concerning the kind of operation and the best time for operative interference, the reader is referred to the history of every case given in Dr. Packard's article. I will add the brief notes of two cases, the history and results of which show the advantage of the use of the open canula and the antiseptic washings in advanced pyothorax.

I. A young man, 19 years old, the son of a farmer, presented himself for treatment in June, 1874, having ten weeks before suffered from a severe attack of pleuro-pneumonia, while at work in the woods away from home. There was emaciation, with great exhaustion, dyspnœa, a rapid and feeble pulse, septicæmia, swelling of the feet, and the physical signs of an immense accumulation of fluid in the right pleural cavity. Paracentesis was performed by means of an aspirator, and five pints of fetid pus drawn off, no air being allowed to enter the cavity. The operation was repeated four times in four weeks, and an average of four pints drawn each time. At the second and fourth operation blood was mingled with the pus in the receiver of the aspirator. The blood was fresh and readily coagulated. Any attempt to exhaust the gas from the cavity, by continuing to work the aspirator after the pus had ceased to flow, caused distress to the patient, and a renewal of the hemorrhage. Each operation in a measure relieved the more urgent symptoms of dyspnœa and septicæmia, but at the end of the month the patient was unable to move in bed unaided, suffered from hectic, was extremely emaciated, and was evidently failing. I now adopted the plan of drawing the pus through a large canula without the aspirator, and of performing the operation as often as every second or third day, and, after a short time, every day, allowing each time the free ingress of air. A very weak solution of carbolic acid in warm water was used as an injection at each operation, a small quantity of the wash being thrown in, and this drawn off, and then another injection made until the fluid drawn was quite clean. The patient was kept up on wine, iron, and quinine, and upon animal food, consisting largely of wild game. From the time of the change of treatment from the use of the aspirator to that of the simple canula, and of the more frequent performance of the operation, with the use of the antiseptic wash, there was steady improvement in the condition of the patient, but recovery was slow, and the adhesions were such as never to allow the lung to expand to any considerable extent. At the end of eight months the thorax was an inch less in circumference on this side at the level of the nipple than on the other side, and a line through the chest, from the nipple backwards to the lower angle of the scapula, is at least an inch shorter than the same on the other side. My notes at this time, eight months after the first aspiration, state that the canula is at present introduced morning and night, and about three or four ounces of purulent serum drawn at each time. A careful record of the amount of pus obtained, and which has varied in quantity at different times, has been kept, and the aggregate is upwards of 100 pints. Carbolic acid, chlorate of potassa, port wine, and the permanganate of potassa have successively been used in the injections. Cod-liver oil, with the phosphate of lime, has been given largely, together with quinine and the mineral acids. Three years and eight months have now passed, and there is yet a fistulous opening communicating with a small cavity. Of late a silver tube has been worn, allowing the slight discharge to take place constantly, and there is evidence of a more rapid diminution in the size of the cavity since the maintenance of this constant drainage. It is probable that an excision of a section of the rib at the place of the puncture, thereby allowing a more free and constant evacuation of the pus, would have hastened the process of cure.

II. Dr. M. Hagan, of St. Paul, Minn., reports a case in which he performed thoracentesis in a man who had been attacked with pleuro-pneumonia one month before. Two quarts of pus were drawn at the first operation with the trocar. A piece of gum elastic catheter was used as a permanent drainage-tube. After two or three days the cavity was washed out with the carbolic acid water, and several days after a weak solution of sulphate of zinc was used as a wash alternately with the carbolic acid. At the end of six months the discharge was reduced to about a half ounce daily. In one year the patient had nearly recovered, the lung had expanded, but there was still a slight discharge of purulent matter from a small pocket which seemed to be gradually closing.

In the light of our experience it is fair to conclude,

first, that, if in these cases the aspirator could have been used early, while effusion was yet serous, many months of suffering and great risks to life would have been prevented; and, second, that, in the late operation, only the free evacuation, permanent drainage, and antiseptic treatment were admissible.

INTESTINAL OBSTRUCTION

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By P. A. HARRIS, M.D.,

Dover, N. J.

G. Y., æt. 25, American, laborer; when first seen, on the 12th of July, 1877, was suffering most excruciating pain in the hypogastric region, just to the right of the median line. It commenced two days previous, and had grown more and more severe. He stated that nothing had passed his bowels for three or four days; that a doctor had been in attendance for two days, and was discharged previous to securing my services. The physician had diagnosed the case as one of obstruction of the bowels, and the treatment had consisted of large and repeated doses of physic.

Upon examination I found marked tenderness at the seat of pain, but no appreciable swelling at that point. There was frequent vomiting, but it was not stercoraceous in character. I placed the patient in the knee-chest position, and used large injections of warm soapy water. Cathartic doses of calomel were given at regular intervals for two days, with negative effect. This was followed by varied treatment, consisting of forcible injections of air, of warm water in the knee-chest position, of hot water under chloroform anæsthesia, and a variety of cathartic enemata, all of which proved inefficacious. Subcutaneous injections of morphia were given to relieve the severe pain. On the 15th there was stercoraceous vomiting; on the 17th the abdomen first began to be tympanitic. The tympanitis continued to increase until the 19th, when the pulse became very weak, the countenance anxious, with marked general emaciation.

Dr. Crittenden, who had seen the case several times with me, kindly called my attention to a case then recently reported from Dr. Southey's clinic at St. Bartholomew's Hospital, London, in which a patient had been successfully treated for intussusception by the force obtained from the disengagement of gas from a syphon bottle of soda-water. With a view of employing the same principle by a different method, I made a few experiments at my office with tartaric acid and the bicarbonate of soda, obtaining thereby an approximate estimate of the respective quantities of these reagents required in solution to disengage a given quantity of gas. On July 20th I made a solution of 140 grammes of bicarbonate of soda in the smallest possible quantity of water at 100° F., also a solution of 120 grammes of tartaric acid in like manner. Gave chloroform; introduced long rectal tube, attached a syringe, and injected a little more than one-third of the solution of soda. The same relative quantity of the acid solution was then injected, the rectum having been grasped from behind and pushed forcibly forward against the large tube to prevent the escape of gas. The abdomen, already greatly distended, was still further expanded by the prompt disengagement of gas. The experiment was again made, using about the same quantities of the solutions as before, with the same appreciable effect. A want of experience made it all the more difficult to hold the rectum sufficiently tight to prevent considerable escape of the gas at each trial. With the solution remaining, a third experiment was made. In this great care was used to prevent the escape of the gas per anum. Again there was decided abdominal expansion, but this time it was accompanied by a sharp, migratory gurgling. As this gurgling was not heard at either of the other trials, and from the fact that the abdominal expansion was greater than it had been before, it is safe to infer from what followed that this last effort was the means of overcoming the obstruction. Mild cathartic enemata were now given as often as expelled, and the evacuations carefully examined.

A few hours after the operation, the tympanites, pain, and vomiting began to subside. The improvement continued marked and general, and on the 22d a free alvine evacuation took place. Thus a period of thirteen days had elapsed during which not a particle of fecal matter passed per rectum. Aside from a strong tendency to diarrhœa, the convalescence was void of further interest. Neither the history of the patient nor a careful rectal and abdominal examination enabled me to determine the precise nature of the obstruction.

The treatment of intussusception and intestinal occlusion by the forcible injection of air has often been successful, but it has likewise often failed. The difficult and imperfect methods of applying it would doubtless account in a measure for many failures reported from its use.

Any amount of distending force can be obtained from the disengagement of gas by the action of acids upon certain bases; and when we have these chemicals in the form of bland solutions, as tartaric acid and bicarbonate of soda, we have only to inject them into the rectum separately, and prevent escape of the power generated.

For an adult, inject 50 grammes of bicarbonate of soda in solution (smallest quantity of water at 100° F.), and immediately follow it with 45 grammes of tartaric acid in solution. If there be no loss by regurgitation, and if the obstruction be not too high, this will doubtless be sufficient.

Extreme abdominal tympanites or great extension from gas in the cavity of the abdomen might limit the degree of intestinal distention which we seek to obtain from the effervescence, and militate against a successful operation. If it can be definitely determined that the tympanitis is more abdominal than intestinal, it would, no doubt, be wise to introduce a small aspirating needle, and permit the gas to escape before operating.

I trust that further experience will enable us to obtain some guide by which we can determine at once if the gas has removed the obstruction, and not subject a patient to unnecessary and repeated trials.

A New Journal.—We have just received the first number of a new journal published in Newcastle, New South Wales. It is entitled the *Australian Practitioner*, a Quarterly Journal of Medicine, Surgery, and Sanitary Science, for the Australian Colonies. According to the prospectus, the journal is started to supply a medium for the intercommunication of the observations of colonial practitioners on the causes, progress, and treatment of diseases in that part of the globe, and also to disseminate some apparently much-needed information on sanitary subjects. The number before us contains original articles on scirrhus of the mamma, on four cases of ovariotomy, and on a rare displacement of the heart.

Progress of Medical Science.

NORMAL ACCOUCHEMENT DURING EXTRA-UTERINE PREGNANCY.—The following case, published in the *Révue de Littérature Médicale*, by M. Labatut, interne à l'Hotel-Dieu de Toulon, is of some interest: A woman, thirty-three years of age, was in 1868 delivered of her first child; two years later, 1870, she again showed all the signs of pregnancy. About the ninth month, according to these signs, she had violent pains, but without any result. After this she was sick for six months, when her menses again returned and she regained a state of comparatively good health. The tumor partially subsided and the pains disappeared. In 1875 the catamenia were again suppressed, but this, together with digestive disturbances which showed themselves about the same time, were placed to the credit of the turn of life, the woman being now forty-one years of age. Some months later, however, she was examined by Mme. Rampin, a midwife of Toulon, who diagnosticated a pregnancy in the ninth month; at the same time she perceived a large tumor in the right flank, which, after hearing the history, she attributed to an extra-uterine pregnancy. Fifteen days later the woman was delivered of a living child, and a more careful examination convinced the midwife of the correctness of her diagnosis of the nature of the tumor. In March, 1877, the woman died in the hospital at Toulon of pulmonary tuberculosis. The autopsy revealed in the right tube a mature fœtus, macerated and enclosed in a thick sac. This proved to be, therefore, a tubal pregnancy, dating back seven years, and in spite of its presence there was fecundation and a normal labor.—*Journal de Médecine*, Nov., 1877.

TREATMENT OF GOITRE BY INTERSTITIAL INJECTIONS.—In an article published in the *Annales des maladies du larynx et des oreilles*, M. Cazalis reviews the different modes of treating goitre, and especially the method of Luton. This method, more especially applicable to parenchymatous and fibrous goitres, consists in carrying the iodine to the very heart of the tumor. By this means Dr. Luton has frequently obtained cures in cases rebellious to medical treatment. The ordinary hypodermic syringe is used, but a gilt or nickel-plated one is preferred, and the piston must fit accurately to overcome the resistance the liquid sometimes meets with in the gland. Either the officinal tincture of iodine may be employed, as used by Luton, in doses of one gramme to five grammes, or the ioduretted solution of iodine of Bertin, in doses from fifteen drops to forty drops. The needle of the syringe should be introduced about two to three centimetres, to insure the penetration of the fluid only into the gland. Lévêque advises the unscrewing of the syringe after the introduction of the needle, to ascertain, by the flow of blood, whether or not any important vessel has been entered. The dose of liquid is variable; Luton employed from fifteen drops to four and five grammes. The subsequent symptoms vary with the strength and amount of the solution used. Some solutions, or some small doses, cause only a sensation of uneasiness, or a slight pain in the region of the neck. Stronger injections give rise to pain radiating towards the chin and ears. Occasionally some inflammatory symptoms may be observed, the pulse and temperature rise, the neck swells and becomes tense, but the inflammation usually subsides by the second or third day, and there is felt within the substance of the gland a hard nodule about the size of a pigeon's egg, which contracts little by little and diminishes with the gland. Heller, to reduce the pain and irritation, added fifteen milligrammes of the sulphate of morphia to his injection. Suppuration is rare, but is to be feared if too large an injection, or too caustic a solution has been used, or if the liquid escapes into the surrounding cellular tissue. This method usually gives more rapid results than the medical treatment, but several months are sometimes necessary to obtain these well-defined results. Morell Mackenzie, who has had a large experience of this plan, repeats the injections about every ten days. Luton met with but one case he could not treat by this plan; that was a vascular goitre. Mackenzie, out of seventy-three cases treated in this manner, cured fifty-nine, diminished the size in nine, got no results in three, and two patients gave up treatment.—*Journal de Médecine*, November.

LESIONS OF THE PANCREAS IN CERTAIN FORMS OF DIABETES.—M. Lancereaux presented to the Académie de Médecine, of Paris, some pathological specimens showing lesions of the pancreas taken from subjects dead of diabetes. In remarking on these cases he said: These specimens show that diabetes mellitus is, in some cases at least, accompanied by grave alterations in the pancreas. A similar alteration has been found in many of the recorded cases of diabetes, and in those cases as in ours, the disease, the progress of which has been relatively rapid, and the termination fatal, showed itself by polyphagia, polydipsia, excessive emaciation, abundant glycosuria—in a word, by all the characters of diabetes. On the other hand, the animals in which the pancreas has been extirpated or destroyed become voracious, rapidly emaciate, and soon die. Now, bearing in mind the peculiar characters of the diabetes in those cases of alteration of the pancreas, and the phenomena observed in animals after the destruction of this organ, we believe we can conclude that there exists a causal relation between these grave lesions of the pancreas and the cases of diabetes mellitus in question. This form of diabetes shows itself by a suddenly commencing emaciation, with polydipsia and polyphagia, and the peculiar characters of the alvine dejections. The prognosis of this diabetes will be very grave. The indications for treatment are to forbid substances digested by the pancreatic juice, and to nourish the patient with food digested in the stomach.—*Gazette des Hôpitaux*, Nov. 15, 1877.

A NEW TREATMENT FOR LUMBAR ABSCESS.—Osman Vincent has treated eighteen cases of lumbar abscess by the injection (after evacuation) of sulphurous acid. He selects two cases as examples: the first was cured in two months and ten days, the second in twenty days. The other cases were similarly successful, the only difference being in the amount of pain caused by the injection, which was sometimes severe, but often altogether absent, and in the character of the constitutional disturbance, which was either slight or totally wanting. There was one point upon which he asked the opinion of the meeting; this was, that as a rule, the injection went in colorless and came out black; this was most marked in the cases that succeeded best. He concludes as follows: "The sulphurous acid acts on the pyogenic membrane in such a manner as to prevent the formation of pus, and if strict recumbency is made an essential part of the treatment, there is no reason to fear that this dreaded, but, if taken in time, avoidable complication of angular disease, may, by this treatment, be shorn of much, if not all, its previous destructiveness."—*The Medical Press and Circular*, December 26, 1877.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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THE COMMITMENT OF THE INSANE.

THE case of Miss Dickey has given rise to much comment by the daily press. Furnishing as it does all the elements for a first-class sensation, this is no wonder. In fact, nothing in the shape of a statement can be more startling than the forced confinement of a lady in a lunatic asylum as a patient, when it is proved by a jury that there was an error of diagnosis from the start, and that the said lady was all the time of sound mind. The injustice of the whole proceeding appeals so forcibly to our sense of humanity, that it is difficult to find words which are forcible enough to express our regrets for such an occurrence, or our abhorrence of the possible motives which may have actuated interested parties in bringing about such a result. But in reality the facts of the case do not warrant the conclusions which have been drawn from them. There is certainly cause for much difference of opinion regarding the justice of the jury's verdict. Indeed, there is enough of doubt regarding the sanity of the particular patient in question, to set at rest the fears of any who may believe themselves in danger of being confined in asylums without cause. Still, the case is a suggestive one as bearing upon a system of asylum management which allows the possibility of such occurrences.

Although the facts in this particular case do not by any means prove that the patient was sane, or confined without cause, the bare possibility of a mistake upon such a point invests the whole subject of the diagnosis of insanity with an importance second to nothing in the whole range of our professional duties. Hence, the greater the number of safeguards with which the patient can be surrounded, the better.

Although our present laws regarding the commitment of insane persons are calculated to meet all emergencies, they are nevertheless not perfect. But in allowing this, we must not ignore the fact that such laws have been specially framed with a view of preventing the confinement of sane persons, and of affording them every chance of receiving the full benefit of the doubt.

That Miss Dickey's case is not an exception to the rule in reference to the precautions that are usually taken regarding commitment, is sufficiently proven by the facts as brought out in the examinations before the court. She was examined by perfectly competent men, according to due process of law, and the commitment was made in regular form. She remained under the observation of the medical officers of one of the best-conducted asylums of the country for a period of six years without creating in the minds of these gentlemen any doubt regarding her sanity. This was up to the time of the appointment of a special commission to examine her, the result of which examination has already been stated.

The point in this particular case turned really upon the question, not whether Miss Dickey was of perfectly sound mind, and capable of managing her own affairs, but whether it was necessary that she should be compelled to submit to treatment in a lunatic asylum. When it comes to be settled whether the patient was insane or not, in accordance with the general acceptation of these terms, there is but one answer, and that is almost unqualifiedly against the verdict. When, however, it was to be decided whether or no she should be allowed her liberty under circumstances of doubt created by counsel, the jury naturally and properly strained a point in her favor. This is perfectly right, but the act itself should not be made to prove that there was any dreadful mistake made in committing the patient to the asylum, or of treating her as a patient while she was there.

However, as we have already said, we are anxious that every improvement shall be made upon our present system of committing patients to lunatic asylums as shall prevent even such a supposable case as the one in question. The learned Judge, in his charge to the jury, suggested some improvements in the shape of a trial, similar to the one in question, in all cases of insanity, and within thirty days after their commitment. But, as we understand it, the very process of commitment implies such a right of trial, inasmuch as no person supposed to be insane "shall be held in confinement in any asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may in his discretion call a jury in each case to determine the question of lunacy."—(Laws of New York, Chap. 446, Sec. 1, 1874.)

Doubtless his Honor has in view some more radical measures to reach this end, but it is difficult to see how

the present system can be improved by any regulation establishing a definite trial in each case. With the number of cases which are being daily admitted to our asylums, such a procedure would not only be impracticable, but impossible.

THE SURGEON-GENERAL OF THE NAVY AND HIGHER MEDICAL CULTURE.

WITHOUT entering upon any *résumé* of the tables and other valuable data contained in the report of the Surgeon-General of the Navy for 1877, there are one or two points raised in the introductory text that peculiarly verify and enforce the necessity for a higher standard of medical training, which the faculties of our colleges will find it profitable to ponder at their leisure. After observing that the instruction in hygiene, microscopy, and allied sciences, now considered indispensable to the accomplished physician, is either not given at all, or given very imperfectly, in most of the medical schools in this country, Dr. Grier recommends that assistant-surgeons be ordered, some months previous to their examination for promotion, to the hospital at New York for practical training in these departments.

Indirectly his remarks furnish practical evidence of the fact that a thorough training in the natural sciences, in chemical manipulation, and in microscopy and microchemistry, should, so far from being optional with the student, as they now are, be insisted upon as essential to graduation. While these suggestions have no apparent relation to the necessity for a higher standard of preliminary training, so often urged in these columns, they are really to the point as concerns that question; for, with the great advance in the physical sciences, and particularly in the biological and chemical groups, that has distinguished the last half a century, it is practically impossible to crowd even a summary of them into the conventional three years in a medical college. Of course, a physician need not be an expert in comparative anatomy or microscopy, nor is it essential that he should be able at sight to classify a strange insect, or a newly discovered fossil. But he should, in order to maintain the scientific repute of the profession, know enough of such things to escape the imputation of ignorance; and in the sciences more immediately related to medicine, in botany and chemistry, *e. g.*, his training should be such as to enable him to set about an original research intelligently. The frank statement of the Surgeon-General of deficiencies in the service, due to laxity on the part of our medical schools, ought to encourage the faculties of such schools to take the initiative in a movement that is fast winning its way into general popularity. Any college, initiating a higher standard, and insisting upon a preliminary training equivalent to the degree of A.B., might at the beginning meet with some loss of patronage, but in the end it would become a triumphant success.

The Surgeon-Generals of the army and navy might in one way contribute materially to give popular basis to this movement; and that is by furnishing certain statistical data as to the preliminary training, place where graduated, etc., etc., of rejected and accepted candidates for admission into the service. So far as our observation has gone, graduates who contemplate an examination for the service have to spend some months in special preparation before they feel safe in presenting themselves; and it would stimulate not only the colleges themselves, but the efforts of students, were it once understood that a certain stigma would be fixed upon any institution whose graduates were found conspicuously deficient.

SPREAD OF CONTAGION BY BOOKS.

THE directors of a public library of Kansas have warned the public against the danger of contagion through books, and insist that none such be returned to the library, when used by a person with contagious disease, until said books are properly disinfected. During the prevalence of an extensive epidemic no books are allowed to go out. This is a very important subject which has not received much attention, and suggests many precautions of like character with other articles which pass from hand to hand, notably school-books, paper money, and the like.

Reviews and Notices of Books.

LECTURES ON CLINICAL MEDICINE. By DR. MCCALL ANDERSON. London: Macmillan & Co., 1877.

THIS is a book of 268 pages, divided into seventeen Lectures.

The first is an introductory lecture devoted to the importance of clinical instruction, and to the consideration of the progress made in the field of practical medicine in diagnosis by the aid of the ophthalmoscope, laryngoscope, thermometer, etc., and in therapeutics by cold electricity, the employment of trained nurses, etc.

The other lectures deal with the following subjects: Pain as a symptom of disease; gastric and cerebral vomiting; hysteria; spinal irritation; phenomena of embolism; a case of supposed disease of the pons varolii; treatment of aneurism of the arch of the aorta by galvano-puncture; aneurism of the abdominal aorta; tubercular peritonitis; acute phthisis; mediastinal tumors; the cirrhotic form of Bright's disease; multiple fatty tumors complicated with aneurism; lupus verrucosus; ephidrosis cruenta; elephantiasis arabum. The last lecture deals with the question, "Are the vegetable parasitic affections of the skin due to one or several parasites?"

The book also contains fifteen illustrations. Three of these are temperature charts, and two are reproductions of sphygmographic tracings. Three are uncolored illustrations of the fundus of the eye, one of the normal and the others of the early and of the advanced stage of retinitis albuminurica. These latter it seems might as well have been omitted, for without appropriate coloring they are possessed of very trivial value. The remainder represent an aneurismal sac filled with fibrin, the result of galvano-puncture (poor), a section

of cirrhotic kidney (poor), a section of the retina from the same case, and a leg affected with elephantiasis arabum before and after ligature of the external iliac artery and its fellow.

This sketch will give an idea of the contents of the book. The style is lucid, the words, as a rule, well chosen, and the contents, read with pleasure, can be recollected with profit. The article upon the treatment of aneurism of the arch of the aorta by galvano-puncture, illustrated as it is by a case in which the method recommended by the author of only introducing the positive pole within the sac and making use of six to eight of the zinc carbon cells, resulted in a temporary arrest of the disease, is of considerable interest, and a valuable contribution to the therapeutics of this terrible malady. In the article on embolism he gives as a typical case of cerebral embolism one in which, in addition to the ordinary paralysis arising from a plug in the left middle cerebral, there was an internal strabismus of the left eye, the paralysis of the body being on the right side. An autopsy was obtained, and an embolus found in the left middle cerebral artery, with softening of the outer portion of the corpus striatum, and to some extent of the island of Reil. It is expressly stated that there was no other lesion. The sensation was also considerably impaired. It seems to us that the writer fails in not drawing attention to this marked exception to the ordinary course of events in cerebral embolism in that situation, and in not giving more exactly the limits of a lesion in which sensation was involved to so considerable an extent. No mention is made of the condition of the posterior portion of the internal capsule, etc. This case is followed by a very rare one of cerebral embolism due to hydatids.

His article on the cure of tubercular peritonitis is interesting, but open to the criticism that one of his successful cases was due to typhoid fever and not tubercular peritonitis. The symptoms were pain and fulness in the hypogastric region, tympanitis, high temperature, great emaciation, diarrhœa, and vomiting, and no effusion in the peritoneal cavity. A sister was sick with much the same symptoms as this child was convalescing. It seems extremely probable that the case of Spencer Wells, upon which he relies, may have been one of chronic peritonitis, with granules not of a tubercular nature.

We would also suggest that the first of his cured cases of galloping consumption was one of typhoid fever with bronchitis, and the second, acute broncho-pneumonia, perhaps also complicated with typhoid fever. We base our opinion upon somewhat similar cases which have shown us the liability of mistaking typhoid fever complicated by severe bronchitis or broncho-pneumonia for acute phthisis, and *vice versa*. We think that the author has erred in not pointing out the liability of such mistake in diagnosis when he is asserting his power to cure diseases pretty generally regarded as tending to a fatal termination.

SECOND REPORT OF THE BOARD OF HEALTH OF THE CITY OF NASHVILLE, FOR THE YEAR ENDING JULY 4, 1877.

ASIDE from mortuary statistics and other dismal data, this report embraces a paper on the topography of Nashville in its relation to diseases, supplemented by a report on the water supply of the city, with notes on its climate, contributed by Dr. Ford, of the United States Signal Service, which may be studied with profit as a contribution to the data of a comparatively new aspect of sanitary science, namely, the relation of geological formations to types of disease, to which the eminent Dr. George Derby, of Boston, has recently directed the attention of scientific inquirers in this country. The subject is discussed at some length in the last report of the American Public Health Association, with the resultant confession that the data are as yet too scattered and fragmentary to admit of exact conclusions, but with the consolatory prediction that most important contributions to public medicine are possible in this field. A brief summary of the existing materials will be found in our review of the last volume of the transactions of that body, and a fuller one in the paper of Dr. Harris, cited in that review. The night-soil question has, it seems, become as prominent in Nashville as in our larger cities, although the smaller the town the less difficult its solution, natural facilities being equal. The discussion of this topic, pages 32–38, is neither exhaustive nor abundant in suggestions. But it serves to show that general attention has been attracted to the subject in this country, and that our people are making rapid progress toward an intelligent interest in this passingly important issue of State Medicine. With such indications of a popular sentiment in favor of improved methods of sewerage and drainage, and of avoiding the now almost universal pollution of our rivers, the enlightened sanitary engineer may take courage and venture to hope that the day is near at hand when a scientific treatment of the excreta of cities and towns will be possible. Till then high death-rates must be anticipated. Nashville is, it appears from this report, the only city of 25,000 inhabitants in the United States that is without a public hospital, its only institution of that kind being the property of its ancient University, and not open to the destitute sick.

F. H. HAMILTON. KNOCHENBRÜCHE UND VERRENKUNGEN. Translated into German, from the Fifth American edition, by DR. A. ROSE. Göttingen, 1877.

In translating Dr. Hamilton's work on Fractures and Dislocations, Dr. Rose has paid a deserved tribute to our widely known and esteemed countryman, and has at the same time done a great service to American surgeons in general. Dr. Hamilton embodied in his work, giving full credit to the authors, the reports of numberless cases that might otherwise have been buried forever in the forgotten mass of American medical literature, and Dr. Rose's translation will serve to convince our German brethren that Americans, despite their numerous disadvantages of training and circumstances, have not been idle in the cause of medical progress. This is a fact which Germans in general are only too apt to ignore. The translation has been performed in a careful and conscientious spirit, and in point of accuracy far surpasses the majority of English translations of German medical works. In comparing the German version with the original, we have found but very few places in which the translator failed to keep closely to the text, and even in these places the changes are so slight and unimportant that they do not at all diminish the value of his work. The illustrations are exact copies of the originals, so exact, in fact, that we believe they must have been made from the same woodcuts. Only one of the 344 illustrations in the English copy has been left out by the translator.

FOURTH BIENNIAL REPORT OF THE STATE BOARD OF HEALTH OF CALIFORNIA, FOR THE YEARS 1876 AND 1877.

ALTHOUGH very brief as compared with our own reports, or with those of the State Board of Health, Mass., this pamphlet of 100 pages contains a couple

of papers of high value to the medical profession at large, in addition to the usual facts of purely local interest. One of these is a carefully prepared statistical report by the Secretary of the Board, on the Relations of the Climate of California to Consumption, which, with an alteration of names, will be found applicable to our own longitude; the other, a practical statement by Dr. J. F. Montgomery, of Sacramento, as to the adulteration of food, drink, and drugs, the facts of which are of scarcely less interest to New York than to California practitioners. The report of the secretary embraces an apparently very exact survey of the vital statistics of California for the last two years, with pretty full notes upon recent outbreaks of diphtheria, a statistically arranged survey of the prevalence of consumption in the State, and a compendious series of memoranda on malarial diseases, edited from the communications of medical correspondents in each county. A better and more striking witness to the value in sanitary science of State Boards of Health, with their larger and more comprehensive schemes of inquiry, could not well be adduced than is presented by this rapid survey of the diseases of a whole State, and the memoranda of local causes accompanying it. Excellent as the reports of our metropolitan board are, their efficiency as sanitary documents would be vastly augmented by the supplementary work of a general survey and comparison of sanitary data such as are here illustrated.

HOSPITALS: THEIR HISTORY, ORGANIZATION, AND CONSTRUCTION. By W. GILL WYLIE, M.D. D. Appleton & Co., New York, 1877.

THIS book is a reprint of the Boylston Prize Essay for 1876. It commences with a chapter on the history of the origin and development of hospitals, followed by one on the relations of hospitals to pauperism. The latter chapter deals with some of the bad results of indiscriminate charity, and gives a classification of hospitals. The third chapter relating to the organization and management of hospitals, considers "the Board of Managers and Medical Boards," "the Value of Hospital Appointments," "the Influence of Women in Hospitals," and "the Superintendent." The five following chapters are devoted to the construction, furnishing, and general arrangement of hospitals. The ninth chapter contains the writer's views on the relations of a medical school and training school for nurses to a hospital. The tenth chapter is taken up with a brief consideration of "The Improvement of Hospitals now in Use," "Small Hospitals," "Lying-in Hospitals," "Hospitals for Convalescents," "Army Hospitals," and "Insane Asylums." The eleventh and last chapter relates to hospitals now in use, which the writer considers under five heads, viz.: The old Conglomerate, the old Block plan, the Corridor plan, the Pavilion system, and the One-Story Pavilion plan.

The book is well written, and contains a good deal of useful information.

THE SCIENCE AND ART OF SURGERY: Being a Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERIC ERICHSEN, F.R.S., F.R.C.S., Surgeon Extraordinary to her Majesty the Queen, etc. Revised by author from the seventh and enlarged English edition. In two vols., 8vo. Philadelphia: H. C. Lea, 1878.

FOR the past twenty years Erichsen's Surgery has maintained its place as the leading text-book, not only in Great Britain, but in this country. That it is able to hold its ground is abundantly proven by the thoroughness with which the present edition has been revised, and by the large amount of valuable material that has been added. Aside from this, one hundred and fifty new illustrations have been inserted, including quite a number of microscopical appearances of pathological processes. So marked is this change for the better that the work almost appears as an entirely new one. To such as may be in the commencement of their studies and may hear for the first time of the work before us, we would give some idea of its scope in the words of its author: "Throughout the work it has been the object of its author to place before the student and practitioner the science and the art of surgery, not as consisting merely in the observation of such injuries, diseases, and malformations as are met with in surgical practice, or in the dexterous application of manual or operative means for their relief, but as demanding an exercise of general medical knowledge and thorough acquaintance with all those conditions, whether intrinsic to the patient, or surrounding him, that favor or prevent his restoration to health." And again: "In every instance an endeavor has been made to give as full and clear a description of symptoms, pathology, diagnosis, and treatment as the importance of each demands and the present state of surgical knowledge admits."

In conclusion, we repeat the general verdict of practical surgeons, that it is one of the best works of its kind in any language.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, January 9, 1878.

DR. E. G. JANEWAY, PRESIDENT, IN THE CHAIR.

THROMBOSIS OF THE OVARIAN VEIN—PYÆMIA.

DR. JANEWAY exhibited a specimen of thrombosis of the ovarian vein, with the following history: Bridget Shea, æt. 40 years, admitted to Bellevue Hospital, November 27, 1877. The patient was a married woman with a good family and personal history. On the 9th of November the patient was delivered of a child at full term. The labor was natural, though she stated that she had a chill the night previous, and that her knees became painful and swollen on the 11th of November. On the 26th she had two chills, followed by profuse sweating. When admitted on the 27th she was found to be of stout build, with a small abscess over left wrist, and swelling and great tenderness of each knee. The tongue was dry, brown, and tremulous, the teeth covered with sordes, and the heart, lungs, and abdominal organs normal, save some enlargement of the spleen. Pulse 118; temp. 104½° F. She had had two chills just previous to admission, each followed by perspiration, and later she had a third in the hospital. The abscess over the left wrist was opened the next day, and on the succeeding day a hypodermic syringe was used for exploring the right knee, which was the more swollen and tender of the two. No pus was obtained by the use of this instrument. Her breath had a marked sweetish odor, the temperature was somewhat irregular, but, as a rule, low in the morning and high in the evening, except on the two days preceding death, when it ranged steadily between 103° and 104°. A delirium occurred on the night of the 5th, and on the morning of the 6th of December, she died at about 4 A.M. The symptoms did not change much, save the addition of vom-

iting five days before death, but ceasing on the use of nutritive enemata three days before death, and the supervention of some tympanitic distention of the abdomen on the 3d of December.

A vaginal examination made shortly after the admission of this patient by my house-physician, gave no evidence of disease of the uterus. I examined her with negative results as regards a direct cause, which I could satisfy myself was the cause of the pyæmia which the clinical history made manifest. In the absence of a marked lesion I came to the conclusion that in all probability the cause of the pyæmia was to be found in a thrombosis of the ovarian vein, due probably to some local process in its neighborhood of which we did not obtain evidence; and I gave a clinical lecture upon her as illustrative of this condition on the 4th of December.

The post-mortem examination showed the following conditions: The right knee-joint contained a small amount of thick pus. The left, however, did not give exit to any on incision of small size. The heart was normal. The lungs were œdematous, and there were two lobular inflammations in the lower lobe of the right lung. The pleura covering one of these was raised by a thin, sero-purulent effusion. The branch of the pulmonary artery leading to these contained a plug which in the portion towards the periphery was soft and puriform, but towards the centre was firm, reddish-gray, adherent. The soft portion was evidently an embolus; the firm, a secondary thrombus. The soft puriform matter consisted of granular fibrin, short fibrillæ, some few granular leucocytes, numerous fine granules, and rod-shaped moving bacteria. The liver showed no evidence of disease. The spleen was enlarged and softened. The uterus was about three inches long, and its inner surface was coated with a thick, tenacious layer of fibrin and pus, easily removed. But it showed no evidence of inflammation of its walls. The right ovary contained a small abscess about the size of a marble. There was also a sac between the vagina and rectum of about the same size, communicating with the vagina by a pin-point opening. From this there could be traced upwards an inflammation of the cellular tissue of small width. This higher up involved the radicles of the ovarian vein of the right side leading to a periphlebitis. The right ovarian vein had its coats thickened, was adherent to the periphery, was considerably enlarged, and contained a soft puriform thrombus. The vena cava contained a peripheral thrombus on the right side of about one-sixteenth of an inch in thickness, commencing at the opening of the right ovarian vein. The left ovarian vein was healthy.

THROMBOSIS OF THE FEMORAL AND ILIAC VEINS IN A CASE OF PHLEGMASIA DOLENS—PYÆMIA.

Dr. Janeway presented a second specimen, which consisted of thrombosis of the femoral and iliac veins.

Mary G——; married; 25 years of age; Irish; was admitted to Bellevue Hospital, December 15, 1877. The patient gave a good family and personal history. She had been free from syphilis and intemperance. She had had two natural labors; no miscarriages. During her first pregnancy, the legs were œdematous, but the swelling subsided after confinement. She was confined two months before admission to the hospital, but at the end of four got up, worked, and walked, and afterwards flooded for a week at times. At the end of the week, her left leg began to swell and grow painful. The secretion of milk ceased. One or two weeks later the right leg became affected in a similar manner.

On admission, the patient was possessed of considerable flesh; was weak, and markedly anæmic. Her lungs were normal. The heart was of normal size, but a soft, blowing murmur, systolic in rhythm, was audible at both apex and base, and produced independently of each other. There was a murmur in the arteries of the neck, and venous hum. Urine was pale, acid, of specific gravity 1018, and contained albumen and casts. Both lower limbs were swollen, œdematous, tender, and painful; the right being the more affected. The swelling prevented a full examination of the femoral vein, but at first no cord-like feel could be detected. Thermometer, 103¼° F. By the 20th of December the pain in the right limb became increased, whilst that of the left was nearly gone, and at the same time a slight induration could be felt in the course of the femoral vein, near the saphenous opening on the right side, and slight erythema was manifest just above Poupart's ligament.

December 24th.—As a result of resting the limb on a double inclined plane, and wrapping it in oil silk and cotton batting, after inunction with ung. stramonii, marked relief from pain was experienced since the previous note. At this time induration could be made out in the course of the external iliac vein, and the erythema above Poupart's ligament became more marked, and the tenderness much severer.

On the 25th of December, the tongue became brown and dry, the breath sweet, and profuse diarrhœa occurred. From this date to the 29th, she continued in much the same state, but at this latter date an induration, due to thrombosis, could be distinctly traced in the course of the superficial epigastric vein, and the induration in the right groin became more marked. The patient from this date became weaker; the diarrhœa, somewhat less marked, continued, and on the 1st of January, 1878, she died, œdema of the lung developing previous to death. I made a vaginal examination on several occasions in this case, but could discover no evidence of disease of the uterus, vagina, or of their surroundings. It was easy to make out a thrombosis of the veins, external iliac and femoral, but the cause was not so easily decided upon. I was in doubt, owing to the induration and redness in the course of the external iliac and upper portion of the femoral, whether the thrombosis of these vessels was due to a local inflammation in this region, or depended upon weakness.

The temperature record averaged from 100–102°.

The autopsy, on the 3d, showed the following: The pericardium contained about two ounces of serous fluid, without the least trace of inflammatory exudation. The heart was of normal size; the valves normal, but the muscular fibres were the seat of marked fatty degeneration in the interior, less marked towards the exterior. The left pleural sac contained somewhat over a pint of serous fluid. The left lung was somewhat œdematous and congested. The upper lobe of right lung contained two gangrenous infarctions. The larger was about one and one-half inches in transverse measurement, seated at the periphery, about the middle of the interlobar fissure. This spot consisted of a central core of dead lung-tissue, around which suppuration existed, which had in many places detached it from the surrounding lung, in which an indurative inflammation was progressing. The other was smaller, less advanced in the process of separation, and seated towards the centre. In the lower lobe, many of the branches of the pulmonary artery were the seat of an extended thrombosis. The thrombus possessed adhesion to the wall, was reddish-gray, firm, and uniform in its structure. This throm-

bus began in one of the large branches, and extended thence to the periphery. There were a few points of catarrhal pneumonia in this lower lobe, but no hemorrhagic infarctions. The lobe was somewhat congested, and a little frothy serum escaped on section.

Veins.—The vena cava ascendens, common iliacs, external iliacs, femoral of the right, and probably of the left, were the seat of a thrombosis.

I regret that, as the friends were to bury the body, a careful dissection of the veins of both legs was impossible. A thrombus projected from the left common iliac vein into the vena cava, occupying about one-third of the calibre of this vessel, and terminating by a tapering extremity an inch above the opening of the right ovarian vein. The left, common, and external iliacs were almost occluded by the thrombus—a small channel, capable of admitting a pin, existing at the upper part. The right common iliac contained a thrombus which was only partially obstructing, and existed on the upper half of the wall. The external iliac was completely occluded, and the thrombus extended in the femoral as low as the point where I divided it in Hunter's canal. The thrombus in the femoral was more recent than that in the external iliac. The superficial epigastric vein contained a firm thrombus, but the internal saphenous was only thrombosed by a recent thrombus near its entrance into femoral. The tissues around the vein were thickened and closely adherent to the vein, rendering the dissection difficult, and the walls of the veins are somewhat thickened. There was also a little abscess the size of a small marble, in the right inguinal region above the vein. The uterus was normal, as was the vagina, broad ligaments, ovaries, etc. The uterine and ovarian veins were permeable, and were not thrombosed. The ovarian veins, of the right side especially, were larger than usual, and I suppose, through their communication with the internal iliacs by the uterine, must have helped to carry on the circulation from the lower extremities. The abscess and the periphlebitis were, I think, secondary to the thrombosis, which was probably due to weakness. The liver was somewhat enlarged, had a fairly-sharp border, and was the seat of marked fatty change in the liver-cells. The spleen was not much altered in size; a little increased in thickness. The kidneys presented, as the liver, marked fatty change. This existed in the epithelium of the tubes, and in the Malpighian bodies. There were also casts in some of the tubes. The phenomena of the case were, then: Hemorrhage post-partum; thrombosis of veins mentioned, from resulting weakness of circulation, the fatty degeneration of heart, perhaps, aiding thereto; periphlebitis resulting from thrombosis *embolism* in right upper lobe leading to gangrenous infarction; thrombosis of pulmonary artery in lower lobe; a systolic murmur heard during life at both apex and base, not due to an organic lesion, but to anæmia; degeneration, fatty, of heart, liver, and kidneys.

TRACHEOTOMY IN LARYNGEAL DISEASE—WHEN AND WHY IT SHOULD BE PERFORMED.

Dr. J. H. Ripley exhibited a patient upon whom he had performed tracheotomy for laryngeal disease, and gave the history as follows:

E. F. F——, 25 years old, married, born in the U. S., a resident of Plainfield, N. J., and by occupation a grocer. His grandparents died of old age. His parents are living, and in good health. He is the eldest of a family of eleven children. Of these, two were still-born, and five died of eruptive fevers in early childhood. A sister died of consumption at the age of 20 years. A brother and sister, aged respectively 19 and 23, are in good health. The patient's first illness was a prolonged attack of chills and fever, when 2½ years old. Several years ago he contracted a gonorrhœa, which lasted six months. Otherwise he had always been healthy. His habits have been regular, except that he occasionally indulged to excess in alcoholic liquors. Eighteen months ago he began to suffer from cough, which, however, did not prevent him from attending to his duties, and from which he fully recovered in about two months. Three months later he was again seized with cough, which has continued to the present time. Nine months since, he began to be troubled with hoarseness, which has been gradually getting worse. His general health, too, has steadily declined, his strength and appetite have failed, and he has had night-sweats. Of late he has experienced pain in swallowing, especially hot drinks, which also had a tendency to excite severe paroxysms of coughing, during which he often vomited his meals. He has had no hæmoptysis. Two months ago he entirely lost his voice, and has not since been able to speak above a whisper. Difficult respiration was soon added to the aphonia, and has been getting so much worse within the last few weeks as to frequently awaken him at night with a sense of impending suffocation. Dec. 22d, after slight exertion, he felt nauseated, and tried to vomit, but unsuccessfully. Great dyspnœa followed, and he fell to the floor unconscious. He was soon restored, when respiration became comparatively easy. The following day he was brought to St. Francis' Hospital by his physician, Dr. Chas. F. Stillman, our house-surgeon. His condition on admission was critical. The breathing was labored and stridulous, the face dusky, and the pulse frequent and feeble. After allowing him a few minutes' rest, we gave him an ounce of brandy, and then proceeded to perform tracheotomy, Dr. Stillman assisting. Chloroform was very cautiously administered, and at first he seemed to bear it well; the breathing became easier, and consciousness was soon lost. But I had hardly completed my first incision, before Dr. Hathaway, who was giving the anæsthetic, called my attention to the absence of the left radial pulse. I examined that of the right arm, which I found perceptible, but very feeble. The chloroform was withheld, and the operation rapidly proceeded with. Soon the pulse became stronger and chloroform was again administered, as the patient began to struggle. No other accident happened; the hemorrhage was inconsiderable, and he was soon breathing easily through the canula. The relief following the operation has been very gratifying. His breathing is now free, his appetite has much improved, and his cough greatly moderated. When the tube is removed, and the external wound closed, he can speak with almost natural clearness, and there is less dysphagia.

Dr. Elsberg examined the larynx six hours after the operation, and dictated the following: "I find the soft parts at the entrance of the larynx much hypertrophied, and the whole interior filled with swollen, infiltrated tissue; the aryteno-epiglottidean folds form great cushions, which meet in the median line. In my opinion, this condition would have proved rapidly fatal without tracheotomy." Before the operation, it was, for obvious reasons, impossible to obtain any very accurate knowledge of the condition of the lungs. Subsequently a physical examination revealed a large cavity in the left lung, with consolidation of right apex.

The urine was repeatedly examined, with negative

results. Heart, liver, and spleen were believed to be normal. Dr. Elsberg re-examined the larynx yesterday (Jan. 8). He said: "The swelling and infiltration of the parts have mostly disappeared; the mucous membrane is pale, and the superficial vessels enlarged." It would seem from the foregoing facts that tracheotomy has, in this case, accomplished these results: 1. It has relieved symptoms. 2. It has prolonged life. 3. So far as the larynx is concerned, it has proved curative.

Dr. Briddon asked the question, if the laryngeal disease in this case was the result of tuberculosis.

Dr. Elsberg answered that it was not due directly to tuberculous disease.

Dr. Robinson remarked, that in connection with this case, the question which had been asked at a previous meeting, how far tracheotomy can be of service in these cases, came up for consideration.

Dr. Ripley did not understand that the disease in such a case was susceptible of cure any further than the larynx was concerned.

Dr. Van Geisen stated that he had a somewhat similar case of dyspnœa, upon which he intended to perform tracheotomy, but the previous use of inhalations of steam and lime-water rendered the operation unnecessary. He made the examination of the larynx during the intervals of the distressing dyspnœa, and found that there was a breathing space somewhat less than the diameter of a quill. In the course of three hours afterwards, under the influence of the steam inhalation, the orifice became much larger, and the next morning the patient was relieved of his acute œdema. There was, however, no tuberculous element in that case.

Dr. Ripley did not think that the two cases were parallel ones. In his case the operation was absolutely necessary to save life.

Dr. Elsberg confirmed the latter statement, and stated that all the distressing symptoms of laryngeal trouble entirely passed away within two weeks after the operation.

Dr. Van Geisen asked if tracheotomy in these cases conferred any permanent benefit upon tuberculous patients.

Dr. Ripley remarked that some cases of tuberculous laryngitis partook of an ulcerative character, while in others the inflammatory element predominated. If the latter condition can be controlled by steam, the effect would be only temporary, and the condition would be liable to recur at any time thereafter. His patient's larynx had been becoming more and more closed for several months, and he believed that the only thing that would relieve a larynx under those circumstances was rest, and the only way to give it rest was by making an opening below it.

Dr. Van Geisen asked if such was not an unusual form of inflammatory action in tuberculous laryngitis.

Dr. Elsberg replied that such cases were not very unusual. The question whether steam would relieve infiltration in cases of inflammatory obstructive laryngeal disease depended upon the depth of the tissues involved. When the mucous membrane merely was involved, steam was indicated; but when the inflammatory processes extended deeper, the original obstruction was apt to be increased, and death produced. In this connection he referred to a case of a practitioner of this city, illustrating the latter point, and in which death occurred within an hour after the inhalations were commenced. He thought it extremely important to diagnosticate between the two conditions of superficial mucous engorgement, and submucous infiltration before relying upon the steam inhalations.

Dr. Janeway asked Dr. Elsberg how frequently he had seen tracheotomy performed in laryngeal phthisis.

Dr. Elsberg replied that personally he had seen but five or six cases; but the operation had been done by other practitioners in accordance with his advice probably twenty times.

Dr. Janeway asked what were the results.

Dr. Elsberg replied that, as far as the immediate condition was concerned, the results were satisfactory, although of course it could not be expected to have any tendency to arrest the progress of the pulmonary disease. The only indication for the operation was, as in Dr. Ripley's case, impending death from suffocation.

Dr. Briddon stated that, according to his experience, œdema very rarely occurred in ulcerative disease of the larynx. He thought, however, that such ulcerative diseases were benefited by the rest which tracheotomy could give them.

Dr. Ripley referred to a case in his practice similar to the one related by Dr. Van Geisen, and in which he used steam very persistently for several days, but without benefit. He then consulted with Dr. Elsberg, who advised tracheotomy. The operation was performed accordingly, with the result of giving the patient immediate and permanent relief from all his distressing symptoms of dyspnœa.

Dr. Janeway said the question was, in what proportion of cases of laryngitis due to phthisis is tracheotomy advisable.

Dr. Elsberg replied that the proportion of cases was very small.

Correspondence.

THE TREATMENT OF DIPHTHERIA.

To the Editor of The Medical Record.

Dear Sir:—I regard it as on the whole flattering to the merits of the treatment of diphtheria which I had the honor of outlining in your columns on January 12th last, that the credit of having previously presented one in some respects "similar" is claimed by Dr. Rodman in behalf of one author, and that of originating one "essentially precisely" identical by Dr. Mundé in behalf of another, in your issue of February 16th.

I will first reply briefly to Dr. Rodman.

The question whether various combinations of drugs are equally "simple, pleasant, harmless, and efficacious," is one to be settled only by actual experience. The importance of *details* is generally recognized both in medicine and surgery.

The doctor says I use almost the "identical spray" mentioned in the other article to which he refers (*Am. Journal Med. Sciences*, October, 1877). Now, as that "almost identical spray" was first mentioned, so far as I know, in my article (Transactions of the New York Academy of Medicine) read March, 1876, it is evident that it was not I that was the borrower.

Again, in the very important point of the treatment of nasal implication, on the proper performance of which many lives depend, there is a great difference in the two methods referred to. Which is the better can be settled only by general experience. With such

undeniable and important differences as this, and those which Dr. Rodman has himself acknowledged, it will probably not be thought strange that I protested against the doctor's inadvertent identification of the two methods. Let each stand on its own merits. I conclude my reply to Dr. Rodman by thanking him for his courtesy and candor.

But it appears that my treatment of diphtheria is not only "backed like a camel," but "very like a whale."

I am charged by Dr. Mundé with two things: first, adopting my treatment from Dr. Jacobi's "Contributions," etc.; second, failing to make any acknowledgment for it. Bad enough!

On page 290 of the Transactions of the Academy of Medicine for 1876, or page 7 of my reprinted pamphlet, is the following foot-note: "There is, in my opinion, more essential and valuable truth in this little monograph (Dr. Jacobi's) than can be easily found elsewhere. It should be carefully perused by all students of this much-perplexed subject. It is proper to add, that while I coincide with Prof. Jacobi's views in almost every particular, I am not his 'follower,' except in the order of publication. My own pathological conclusions and my present mode of treatment were independently arrived at (as many of my friends know) before his paper was written or I knew anything of its author's views."

Having for nearly two years before used a variety of similar combinations, given at short intervals, I was in November, 1874, using the very formulæ which I have since published, as is shown by the following:

"My Dear Doctor:—The iron and glycerine mixture, the formula of which you have since published, and the chlorate of potassa, and also the spray of carbolic acid and lime-water, were used by you at half-hour intervals with favorable result in the treatment of my oldest son, who was attacked with diphtheria immediately after the death of two others of my children, November 15, 1874. From that time forth I used this treatment in my practice with the excellent results stated in your first paper.

"E. J. Darken,
"*House Physician of Demilt Dispensary.*"

Now, as Dr. Jacobi's paper was read December 28th *following*, it is sufficiently evident how erroneous is the assertion that I merely formulated what had been suggested to me by it.

With regard to the employment of alcoholic stimulants I must differ from Drs. Rodman and Mundé, in believing that their routine employment in diphtheria is very general in the profession, and their use in bad cases well-nigh universal. Believing that great harm results therefrom more often than good, I protest against the distinctive feature of my treatment which relates to them being ignored or pronounced trivial.

Finally, while I decline to "stand and deliver" to Dr. Jacobi the credit of that for which I am in no way indebted to him—a system of treatment which was the result of much individual anxious thought and hard-earned experience—I am happy to add that I consider his "Contributions to the Pathology and Therapeutics of Diphtheria" as of great excellence and value, and that its perusal afforded me delight and instruction.

Very respectfully,

C. E. Billington.

157 Lexington Avenue.

PROPRIETARY MEDICINES.

Dr. Geo. Bayles, of this city, has favored us with a lengthy letter in reply to Dr. E. R. Squibb, in the last number of this journal. Our desire to give him an opportunity for a prompt hearing, and our inability to publish the letter entire, must be our excuse for merely making the following extract bearing upon the question of fact:

. . . . . .

"I have explained to the profession how I came to use a certain pharmaceutical preparation, and in my paper I addressed the profession concerning its ascertained merits as a medicine, let it be prepared by one chemist or another, as its known formula makes it possible so to be. The drug referred to is *not a patent medicine*, neither is it a *proprietary medicine* in the sense of any secret belonging to its composition and mode of manufacture. Nothing hinders the trade at large from making it, if it has a merit that will guarantee a paying sale. If it might be as generally manufactured as it is generally sold, it would cease to have any suspicion attached to it of being proprietary, and it might be so manufactured as far as any known difficulties are concerned. Dr. Squibb can do it and possibly improve upon it.

"To use a medicine of known formula, and prove it to be of veritable value, and not to mention the source from which it was obtained, as a means of its identification, would be an affectation of sensitiveness, and all scruples of that kind ought to prevail before the medicine is tested. After the use of it, any concealment would be in an appreciable degree dishonest. Let us have disapproval and opposition tempered with generosity and common sense, and let us not stretch a good thing beyond its power of recovery to a state of healthy or normal tension.

"But with this expression of views I do not claim it to be as anything said in extenuation of unethical advertising. I repudiate, with all the force of a direct denial (in which, I believe, I am sustained by a good and reliable conscience, and a character for truthfulness), any supposed or intentional aid to the manufacture of the drug in question."

RECTAL ALIMENTATION.

To the Editor of The Medical Record.

Sir:—Two or three articles on Rectal Alimentation, published recently in the Record, induce me to give to your readers the outline of a case which came under my treatment a few months ago, in which this mode of introducing nourishment into the system was attended with encouraging results. I was called to attend Mrs. M——, æt. 35, of very feeble constitution. August 27, 1877. Her symptoms indicated *ulcer of the stomach*, a diagnosis which was concurred in by other physicians who saw the case. A profuse and persistent vomiting was the most distressing symptom. Nothing whatever would remain in her stomach. The mildest nourishment, as well as medicines, would excite vomiting almost immediately after their introduction. About one week after my first visit I resorted to rectal alimentation, which was continued until her death, which occurred October 18th. During this period no food whatever was administered by the stomach. Although my patient finally succumbed, her death was due to the effects of the gastric disorder, and *not from inanition*. Indeed, from the time

I commenced the rectal injections of nourishment her condition improved, and her strength remained remarkably good until two or three days before her death, when she began to sink. I usually ordered the injection of a pint of beef-tea, or chicken broth, to which I directed to be added a teaspoonful of brandy; this to be used lukewarm, and injected slowly.

I had the satisfaction of keeping my patient alive for a period of over six weeks by rectal alimentation alone; during this period no food or medicine entered her stomach, except a little water drank daily.

It may be interesting, in this connection, to state that even after discontinuing alimentation *per orem*, and after employing all the remedies suggested by the experience of myself and others to counteract it, a persistent and very distressing vomiting threatened to carry my patient off by sheer exhaustion. At this stage, the idea suggested itself that, as the hydrate of chloral had been found to exert a curative tendency on external ulcers, why not internal as well? I at once discarded the use of all other medicaments except the hypodermic administration of morphia daily, and gave two-grain doses of the chloral in solution every four hours. The effect astonished me, prepared as I was and hoping for a favorable result. *After taking the first dose of chloral my patient vomited but twice during the time intervening until her death*, a period of between five and six weeks. From a condition of almost incessant vomiting she passed at once, as if by magic, into a state of almost entire freedom from this previously excessively distressing symptom; and although the strictly *curative* properties of chloral failed in this instance, yet it *did* effect an influence which can be called an important step in that direction. At all events, if we have in the hydrate of chloral a remedy with which we can control the persistent and exhausting vomiting which almost invariably attends ulcer of the stomach, we are in possession of a means by which to combat one of the most distressing symptoms of the disease; and although I am aware that more extended experience is required to establish the efficacy of this drug in the treatment of the disease mentioned, yet the remarkable results attending its use in this one case, entitle it, in my opinion, to more extended trial at the hands of the profession.

J. O. DAVIS, M.D.

QUAKER SPRINGS, N. Y., Feb. 7, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending February 16, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Feb. 9, 1878....	0	11	80	6	99	73	0
Feb. 16, 1878....	0	4	86	4	*171	84	0

THE ANNUAL DINNER OF THE ALUMNI ASSOCIATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS will be held at Delmonico's, on Wednesday, March 6th, at 6.30 P.M.

* 35 cases of measles were reported as occurring in the Juvenile Asylum, 157th Street.

HEALTH OF ROWING MEN.—Dr. E. H. Bradford has collected and analyzed the histories of all the graduates of Harvard College who engaged in the intercollegiate regattas up to the year 1870, to ascertain if possible what effect their training had upon them. His conclusions coincided with those of Dr. Morgan, who performed a similar work for the oarsmen of Oxford and Cambridge, and are opposed to the opinions commonly held by the community and a large number of professional men. The injurious effects usually attributed to such great physical exertions are:

1st. Severe exhaustion after a race.

2d. Disturbance caused by the change from training to ordinary life.

3d. Consumption, emphysema.

4th. Heart disease.

5th. Nervous debility.

Dr. Morgan could find no instance of the first in all the Oxford and Cambridge races, and none have occurred among the Harvard and Yale men. In "scrub races" men have sometimes "given out," but these races are rowed without training.

One Harvard man complains that the change back to his ordinary mode of life brought on an attack of typhoid fever.

Dr. Morgan found 17 per cent. of the deaths among English oarsmen due to consumption. The report of the Registrar-General showed 28.9 per cent. of the deaths of males during the same years to be from this cause. Among the Harvard men Dr. Bradford found the percentage high; nearly six per cent. of the cases analyzed were consumptive. No facts in regard to emphysema have been obtained.

Dr. Morgan found four cases of heart disease among 294 men. Dr. Bradford's inquiries have not been sufficiently thorough to justify any conclusions.

Dr. Morgan found no cases of constitutional injury showing itself late in life. Dr. Bradford finds one man who attributes his ill health partly to over-exertion at the oar, but the connection between the disease and the alleged cause is rather obscure.

The majority of the rowing men consider themselves permanently improved—many not at all injured, and but a small number as positively injured.—*The Sanitarian*, November.

CALCULUS IN THE SUBLINGUAL DUCT.—Dr. F. D. Lamb, of Great Bend Village, Pa., reports a case of the above occurring in a young man, aged 26 years. It appeared as a suppurating swelling under the tongue, which discharged pus and disclosed a white and hard substance through the opening. The latter was enlarged, and the calculus, one-fourth of an inch in length, one-tenth of an inch in diameter, and weighing six grains, was removed.

DEATH OF PROFESSOR CLAUDE BERNARD, OF PARIS, FRANCE.—The death of this distinguished physiologist is announced in Paris. He was born in France July 12, 1813, and was therefore, at the time of his death, in his sixty-fifth year. For twenty-three years, and until death, he was Professor of Experimental Physiology in the College of France.

DIPHTHERIA IN BOSTON.—There is an alarming prevalence of diphtheria in the portion of Boston known as "Back Bay," due to a fault in the main sewer.

NEW YORK OPHTHALMOLOGICAL SOCIETY.—At the annual meeting of the New York Ophthalmological Society, the following officers were elected for the year 1878:

President, Dr. H. C. Eno; Vice-President, Dr. C. S. Bull; Secretary and Treasurer, Dr. G. R. Cutter;

Committee on Admissions, Drs. J. D. Rushmore, E. Curtis, E. G. Loring.

SIMPLE MODE OF RELIEF FOR FOREIGN BODIES IN THE THROAT.—A British naval surgeon, Dr. Beveridge, states that for foreign bodies in the throat, such as a piece of meat, etc., a simple mode of relief is to blow forcibly into the ear. This excites powerful reflex action, during which the foreign body is expelled from the trachea. The plan is so easy of execution that, if there is anything in it, it ought to be generally known and applied.—*Canada Medical Record.*

MEDICAL JOURNALS IN MICHIGAN.—With the commencement of the year we have two new medical journals making their appearance in Michigan, and from one city, Detroit. The *Detroit Lancet* is a monthly, octavo size, with eighty-two pages of reading matter, and is edited by Drs. H. A. Cleland and Leartus Connor. The first number is a creditable one, and is filled with very interesting and edifying reading.

The Michigan Medical News is a semi-monthly, and is edited by Dr. J. J. Mulheron, assisted by a corps of associates in different parts of the State. The present number is devoted principally to short abstracts of news and progress of medical science, and presents a great deal of useful and practical information in a small space. The number also contains two original articles, and an editorial in which the usual reasons for projecting a journal are given.

Both periodicals claim to be non-partisan, both are under the guidance of able journalists, and we hope both will succeed to the full measure of their respective anticipations. At least it will not be the fault of the respective managers if such is not the case.

ITEMIZING MEDICAL BILLS.—A recent number of the *London Lancet* contains some remarks upon this subject, bearing upon a discussion in the *Times* regarding physicians' bills. To certain persons who "want to have the obligations of patients to their doctors expressed in so many items, so many visits, so many bottles of medicine, so many pills, so many looks at the tongue, so many feelings of the pulse, so many uses of the clinical thermometer," it says, "the idea of specifying terms is impracticable. The old bills of doctors are fit only for antiquarian museums, and the items elaborately specified in them are never likely to be seen again. Roughly, every patient is entitled to know the principles on which he is charged. But there is a discretion in medical charging, inevitable in the very nature of things, which is fatal to the item system. It is not only that good medical men are conscious of rendering services for which they ask payment, but which it would not be edifying or even possible to express in items, but that this discretion takes the form of ingeniously reducing the amount of a bill when this seems disproportionate to the means of the patient."

COMMENCEMENT OF UNIVERSITY MEDICAL COLLEGE.—The thirty-seventh annual commencement of the Medical Department of the University of the City of New York was held on the evening of February 19th, at the Academy of Music. After a brief prayer Chancellor Crosby conferred the degree of Doctor of Medicine upon one hundred and fifty-three graduates.

Post-graduate certificates were conferred on Charles Dewey Pearson, M.D., and William Childs Tyree, M.D.

Honorable mention for proficiency and superior excellence, as shown in their examinations, was made of the following gentlemen: David Franklin, E. B. Ramsdell, Henry Levy, W. M. Gibson, Edward D. Fisher, G. C. F. Williams, George H. Felton, F. D. Bagley, F. S. Gould; Paul Ehrhart, E. D. Fuller, A. A. Dean, Dryden Johnson, W. C. Brownson, G. A. Macdonald, H. H. Hunkle, C. E. Quimby, Irwin Simpson, B. A. Church, Robert Milbank.

Honorable mention was also made of the following gentlemen for the superior merit and excellence of their theses: George F. Quimby, on Pneumonia; M. J. Roberts, on Museums.

The Mott gold medal was awarded to Peter Hughes, of New York. The Mott silver medal was awarded to Albert S. Burtt, of New York. Honorable mention was made of specimens presented by Thomas C. Finnell, Jr., and Frank I. Disbrow.

The John E. Parsons prize for $100 for the best examination for the degree of M.D. was awarded to David Franklin, of New York.

The prize for the best examination in Pathology and Practice of Medicine was awarded to Charles Elihu Quimby, of New York. The prize for the best examination in Materia Medica and Therapeutics was awarded to George Hurlburt Felton, of Massachusetts. The prize for the best examination in Obstetrics was awarded to Henry Levy, of New York. The prize for the best examination in Ophthalmology and Otology was awarded to John Erasmus Harper. Honorable mention was made of Edwin B. Ramsdell for his examination on the same subject. The valedictory was then delivered by George H. Felton, A.M., of Massachusetts.

Dr. John Hall, of the Fifth Avenue Presbyterian Church, addressed the graduates.

After congratulating them on the completion of their curriculum, he urged them not to neglect the literature of their profession. They could only hope for large success by having an eye on the ever-growing mass of contemporary practical knowledge. If they were to be thoroughly informed men, they must not allow a long vacation to follow their graduation, or postpone study until later years. For just in the degree in which success was reached would the time for reading be reduced. In regard to their relations with professional brethren, he had scarcely ever known any man to succeed in life who stood badly with his own class. The temptation to young men who are struggling slowly forward, under the shadow of some older and successful rival, is to criticise and depreciate. Success was rarely reached in any profession without merit of some kind, and the wise and honorable method—that which is becoming in a medical gentleman—is to own the merit frankly, and be silent regarding the supposed deficiencies. Men as individuals are often mean and base and grossly mistaken. but let a noble, generous sentiment be uttered in a crowd, and the crowd will be ready to appreciate and applaud. A professional man, therefore, who has inherent right to respect and confidence will do the best by throwing himself on the sense of justice of the mass of his fellows without proclaiming his own goodness or his contempt for those whom he deems successful by trick or by accident. Every profession had its charlatans; but as a rule, they may be left to themselves and the public. The successful men, as a rule, deserved their success. "I would rather," said Dr. Hall, "have a favorable verdict from a dozen of my own class than the plaudits of a thousand outsiders."

He concluded by urging upon them the claims of Christianity, maintaining that the medical gentleman failed to rise to his true level without it.

The Academy was tastefully decorated, was well filled as usual on such occasions, and the music was furnished by Grafulla's band.

THE MEDICAL RECORD

A Weekly Journal of Medicine and Surgery

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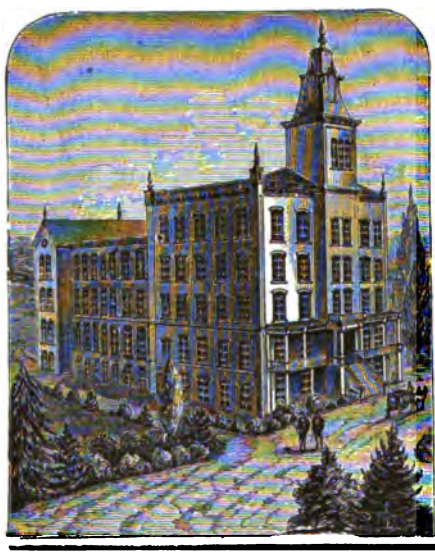

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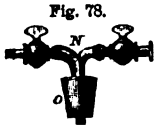
Fig. 68.

Fig. 77.

Fig. 78.



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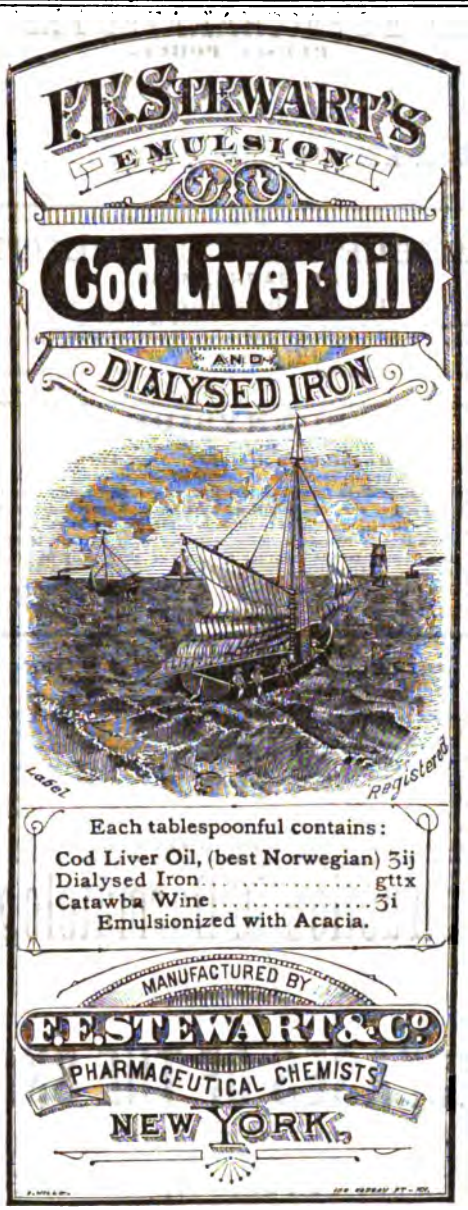

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Celluloid is a very remarkable substance, composed of tissus of cotton and gum camphor, exposed to an enormous pressure. This material is applicable to many uses, such as the manufacture of jewelry, billiard balls, piano keys, etc.; but by far the best use to which it can be put is the making of trusses for the relief of hernia. Trusses made of this material have over others many advantages, which we propose to point out. To do this, it will be necessary to allude to the defects of some of the other kinds, which are entirely remedied in the Celluloid truss.

A truss with a leather pad is subject to the charge of uncleanliness, as the perspiration of the body, especially in summer time, enters the pores of the leather, very shortly imparting to it an offensive and unpleasant odor. The same objection will apply to the elastic trusses of various kinds, as they are all made with cotton or linen fabrics susceptible of imbibing moisture. The hard rubber trusses, though not open to this objection, are subject to another. They will split and crack in cold weather, and they emit an unpleasant odor of rubber.

The Celluloid truss obviates all the above named drawbacks. It is manufactured of a finely tempered steel spring, covered with the celluloid, which is forced on it under immense pressure, without any seam, and quite as smooth as the finest ivory. The material is absolutely impervious to moisture, consequently entirely protecting the spring from rust. The pad is made of the same material and in different forms. Being hollow and perfectly smooth, it is extremely light and comfortable to the person. Another advantage possessed by this truss is that it is adjustable, *i. e.*, the pressure can be regulated to the work to be performed by being increased or decreased at pleasure. No truss hitherto invented will permit of being used in bathing, as the material they have been composed of is injured by the water; but the Celluloid truss, from the nature of the material it is made of, suffers nothing from wet, so that many a sufferer from hernia, who has until now been precluded from the enjoyment and health-giving resules of a bath, because it was too dangerous to lay aside his truss for the purpose of bathing, can now take a hot or cold bath, swim or dive, as may suit him, without fear of injuring his truss, if he wear a "Celluloid."

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Powd. Ext. Conium	.40	Powd. Ext. Opium	1.50
Powd. Ext. Cannabis Ind	.75	Powd. Insp. Ox-Gall	.50
Powd. Ext. Digitalis	.40	Powd. Ext. Quassia	.50
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STARLING MEDICAL COLLEGE, COLUMBUS, OHIO.

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James H. Pooley, M.D., Professor of Surgery.
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R. E. Fullerton, M.D., Professor of Materia Medica and Therapeutics.
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W. J. Wolfley, M.D., Professor of Opthalmology and Otology.
Alex. Dunlap, M.D., Professor of Surgical Diseases of Women.
Hon. J. W. Baldwin, M.A., Professor of Medical Jurisprudence.
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Official Announcements of the Medical Colleges of the U. S.

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FEES.—Lecture Tickets, including Matriculation and Demonstrator's Ticket, $50. WINTER SESSION.—Commences on the third Wednesday in September, and continues 24 weeks.

SUMMER SESSION.—Commences on the first Monday in April.

Medical School of Maine,

AT BOWDOIN COLLEGE.

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LONG ISLAND COLLEGE HOSPITAL, BROOKLYN, N. Y.

Annual Announcement and Circular, 1877-78.

The READING AND RECITATION TERM will commence October 4, 1877, and close February 14, 1878.
The REGULAR TERM will open March 5, 1878, and close the last week in June following.

FACULTY OF THE COLLEGE.

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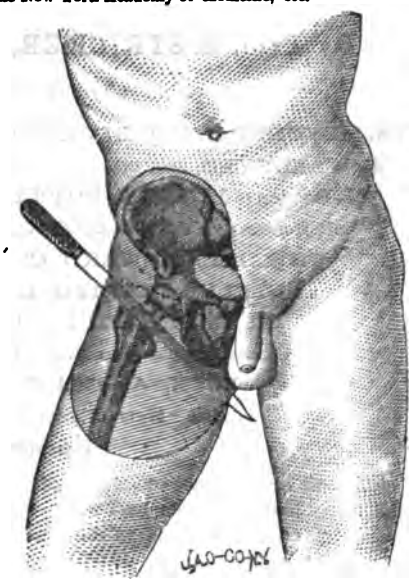

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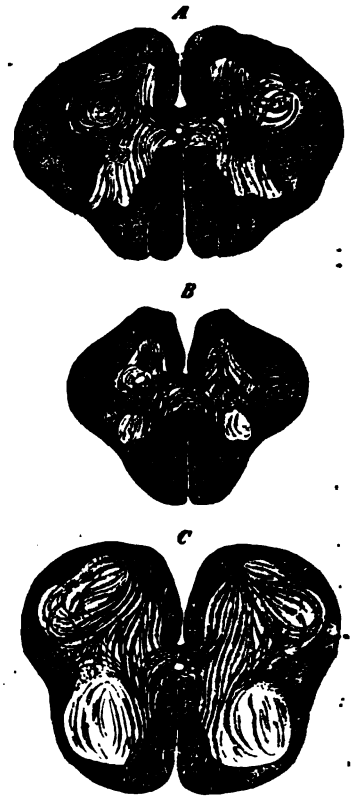

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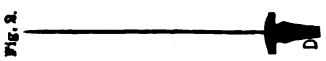

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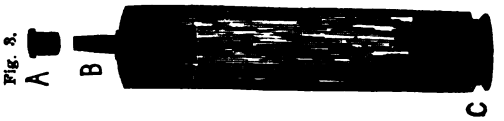

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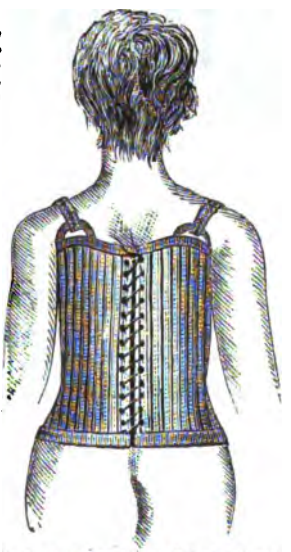

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BY C. E. BROWN-SÉQUARD, M.D.

(Reported for the MEDICAL RECORD.)

LOSS OF CONSCIOUSNESS IN EPILEPSY — RELATION WHICH CHANGES IN THE CIRCULATION IN THE CEREBRAL LOBES HAS TO THAT PHENOMENON—CESSATION OF CIRCULATION AND LOSS OF FUNCTION—CIRCULATION IN THE BRAIN OF CHOLERAIC PATIENTS—MUSCULAR IRRITABILITY AND WASTE AFFECTED BY REST—EPILEPTIC AURA—IMPORTANCE OF ITS ARREST—MEANS FOR PREVENTING ATTACKS OF EPILEPSY — COMBINATION OF MEDICINAL AGENTS — THEORY REGARDING THE CAUSES OF PARALYSIS AND CONVULSIONS—CONCLUSION REGARDING TREATMENT OF PARALYSIS AND CONVULSIONS, ETC.

GENTLEMEN: When interrupted yesterday, as you remember, I was speaking of loss of consciousness as an effect of peculiar change in the circulation of the brain. As then stated, I proposed long ago to explain the loss of consciousness which exists in attacks of epilepsy, by the production of the contraction of blood-vessels in the cerebral lobes. Indeed, contraction does take place; it is part of the convulsions which occur in attacks of epilepsy. The same thing takes place in the blood-vessels—for instance, in the face, and the face becomes pale. There is no doubt that such fact exists in the beginning of almost all attacks of epilepsy. Although theoretically the organ of consciousness is situated in the cerebral lobes—although it is clearly because of the cessation of the circulation in the cerebral lobes that cessation of cerebral activity exists, it is also certain that it is not simply on account of that cessation of circulation in the cerebral lobes that loss of consciousness occurs. This can be proved in the following manner: in the first place, if we galvanize both sympathetic nerves in the neck, thereby producing the greatest contraction that can take place, thus completely excluding blood from the small arteries which enter the convolutions of the brain, we do not find that such contraction is alone sufficient to produce loss of consciousness. Disorder of mental activity is produced in the animal upon which we operate, but there is no complete loss of consciousness by any means.

In the second place, if we cut the four large vessels which go to the brain, so as to arrest the circulation there at once, the loss of consciousness which appears is not immediate.

In a large proportion of the attacks of epilepsy, loss of consciousness is immediate. In some individuals there is no time which can be appreciated between the aura and the attack.

So the loss of consciousness takes place before the time when cessation of circulation, if that were the cause, would have produced its effect. We cannot, therefore, look upon cessation of circulation in the brain as the cause of loss of consciousness.

CESSATION OF CIRCULATION AND LOSS OF FUNCTION.

Besides, I should call your attention—especially the attention of those who are making new investigations—to the fact that it is not at all certain that the view we all entertain is correct—namely, that loss of function quickly follows the cessation of circulation in any organ, but especially in the brain. There are facts, indeed, which seem to show that that view may be wrong. In cholera, for instance, the circulation which takes place in the brain is, indeed, almost nothing; the blood after death is exceedingly black, and, not infrequently, it is found coagulated; it does not contain any marked amount of oxygen; yet a brain so badly nourished may retain its activity for several days.

There are choleraic patients who have this lack of proper circulation in the brain without manifest elimination of mental power. I know that this phenomenon can be explained otherwise than by admitting that a certain degree of nutrition is necessary for the activity of the various tissues of the body. It can be stated that during cholera there is some poison in the blood which acts as nutriment to the brain, but that view is so absurd and unacceptable that I simply speak of it as one of the ways by which we can explain that the brain can go on acting without being nourished by the ordinary elements which are in the blood, and which give power to the tissues. It is perfectly well known that if we bleed a man or one of the lower animals to death by cutting the head off, death takes place not simply because there is no more respiration, but because the brain is entirely emptied of blood. In that case, as well as in the case in which we cut the four vessels, there is certainly no circulation in the brain, and we all admit that it is due to lack of blood that the brain ceases to act. It is doubtful, however, if that view is correct. If we pay attention to certain circumstances, we cannot but admit that the causes, whatever they are, which produce cessation of circulation in the brain, also at the same time produce a peculiar irritation which stops the activity of the brain, just as a prick in the medulla oblongata can stop the activity of the brain without changing the circulation.

Galvanization of the *par vagum* produces a peculiar action upon certain brain-cells, and arrests their activity. In view of this fact, you can easily understand that in cases of cholera, although the circulation is altered greatly, it is not accompanied by an agent which gives rise to an irritation that produces arrest of activity. While if you cut the large vessels, a rapid change is produced in certain localities in the brain, and some agent is developed which acts as an irritant and arrests the activity of the brain-cells.

I have brought this point forward to show that a broad field yet exists for investigation, not only with reference to it alone, but to many others.

MUSCULAR IRRITABILITY AFFECTED BY REST.

Thus, for instance, we all admit that muscular irritability will go on diminishing from mere rest, mere lack of use. Certainly there are many cases in which we find muscular waste when they are not used, and this wasting may be due to some other influence than mere rest; there is an irritation also in most of these cases which can change nutrition. In certain cases of hysteria, muscular irritability is scarcely changed in patients who are completely paralyzed. Once I saw a young lady whose right arm was absolutely deprived of voluntary movement, and yet the muscles of the arm were perfectly well nourished, and responded as readily to galvanization as those of the unaffected arm. In that case there had been absolute rest, except during sleep, when there may have been some unobserved movements—at least almost complete rest for two years; so that rest is not in itself sufficient cause for the production of muscular waste. Wasting comes

from changes in nutrition produced by irritation. From this cause the wasting of muscles associated with some diseases of the spinal cord is so rapid that they may be reduced to one-half their original size within the short period of a single week. Rapid change of that kind is exceedingly rare, however: yet in brain disease, if the muscles waste away, you may be sure that there is considerable irritation in the brain or secondary influence upon the spinal cord produced by disease in the brain.

LOSS OF CONSCIOUSNESS.

Now, returning to loss of consciousness, I will say that, in attacks of epilepsy as well as in syncope, lack of cell-activity in those cases is due to the effect produced by poisons such as is produced by morphine or any other narcotic remedy when rapid cessation of activity of the brain is produced; that is, arrest of activity in brain-cells is produced by disease in the same manner as it is produced by any of the narcotic poisons. It is by inhibitory influence that the activity of the cells is arrested, and this inhibition may be permanent or not, according to circumstances.

EPILEPTIC AURA—IMPORTANCE OF ITS ARREST—MEANS FOR PREVENTING ATTACKS OF EPILEPSY.

I pass now to another point. I said yesterday that there is very frequently an *aura* in disease of the brain causing convulsions. It is very important indeed to examine with reference to this point; for if you find an *aura*, it will lead to the use of a series of means which may stop an attack of epilepsy. If an attack of epilepsy can be arrested, we do more than simply arrest that attack; for, during an attack of epilepsy, changes occur which prepare the brain for future attacks; so, if one attack can be arrested, you may perhaps stop a generation of attacks. It is important, therefore, to prevent an attack of epilepsy. Now, with reference to the means of preventing these attacks. Means for preventing the occurrence of attacks of epilepsy were resorted to centuries and centuries ago. Galen insisted particularly upon the importance of ligaturing the limbs for this purpose. Suppose, for instance, there is an aura starting from the finger—a peculiar sensation or muscular spasm; Galen, and a great many physicians since his day, and even in our own times, insisted upon the application of a ligature to the arm, with the view of preventing the passage of some influence from the extremity to the brain. In reality, we succeed very frequently, by the application of a ligature to the extremity, when the aura is there, in arresting an epileptic attack; but it is not because we prevent something from going to the brain, but it is because we send something to the brain, and that something is an irritation which acts so as to arrest the irritation already there, and which, if undisturbed, would produce the convulsion. It is the same as that which occurs in diseases of the spinal cord, in which, by taking hold of the big toe, you arrest completely, in most cases at least, convulsions occurring in the lower limbs. For example, in cases of spinal epilepsy, the convulsions may be most violent, may last all day, and may recur upon the least touch of any part of the skin of the lower extremities; in those cases it is not rare at all, especially in certain forms of the disease, that drawing upon the big toe brings about a relaxation of the muscles and ends the convulsions. An arrest of the morbid activity in the cells in the spinal cord is produced by irritation of the nerves which go to the big toe, and that arrest remains sometimes for hours, and sometimes for days; but you can reproduce the same phenomena in the same patient. Whenever the convulsions exist, you can witness the influence exerted by this irritation.

As soon as I was possessed of the idea that it was through irritation exerted by the ligation, that an attack of epilepsy was cut short, I tried and found that other irritants applied to the skin produced the same effect; for example, such as extreme cold, great heat, pinching the part; in short, any irritation of the nerves in the region where the aura commences may be sufficient to arrest an attack. In fact, the patients themselves, if they have strength of will sufficient, when upon the point of having an epileptic seizure, can, by moving the limb rapidly, rotating the arm, etc., perhaps stop an attack. Any kind of irritation from the periphery may act upon the brain and arrest the morbid activity of the cells, and that irritation can succeed even when applied upon the other side where the aura exists.

As regards other forms, if the aura starts from the stomach, anything which irritates the stomach powerfully, as a violent emetic, will save the patient from an attack of epilepsy. Certain other means may also succeed, as acting upon the bowels by an enema that will produce a rapid and considerable action of the muscles. Pressure upon the bowels may bring about the same result, if the sensation starts from that region. A galvanic shock, on the contrary, will produce an attack in many cases. If the patient has simply a vague sensation of disturbance without any distinct place from which the aura arises, any means of producing irritation of the skin behind the ears, or between the shoulder-blades, may be of some service, such as the application of ice, a sharp blow from the hand, galvanic shock, etc. Any medicine which acts with great power either upon the stomach or upon the bowels, or which acts with great power upon the nervous system, may be of service in these cases.

MEDICINAL AGENT FOR THE ARREST OF ATTACKS OF EPILEPSY.

A common remedy which is employed with some benefit consists of three or four grains of the sesqui-carbonate of ammonia in a drachm or half-ounce of tincture of columbo, or gentian, or rhubarb; it is the alcohol chiefly that acts. Taken without dilution, it is rather strong, and therefore a trifling quantity of water may be added. It should be carried in the pocket, so that it can be used at the shortest warning. Running, jumping, anything and everything that produces a change in the circulation and respiration, may be of service for the arrest of an attack of epilepsy. You may not know what means will operate best upon a patient; but, recommending such means as have been mentioned, he may try one after another until he finds that which succeeds best in his individual case. In that manner, you can, perhaps, save the patient from an attack.

COMBINATION OF THREE MEDICINES.

The combination of three medicines I have found has considerable more power in controlling epilepsy than the use of one alone or of two combined. If you employ the bromide of potassium, you must employ with it the bromide of ammonium and the iodide of potassium or ammonia. A combination of these three salts acts with far greater power than when either one is used alone. It is essential always to add the bromide of ammonium if the other bromides are employed. In these cases it is also essential to employ some means of counter-irritation at the base of the brain; or, in cases of distinct aura, some means of counter-irritation at the place where the aura starts.

In those cases in which the aura starts in the finger, I have succeeded most wonderfully in controlling the attack by the application of a circular blister in the shape of a ligature to the finger itself. There is, therefore, a series of means which can prove successful in preventing attacks in these cases. As I said yesterday, if we can do so much in the way of controlling attacks of epilepsy, why should we not be able to do the same against paralysis, as epilepsy and paralysis are in many respects alike in their mode of production.

PARALYSIS AND CONVULSIONS.

Before speaking further of means of treatment, which may be of immense importance if modified successfully, I will say a little more with reference to the doctrine regarding the production of paralysis and epilepsy, and also of what I have to substitute for the generally admitted theories.

As you well know, the facts mentioned in these lectures seem to be quite in opposition to the views held by most physicians, if not by all. When paralysis exists, for instance, in the right arm, and we find convolutions upon the right side of the brain destroyed, it is admitted that the centre of the will-power for the right arm has been destroyed, and that it is very natural, therefore, that the right arm should be paralyzed. In the same manner, if we excite the convolutions of the brain, or any part of the voluntary motor apparatus—such, for instance, as arises from slight inflammation at the surface of the brain—and the patient is attacked with convulsions, it is quite natural, according to the theory generally admitted, to look upon the irritation there as having produced such convulsive movements—as having put into play the motor activity of the part where the disease exists. These two illustrative instances—the paralysis on the one hand, and on the other the convulsions—are apparently in perfect harmony with what is supposed to be established. But, as I have said many times, we find the same thing taking place, not only upon the opposite side, but upon the side corresponding with the seat of the disease. Certainly the theory cannot apply in these cases. Besides, we find the same thing occurring when the disease is in parts of the brain which are not able to produce the least movements when irritated by galvanism, and which we know, and we all agree, do not belong to the voluntary motor apparatus. For instance, disease in the posterior lobe of the brain, according to the theory admitted, should never produce paralysis or convulsions; but disease there often produces both convulsions and paralysis. We have then something taking place, and occurring very frequently, which is the reverse of what is generally admitted. What are the explanations given by physicians and physiologists of the fact which seem to be decidedly against their views? The explanations, I must say, have been very few and very timid; and, indeed, I think that I have myself, in fighting against the admitted theory, put forward these explanations very strongly. I believe that what I shall now say can at least certainly explain some of these cases. For instance, in a case of paralysis and convulsions upon one side of the body, we make an autopsy and find disease in the posterior lobe of the brain upon the opposite side. We know that disease exists at that point—we are absolutely certain of it; but, it is said, what evidence is there that there is no disease elsewhere? There may be undetected disease in the part belonging to the voluntary motor apparatus, when the brain is examined in the limited manner necessary at an autopsy; there may be disease in some other part of the brain which cannot be recognized by the naked eye; so we cannot be certain that disease does not exist, unless further examination is made.

There are many cases which at once answer this objection. If we find, for instance, that a patient is stricken with symptoms of hemorrhage in the brain; he has all those symptoms which are manifested when hemorrhage in the brain occurs, and yet had no manifestation whatever of brain disorder previous to the attack, which comes on suddenly. Besides the symptoms belonging to hemorrhage in the brain, he has paralysis in the right arm, convulsions in the right arm and face, and he dies within a few hours, as he may when the hemorrhage is limited. An autopsy is made, and we find hemorrhage has taken place into the posterior lobe. Can we admit that there was disease elsewhere? What kind of disease could have been produced so rapidly? What kind of disease could have produced such paralysis as we find in the arm, occurring just at the time the symptoms of hemorrhage occur?

It is quite certain that in such cases we cannot say that paralysis and convulsions depended upon something else than the disease we see. Why should not the same thing be true when the paralysis and convulsions are upon the corresponding side of the body? A great many cases besides hemorrhage will show the same thing. Embolism and softening may produce the same result. For instance, embolism occurs, and we have nothing except the fact that there is a plug in a blood-vessel, and the congestion and softening which surrounds the part. If that lesion exists in a part which does not belong to the voluntary motor appartus, we must admit that the paralysis, as well as the convulsions, is due to the disease seen, and not to the disease imagined and which we do not see.

Other explanations and answers to these might be given; but, as time presses, I will not indulge in them.

There is another source of explanation which is very good indeed. For instance, in those cases in which disease has destroyed the greater part of the voluntary motor apparatus in the region where it is located, and there is neither paralysis nor convulsions. How is the absence of paralysis and convulsions to be explained? It might be said—I do not say that it has been said—that paralysis does not appear because only a part of the voluntary motor apparatus has been destroyed. That may be, and that is the case sometimes when there is slight disease; but why is it that there is neither paralysis nor convulsions when a considerable part of the voluntary motor fibres are destroyed? Then it might be said, that though apparently diseased, yet the tissue remained able to act. This explanation is certainly very good, and may be true, but there is no proof of its truth. In those cases, for instance, in which there is softening following embolism, it may be that the nervous tissue remains active, although it has undergone considerable alteration.

The same may be true also in cases of tumors pressing upon different parts of the brain; there may be simple atrophy of brain-tissue, but no loss of function, however altered the structure may be. Certainly, this is a passable explanation for a number of cases. It is quite certain that nerve-fibres, for instance, have one essential element—the axis cylinder—and it may be that that part remains active, although there is considerable pressure upon it. But admit that this is true; what then of those cases in which the tissue has been so destroyed that there was no normal tissue left, and if the cylinder axis remained visible it had no cells which were not considerably altered? There are such cases, perhaps forty or fifty, in which disease

has struck parts at the base of the brain; many more in which the convolutions were involved, and no tissue left which was unaffected.

There are then two series of cases: those in which the brain tissue is completely altered, and those in which tissue is missing. There has been, however, no marked paralysis in a number of those cases, and there has been also no convulsions. It is clear, therefore, that there are a great many facts which cannot be explained by, and which are in absolute and direct opposition to, the views generally admitted.

THE THEORY BROUGHT FORWARD AS A SUBSTITUTE FOR THAT GENERALLY ADMITTED REGARDING THE PRODUCTION OF PARALYSIS AND CONVULSIONS.

What then is the theory which we are to substitute for that generally admitted with reference to production of paralysis and convulsions?

I have many times said that paralysis and convulsions appear through the same mechanism, however different one symptom is from the other. If you admit, as I do, that the cells in the gray matter of the brain are endowed with the same function, the explanation of the production of paralysis and convulsions is very plain. For instance, the cells which are employed in moving the right arm are scattered in the brain, as well as are the cells which serve for any special function of the brain. These cells being so scattered, and belonging to one function, are connected one with the other by fibres, so that they may act with harmony.

Suppose that, the cells being so distributed, an irritation comes from the bowels; it is transmitted to certain parts, and instead of going to certain other parts, it meets, in the part to which the irritation is transmitted, cells which are then employed in the production of voluntary movements, or those which are able to produce movements by reflex action. These are two distinct kinds of cells, as many facts show. If that irritation reaches cells which are employed in producing voluntary motor action of the arm, for instance, it produces the same effect as does irritation by galvanism of the nerve going to the arm at any point at which it can be reached in the neck—the cells are stopped in their action, their activity is suppressed, and paralysis occurs.

If, on the contrary, an irritation, starting from the bowels, acts upon those cells which are able to produce reflex movements—whether these cells are situated in the base of the brain or elsewhere—those cells are put into play and convulsions occur; that is, reflex movements of a convulsive character.

What takes place when irritation starts from the bowels is the same as that which occurs when disease in the brain exists. An irritation starts from the posterior lobes, for instance; it spreads into the brain, and if those cells, wherever they are, which serve for voluntary motor movements, are acted upon, they are exhibited in their power to produce motion, and there is paralysis as the ultimate result of the irritation. If, on the other hand, the irritation starts from the same place, and reaches cells which are connected with the production of reflex movements, convulsions will appear. In both instances we have the same elements; there is an irritation starting from some place, and travelling to some cells, and there either inhibits their activity or produces reflex movements—produces either paralysis or convulsions. The irritation may inhibit the action of the cells which serve in the expression of ideas in speech, and give rise to aphasia.

I have not time to dwell further upon the opinions which I hold, in order that you may understand them better; but I will say that paralysis or aphasia, or loss of function in any part of the brain, can occur by attacks as well as convulsive movements can occur in attacks.

You can now easily understand how an irritation operates to produce attacks of paralysis, aphasia, amaurosis, etc., and it can be easily seen that when the paralysis persists there is also something of the same kind of action. The objection to this would be: How is it such power can be kept absolutely inactive for so long a time as it exists in paralysis which is persistent? We know already that, in many cases of paralysis produced by organic disease of the brain, there has been sudden change for the better; and there are cases in which rapid cure has occurred, although the organic cause which has produced the paralysis has persisted. In fact, fluctuations in the loss of function in any part of the brain are frequently observed, and these fluctuations may go on to such an extent that the patient may be cured very rapidly, and in certain cases very suddenly. If there was paralysis or loss of function because of the existence of the organic disease, the lesion persisting, the effect would persist. But it is not so. It must be that something exists which ceases to exist at the place where the effect is produced.

We know that in animals we can arrest the activity of those cells which serve for the production of sight, and the activity of cells serving to all the mental faculties and the will. The activity of the cells employed in any of the functions of the brain can be suddenly arrested by certain irritations. In cases, for instance, of hemorrhage into the upper part of the spinal cord, without possible pressure upon the brain, there may be immediate loss of consciousness. There are two such cases upon record. Certainly there was loss of activity of all the functions of the brain as regards power of motion and sensation, all will-power, and that from an irritation which started at a distance from the brain. Certainly, also, there was no pressure upon the brain in these cases. In these cases, also, consciousness was restored after a time.

Sometimes we produce death rapidly, and destroy, therefore, all the activity of the brain by a mere prick.

We can also produce a persistent amaurosis by a mere prick of the restiform bodies, and the amaurosis appears instantaneous. There is no direct connection between these bodies and the eye, yet the amaurosis persists while the animal lives; and I have had an animal that lived more than two years after the production of such a disorder of vision.

All will-power and all sensibility also may be destroyed by a mere prick in certain parts. If, for instance, the spinal cord in animals be pricked in the dorsal region, it is found that sometimes there is produced a cessation of the activity of cells there, and we have anæsthesia upon the opposite side and loss of will-power upon the corresponding side.

We find in cases of disease of the brain that the pulse is weakened and is exceedingly irregular as long as the patient lives; it is an arrest of the action of the heart while the disease exists in the brain. If the action of the walls of the heart can be so modified, and persistently modified for months and months, the same thing may exist for different parts of the brain.

In the same manner, reflex activity may be arrested for months and months, as, for instance, the cell activity which controls the contraction of the sphincters of the bladder and rectum, and the loss of control over the action of these parts may be permanent. The same thing may take place for the cells which control voluntary movements.

CONCLUSION REGARDING TREATMENT OF PARALYSIS AND CONVULSIONS.

From what has been said, what are the conclusions reached regarding treatment? Upon this subject I have time to say only a few words. The leading principle is that you are to obviate the effects produced by disease in the brain by means of irritation upon the skin in the parts which are affected. Suppose the arm to be paralyzed, then the irritation is to be applied so as to restore the activity of those cells which serve for voluntary movements of that part. The same means which have been suggested as those to be applied against an aura are to be applied against paralysis.

Original Communications.

IMPROVED METHOD FOR DETECTING LEUKÆMIA DURING ITS EARLY STAGES,

AND FOR ENUMERATING THE WHITE BLOOD-CORPUSCLES IN DISEASE GENERALLY.

(Read before the New York State Medical Society.)

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LEUKÆMIA or Leucocythemia, as it was called by its discoverers, Virchow and Bennett respectively, on account of its characteristic and remarkable lesion, increase of the white or colorless corpuscles of the blood, has, from the time of its first detection thirty-two years ago, been a subject of much interest and speculation. So much has this been the case that it seems an astonishing fact that, notwithstanding the attention which it has received the world over from scientific physicians—notwithstanding it appeared even to its first discoverers to hold the key to some of the most important and interesting problems in relation to the origin, development, and destination of those supremely vital constituents of our organisms, the red and white blood corpuscles, researches through the period of thirty years have thrown but little light upon the nature, the causes, or the early symptoms of this remarkable malady, and any successful mode of treatment still remains quite unknown.

The reason of this obscurity which hangs about the origin of leukæmia, is, I think, chiefly to be found in the want which every physician (who employs, as all should do, the microscope as a constant aid to diagnosis and prognosis) must have experienced, of some easy, practicable method for enumerating the red and white corpuscles—a process which any of you who may have tried the experiment will doubtless agree is, if undertaken in the ordinary and obvious way of counting them as they lie in rouleaux in a drop of fresh blood, both troublesome and uncertain. Another difficulty which obstructs most exact observations in cases of suspected leukæmia, except in hospital wards, is, that a drop of blood spread out in the usual mode upon a slide beneath a thin glass cover, only remains in a suitable condition for investigation for half an hour or an hour, and therefore, if collected at a distance from a physician's office, is nearly or quite worthless before it can be submitted to microscopic examination, even supposing that other calls upon our time and attention could be made to give place to this research.

From these various causes it has usually happened that practitioners of medicine have been induced, often compelled, to postpone the thorough investigation of the blood, in cases of supposed leukæmia, until decided general symptoms manifest themselves, and, unfortunately, until the curable stage—if there be any such period to this malady, which, if it does exist, is as yet unknown to medical science—has passed by.

The object of the present essay is to bring before you a simple and easy method which I have devised for the purpose of obviating the deterrent influence of these obstructions to the frequent and early examination of all cases, when there is ground for the least suspicion that any increase of the white blood-corpuscles is occurring, and I hope thus to pave the way for a much more complete knowledge of leukæmia, as well as other affections during which changes in the number of the leucocytes take place, and perhaps for very important discoveries in regard to the origin and destination of the cellular elements of the circulating fluid.

My plan of accomplishing this desideratum will probably, however, be more easily understood in all its details if we take a brief preliminary survey of what has already been accomplished by previous investigators in this department of microscopic research.

Among the older methods for determining the globular richness of the circulating fluid, as referred to by Henri Bonnet in his recent monograph upon the white corpuscles of the blood, Paris, 1876—that of spreading out the fresh liquid in a thin film between a slide and cover, and then counting the white globules in a series of given areas, say quarter-millimetre squares—is one of the earliest. The objections to this plan are, briefly: 1st, that it is almost impossible to secure equal bulks of blood in equal areas of film; and 2d, that a variable percentage, perhaps one-half or even two-thirds of the leucocytes, are hidden from view by the rouleaux of red discs, and so escape enumeration. The second mode of determining the ratio of the two kinds of corpuscles, and that adopted by Hirt, Moleschott, Virordt, Welker, and others, is to dilute the blood with amniotic liquid, filtered liquor sanguinis, or artificial serum, and then count directly the whole number of red discs and of leucocytes in certain measured quantities of the mixed fluid. This plan, whilst much more exact than the former, can never become generally useful, because, as remarked by Malassez, when employed upon sufficient quantities of blood, "elle devient alors d'une exécution bien difficile en raison du temps énorme qu'elle exige et de la fatigue extrême qu'elle cause; il suffit d'essayer une seule fois cette méthode pour s'en convaincre; et je puis dire qu'il n'y a guère lieu d'espérer acquérir par la pratique plus de rapidité dans la numération et plus de résistance à la fatigue." Furthermore, as this author observes, such a plan gives very incomplete results, since they are only relative and may represent an apparent increase in the white blood-corpuscles as I have myself noticed, when in reality both they and the red discs are diminished in number, when this diminution affects the red corpuscles to a greater extent than the white.

The method which Malassez has so ingeniously devised, and which is now known by his name, is practised, as I need scarcely remind you, by the aid of an apparatus for mingling a small quantity, say the one-tenth of a drop of blood, with ten drops of artificial serum, and then introducing a minute portion of this

mixture into a capillary tube of known capacity, and counting the corpuscles, red and white, under the microscope in an accurately measured length of the tube. Hayem and Nachet's improvement upon Malassez's plan substitutes a glass cell of the depth of one-fifth of a millimetre for the capillary tube.

These modes of enumeration have added very much to the precision of our observations in regard to variations in the sum of the red discs, and have already given a new impetus to our study of the vital fluid; but as respects the white globules, they are both subject to an obvious cause of fallacy, so that, even if they were much more convenient, and could be practised without expensive apparatus, they would leave much to be desired. The error to which I refer as almost certain to vitiate our conclusions concerning the white globules of the blood, when thus enumerated, depends on the strong tendency which these cellular elements possess to become attached to glass, and, doubtless, to other surfaces with which they come in contact. This proclivity, observed by every student who irrigates a specimen of fresh blood with water beneath the microscope, is not met with in the red discs, and must therefore lead to incorrect estimates of the proportion existing between red and white corpuscles of blood passed through capillary tubes, to the inner surface of which the leucocytes adhere, whilst the red discs do not.

The idea of counting the white corpuscles in a thin film of *dried blood* first occurred to me during an examination made for a member of the profession here in Albany, Dr. F. C. Curtis, whose interesting report of the case appears in the *American Journal of the Medical Sciences* for October, 1876, p. 405.

In the course of my observations upon the blood of different nations as represented at the Centennial Exhibition in Philadelphia, year before last (Vide *Am. Jour. of Med. Sciences*, Jan., 1877), I had occasion to measure a great number of the red discs as spread out by Prof. C. Johnson's method, in thin layers of blood drawn from the different Commissioners, and dried upon glass slides, and I was much struck with the ease and certainty with which the white corpuscles could be detected, discriminated from the red, and enumerated, also in healthy blood. As a consequence I was led to experiment further upon cases of true and of suspected leukæmia, with a view of utilizing for the benefit of the profession this simple fact.

After long consideration and numerous trials, the following plan was elaborated. In the first place, to obtain and prepare your specimen, you require a clean sewing needle (No. 6, sharp, answers best, but any kind will do), and two ordinary microscope slides (preferably of plate glass with ground edges), one of which should have a blank label pasted near its extremity. Having punctured the middle or ring finger of your patient by a quick stab with the needle, and squeezed out a drop of blood, about the size of a large pin's head, such as I show you here, touch the apex of this drop to the surface of your labelled slide near its end, and then immediately spread it out by means of the edge of your other glass slip applied to the portion of the blood-drop which adheres to the first slide, and whilst holding slide No. 2 at an angle of 45°, drawing it rapidly along the flat surface of No. 1 in such a way as to leave a faint reddish film equably distributed over the latter. In half a minute or less your preparation dries, and, if protected from dust and moisture, may be examined any time between this and our next Centennial in 1976.

After writing the name of the patient, with the date at which it was obtained, upon the label (and this ought always be done at once), the specimen should as soon as convenient be simply inspected under a power of 200 diameters. This preliminary examination may be made by any one having even a rudimentary acquaintance with the use of the microscope, and by it a mere tyro can determine, on comparing it with a similarly prepared sample of blood from a healthy person, the presence or absence of any marked change in the ratio of the red and white corpuscles. In order, however, to establish the *amount* of alteration, should any exist, the sample of blood thus prepared ought to be submitted to some skilled microscopist for further investigation.

For the purpose of facilitating the enumeration of the colorless globules, and ascertaining their proportion to the red discs, without undertaking the almost interminable task of counting all the latter contained in a given area of the film of blood, I would suggest the following scheme:

Provide, in the first place, a stage micrometer ruled in $\frac{1}{4}$ mm., upon glass about half the thickness of an ordinary slide. Lay your blood specimen upon the stage of the microscope, find an area of $\frac{1}{4}$ mm. in width, by 5 mm. in length, where the corpuscles are spread so thickly as to almost touch, and yet are in no case superimposed upon each other. Such an area as this can generally be met with quite readily, and when discovered lay upon it your $\frac{1}{4}$ mm. micrometer face downwards, so that its lines can be seen (somewhat indistinctly perhaps) at the same time the blood-globules are in focus. Secondly, procure an eye-piece micrometer with very coarse divisions, such as this I here exhibit, the lines of which are $\frac{1}{16}$ of an inch ($\frac{1}{16}$ of a millimetre) apart, and place it in your "A" eye-piece, so that its lines divide the field of view into from 8 to 12 transverse bands, each about the width of 5 red blood-corpuscles, as seen with the aid of a $\frac{1}{4}$ or $\frac{1}{5}$ objective.

These little pieces of apparatus are merely aids to the accurate counting of the red discs, which operation should be performed very precisely with the eye-piece and objective you propose to use in subsequent investigations, and their number carefully recorded as a unit of enumeration for the white corpuscles. This counting I have found to be most readily accomplished by adjusting the camera lucida, drawing on white paper the outlines of the field of view with both the transverse lines of the eye-piece micrometer, and the vertical lines of the superimposed stage micrometer; and then counting the individual globules in a band at a time, dotting each corpuscle as it is enumerated upon your paper with a lead pencil, so that none may be missed, and none may be counted twice.

In order to attain perfect accuracy, it will of course be necessary to count the red corpuscles as well as the white ones in each successive field; but as even such a task would only yield approximative results (on account of the necessary inequality with which both kinds of globules are spread out upon the glass), it is not worth while to undertake it. For practical purposes we may consider the number of red discs in each field of a given lens and eye-piece, where these discs nearly touch, but are not piled upon each other, as identical, and *the sum of the white corpuscles observed in ten successive fields answering this description, divided into ten times the number of red discs counted in one such field, shows us the ratio of the white to the red corpuscles.* For example, with the $\frac{1}{4}$ inch objective and "A" eye-piece of my Powell & Leland's stand, I find the field of such a single layer of blood as that above described shows me 3,000 red discs, and that ten fields display about 100 white globules. Dividing

now 100 (the number of leucocytes) into 30,000 [the number of red discs in ten fields (each $\frac{1}{4}$ a millimetre wide)], I obtain the fraction $\frac{100}{30000}$, or, reducing this to its lowest terms, $\frac{1}{300}$, as the proportion which the white bear to the red corpuscles.

In counting the white globules it has seemed to me advisable to first look carefully at each corpuscle within the upper transverse band, as marked off by the eye-piece micrometer above mentioned, then to scrutinize all those in the second band, and so on until all are inspected. In doubtful instances, the leucocytes may generally be distinguished from the red discs by turning the fine adjustment screw so as to raise the lens a very little, when the white corpuscles usually display a peculiar fatty lustre which suffices for their discrimination. Care must be taken to avoid mistaking unusually large aggregations of the (fatty?) *molecules* of the blood for leucocytes.

Sometimes, in examples of profound anæmia, it is difficult, or even impossible, to obtain satisfactory fields of the kind I have described. In such instances, our only resource is to select an area where there are ten contiguous fields over which both kinds of corpuscles seem equally distributed, and then, counting the red discs in one field, and the white globules in all, proceed as before directed.

This method is most readily applied with the aid of a mechanical stage, but may be employed if sufficient care is exercised by an individual having command of any one of the cheaper forms of the microscope, provided it affords sufficient amplifying power (say 200 diameters), with good definition.

Having thus, by my improved method, determined the true ratio of the white globules to the red discs, it becomes an easy matter to calculate the actual number of the leucocytes in each cubic millimetre of blood, after we have determined by the aid of Hēmatimētre, of Hayem & Nachet, or of Malassez, the number of the red corpuscles in that quantity of the circulating fluid.

This little piece of apparatus, which I here exhibit, is merely a very ingenious contrivance for mingling an accurately measured fraction of a drop of blood with 100 times its bulk of serum, and then counting the red and white corpuscles in the $\frac{1}{4000}$ of a cubic millimetre of this mixed fluid, measured under the microscope with scrupulous exactness. For example, $\frac{1}{20}$ of a cubic millimetre of my own blood, diluted with $\frac{1}{4}$ a cubic centimetre of artificial serum, contains in each $\frac{1}{4000}$ of a cubic millimetre of the mixed liquid about 112 red corpuscles; multiplying this number by 500, we obtain the number of red discs in 1 cubic millimetre of the diluted blood as 56,000. But as the fresh blood was diluted with 100 times its bulk of serum, we must again multiply this sum by 100, to find the number of red corpuscles per cubic millimetre of pure blood, and thus we obtain the product 5,600,000 as the globular richness of this particular specimen.

It is obvious that a determination of the total number of the red discs is, in general, a necessary preliminary to arriving at a definite conclusion in regard to whether the leucocytes of the blood in any particular case are actually increased in number; because if, for example, the red discs are diminished to one-fourth of their usual amount, whilst the white corpuscles are unaltered in quantity, we would be apt to conclude, without this precaution, that four times the normal number of leucocytes were present. In a recent investigation of my own, made upon a case under the observation of Prof. Wm. Pepper, in the Philadelphia Hospital, and which he kindly permits me to refer to here in advance of its detailed publication, the ratio of the white to the red corpuscles was found to be 1 to 56. On this account a previous attendant had diagnosed leukæmia, but upon counting the red discs by Hayem's apparatus I found the circulating fluid so impoverished as to contain only 810,000 corpuscles to the cubic millimetre instead of 5,000,000, which is about the average in health. Such a change is a reduction to about one-sixth of the normal number, and if we could return to this man's blood the 4,200,000 red discs he had lost it is plain that the usual proportion between the white and red corpuscles, viz., 1 to 336, would be restored, and therefore that the actual number of leucocytes was unaltered. It seems to me difficult, by the way, to avoid the deduction, even from this single instance, that the general laws of our organisms which regulate the number of the white blood-corpuscles must be *entirely independent* of those which control the total number of the red discs, because here we have an example of the latter so profoundly reduced as to fall below one-sixth of their normal quantity, whilst the leucocytes remain entirely unchanged in amount.

In connection with this subject of counting the red corpuscles by means of Hayem's apparatus, I desire to put on record my dissent from the claim to strict accuracy impliedly made for it by some recent observers. In my experience, at least, the areas of tenths of a millimetre square vary, in different parts of a specimen of healthy blood, so much that they sometimes—rarely, it is true—contain as few as 104, on the one hand, and as many as 128 on the other. Now those figures represent 5,200,000 and 6,400,000 red discs per cubic millimetre respectively, and since the corpuscles are never arranged in rows, like grains of corn in a field, but are scattered irregularly upon the glass, like wheat sown broadcast, or rather, like chestnuts dropped thinly or thickly from a tree, just as pure chance dictates, I think we must accept the possibility of accidental error (as admitted by Malassez in his original papers) of at least 100,000 corpuscles on either side of the truth. Moreover, unless the observer makes an absolutely honest and impartial examination, rigidly refusing to allow himself to count rich fields if he has a theory of plethora, and poor fields if he has an anæmic theory to support, I do not consider that his results are conclusive within 500,000 corpuscles per cubic millimetre either way—that is, in the direction of deficiency or of excess.

Although my method, as described above, has been chiefly applied as yet to the diagnosis of leukæmia, it has, as I conceive, a far wider application, and may become in the near future a very useful aid, only inferior in importance to the pulse and temperature in the recognition and prognosis of various diseases, particularly those in which active inflammatory processes take a prominent part. Especially will this be the fact if, as is claimed by Malassez, Bonne, and others, in cases of abscess, typhoid fever, scarlatina, in parturient women, etc., etc., rapid increase in the number of white globules (leucocytosis of Virchow) during the febrile excitement, or at least of pyogenesis, followed by an equally rapid decrease during convalescence, occurs.

Finally, it seems probable that extremely valuable facts in the domain of therapeutics may be obtained by investigations into the changes as to number undergone by the red and white corpuscles during the administration of tonics, alteratives, and so forth, as commenced by Drs. Cutler and Bradford, of Boston, in healthy and diseased conditions of human and animal organisms.

MEDICATED COTTON-WOOL IN THE TREATMENT OF EAR DISEASES.

By SAMUEL SEXTON, M.D.,

NEW YORK.

In treating chronic purulent inflammation of the middle ear, it is often desired by the surgeon to apply external medicaments which do not increase the humidity of the parts, as moisture is well known to be a promoter of cell-proliferation and its consequences, namely, suppuration and polypoid growth. This also applies to like conditions of the meatus auditorius externus, which may exist as primary affections, or, as is mostly the case, as a sequence to the middle ear disease. For this purpose powders have long been recommended by aurists, but they are objectionable for many reasons, chiefly on account of the difficulty attending their application and removal; and, furthermore, when saturated with secretions, they become heated and are likely to act as a poultice in the meatus if not frequently renewed.

Such objections do not apply to the use of water-absorbing cotton-wools, and they have, therefore, been gradually growing in favor. After more than a year's experience I have adopted the following method of using wool in the cases under consideration: The cotton-wool selected for use is prepared by such washings as are necessary to free it of oils, etc. When dried, it absorbs water like a sponge, and is known as water-absorbing cotton-wool.

After syringing the ear, the meatus and parts beyond are dried by passing a suitable brush formed by winding some of the wool tightly on the end of a vulcanite carrier made for this purpose.

The meatus being dried is now ready to receive the medicated wool.* This is prepared for introduction into the meatus by being rolled rather loosely upon the end of the carrier, the diameter of the roll being usually a little smaller than that of the meatus, and about two to three centimetres long for adults. It is then gently inserted into the meatus down to the diseased parts, when the carrier is withdrawn with a twisting motion, leaving the wool in the meatus.

It is now frequently advisable to urge the wool farther down, which may be done either with the blunt end of the carrier or by seizing it with Gruber's rectangular dressing forceps. The wool can be left in the meatus as long as desired, as its presence is usually well borne by the patient; but if we use a strong medicament, it is best to leave it but a short time. Mild astringents, however, can remain for ten or twelve hours if the discharge is not great. Where there is much discharge the wool should be removed as fast as it becomes saturated, and this can be done by the patient or his nurse as readily as the thorough instillation of medicines in solution.

The medicated wool can be advantageously used in some acute cases where the secretion is free. I have found the following formulæ convenient:

Borax, 20 per cent.; sulph. zinc, 2 per cent.; sulph. zinc, 5 per cent.; tannin, 5 per cent.; salicylic acid, 5 per cent.; alum, 3 per cent.; alum, 5 per cent.; ferri subsul., 3 per cent.

The salicylic acid preparation has been found beneficial in purulent cases where there was an offensive odor.

In cases where polypoid granulations are a feature I use the ferri subsul.

Iodine, carbolic acid, and other remedies which are difficult to keep ready prepared, may be used by dipping plain wool into solutions of them at the time of using.

These preparations may now be had of Messrs. Caswell, Hazard & Co.

12 WEST 35TH STREET.

* The wool is medicated by saturating it with the proper solution of the medicine to be used. The wool, when dried, is ready for use.

Progress of Medical Science.

INJECTION OF CARBOLIC ACID IN HÆMORRHOIDS.—Prof. J. H. Pooley reports three cases of piles treated by the subcutaneous injection of carbolic acid. Five or six drops of the pure acid were used, and care was taken to carry it well into the substance of the tumor. The immediate effect was a severe but momentary pain, followed by a remarkable shrinking and hardening of the tumor. From this out there was absolutely no pain, the piles quickly sloughed, and the patients made rapid recoveries, all vestiges of the disease being removed in a week or ten days. In the first case but one injection was made, in each of the others four were required. The two last cases were acutely and intensely inflamed, but the only unpleasant effect was the odor of the slough. Prof. Pooley prefers the pure to the diluted acid, because it produces a more thorough coagulation of the blood and consolidation of the tissues, thus lessening the danger from detached pieces of coagulum, which was pointed out when this method was first introduced. Dr. Pooley has heard of a case in which the injection produced a severe spreading inflammation, and he ascribes it to one of two causes: "First, the too dilute and, therefore, irritating rather than coagulating and destructive character of the injection; and, second, the oblique insertion of the needle, thus conveying it into the areolar tissue outside of the pile, rather than into the tumor itself. Therefore, in addition to making use of the strong acid, I was very careful to insert the needle-point vertically to the surface, and to carry it well into the substance of the hemorrhoids." This treatment is recommended for partly internal and partly external piles, and for protruded and inflamed internal piles.—*Toledo Medical and Surgical Journal*, November, 1877.

ICHTHYOSIS, OR PSORIASIS OF THE TONGUE.—Although the connection between ichthyosis or psoriasis of the tongue, and cancer of that organ is now well established, it is useful to return to a question which has so practical a bearing upon surgical treatment. One of the most recent contributions to the subject is that of Nedopil, of Vienna, who, in an exhaustive review of what is known on the subject, adds several facts which are important, if not novel. He believes the ichthyotic condition (or, as he prefers to style it, psoriasis) to be the result of a chronic irritative process in the subepithelial layer of the lingual mucous membrane. Owing to this there is a greatly increased development of epithelial cells from indifferent cell-tissue, so that the layer of stratified epithelium increases greatly in thickness, an increase not owing to the proliferation of cells *in situ*. The transition to actual cancer-growth is easy; it requires only the growth of epithelial elements into the deeper layers of the mucous membrane, instead of upward towards the surface, to transform the simple into the malignant formation. This, in brief, is the sum and substance of this writer's views as to the pathogenic relations of lingual epithelioma and ichthyosis, based upon the examination of fifteen cases. As regards

the etiology, a long-continued use of any active irritant is said to favor the production of lingual or buccal psoriasis, such as highly-spiced foods, strong drinks, and, above all, tobacco, and tobacco-smoke, rather than the substance itself, for, as compared with the smoker, the chewer of tobacco is remarkably free from the complaint. Nedopil asserts, moreover, that cigarette-smoking is the most harmful of all methods of taking the baleful weed, and as tobacco-smoke contains such irritants as butyric, acetic, and phenic acids, as well as carbonate and acetate of ammonia, he thinks that the evidence of local irritation in cases of the tongue in smokers is as marked as that of cancer of the scrotum in chimney-sweeps. The male sex and advanced age are predisposing causes, and as to the duration of psoriasis linguæ before the appearance of the cancer, this author agrees with others in assigning it as long a period as from fifteen to thirty years. As regards treatment, however, he points out that all internal and external remedies are powerless to cure or even to arrest the psoriasis when once developed, and that the abstention from tobacco-smoking, etc., is equally inefficient. The frequency with which the affection is followed by cancer is notorious, and he does not hesitate to advise the excision, at as early a date as possible, of the milky patches of psoriasis, where these are so circumscribed as to permit of such a procedure.—*The Lancet*, Sept. 1, 1877.

ADAMS'S OPERATION IN ANCHYLOSIS OF THE HIP.—This is the third of a series of cases in which Mr. Bryant performed Adams's operation for relief of anchylosis of the hip. The anchylosis resulted from disuse while suffering from necrosis of the tibia. The necrosed bone was removed Nov. 5, 1875, ten months after the accident that led to the disease. The femur was divided on the 23d of the same month. The following is from notes on the case taken by Mr. Poland:

"*November* 23.—Chloroform having been administered, a small incision, half an inch long, was made with a long tenotomy-knife above the great trochanter of the left side, through the soft parts down to the neck of the bone, and then with a saw the neck of the femur cut through, and the thigh straightened. The Sartorius muscle was divided at the anterior superior spine subcutaneously, and the small wounds covered with a pad of lint. A large outside splint, with foot and cross-piece, was applied, and a morphia injection given, which eased the pain, but he was a little sick after the operation." Both wounds did well. He complained of great pain in his back for a few days, but this soon wore off.

"*February* 10, 1876.—He was sent down to Bognor. There was still a little discharge from the right leg.

"When at Bognor the wound over the tibia completely closed. He could walk well, the parts about the hip having firmly consolidated."—*The Lancet*, November 17, 1877.

EXCISION OF THE SPLEEN.—Another case of splenotomy has been put upon record by Mr. H. L. Browne. After all the dangers had been thoroughly explained to the patient, the operation was performed on Feb. 23, 1877, in the West Bromwich Hospital. There were no adhesions, nor was there any distinct pedicle. Four large arteries were met with, which were secured by double ligatures before division, and also their veins. There was no hemorrhage. The lad rallied very well from the chloroform, but five hours afterwards died suddenly. There was no hemorrhage after the operation. The tumor, which was found to be a simple hypertrophy of the spleen, was eighteen and a half pounds in weight.

No theory of the cause of the disease is offered. The lad had leucocythemia. There were no other glandular affections. The youth of the patient (20 years), the almost certainty of a splenic tumor being non-malignant, the absence of other disease, and the fact that the patient was dying, and would have died in a few days from the pressure alone on the viscera and blood-vessels by the weight of the tumor—these are some of the strongest reasons why the operation was and should be performed.—*The Lancet*, Sept. 1, 1877.

SYPHILOMA OF THE KIDNEY.—An extremely rare lesion of the kidney, viz., syphiloma, was met with by Prof. Jäderholm in two medico-legal post-mortems, and the preparations were placed in the hands of Prof. Key for examination. In the first case, that of a syphilitic prostitute who died suddenly, and whose body presented other characteristic specific changes, half the kidney was the seat of between 20 and 30 partly isolated nodules, firm, dry, grayish-white or reddish-gray, surrounded by a gelatinous, grayish-white zone, and sharply separated from the surrounding renal parenchyma. They appeared to be of recent occurrence, though the finer details could not be determined with certainty, as cadaveric changes had already occurred. The larger nodules presented, in general, a centre of cheesy degeneration. Microscopic examination showed the changes usual in syphiloma, as are seen in syphiloma of the liver, with which the nodules also corresponded macroscopically.

In the other case, that of a man 31 years of age, the syphilomatous nodules were quite numerous, and were mostly in the pyramids. (In the previous case the new formations were partly on the surface and partly in the cortex or pyramids.) They were not so firm and dry, but softer, undergoing solution, with a jelly- or mortar-like consistence. External to the syphiloma, the renal substance was undergoing sclerosis, with atrophy.

In connection with the above-mentioned preparations, Prof. Key showed the kidneys and heart taken, by Prof. Bruzelius, from the body of a sailor who died suddenly in the street. There was found complete atrophy of the lower portion of both kidneys, with a sharp line of separation from the remaining portion of the kidneys, which appeared macroscopically to be healthy. This atrophy is thought to be characteristic of syphilis, and the previous syphilomata were useful in elucidating the manner in which such atrophy occurs. The presence of syphilis in this case was also shown by the heart, which was hypertrophied, and its muscular structure replaced, in both halves, to a great extent by cicatricial, broad, ramified connective-tissue formations. In these connective-tissue formations, as well as elsewhere, small, grayish-white or grayish-yellow syphilomata occurred.—*Svenska läkaresellsk. förhandl.* S. 35, 85. *Hygiea*, 1877; and *Nord. med. ark.*

LACTIC ACID AS AN HYPNOTIC.—Lactic acid, originally discovered by Scheele in fermented milk, is one of the products of the metamorphosis of tissue in muscle, and was suggested by Preyer as an hypnotic on theoretical grounds. Dr. Mendel has lately carried the theory into practice, giving from one to two drachms at a dose in the form of lemonade sweetened with sugar, and diluted, or in double those doses as an enema, neutralized with the same quantity of carbonate of soda, since in its pure state it acts as an irritant to the intestine. It is said to act best when the conditions preventing sleep are of a mental nature, whilst it is inoperative if the sleeplessness is occasioned by pain.—*The Lancet*, Dec. 8, 1877.

THE MEDICAL RECORD:

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GEORGE F. SHRADY, A.M., M.D., Editor.

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INSANE ASYLUM BUILDING IN THE UNITED STATES.

Two striking pamphlets, by Dr. H. B. Wilbur, of Syracuse, N. Y.—the one a paper read before the Conference at Saratoga in September, 1876, on "Governmental Supervision of the Insane," and the other in the nature of a report on "Buildings for the Insane," read before the same Section of the American Social Science Association in September, 1877—form such a suggestive appendix to our recent discussion of "Insane Asylum Management in the State of New York," that no apology is needed for calling the attention of the medical profession to their remarkable disclosures; disclosures which charge insane asylum management in the United States with glaring extravagance of expenditure, as well as with incompetence in the strictly scientific aspects of medical superintendence.

From a tabular statement prepared by Dr. Wilbur, which can be readily corrected if he is in error, it appears that within the last twelve years, twenty insane asylums have been erected in this country, with an aggregate capacity of 9,875, at an aggregate cost of $19,506,000. The table is worth copying, not only as a suggestive exhibit in brief of the finance of insanity, but as a preface to more specific examination of some of the objections to our present system of providing for this unfortunate class, urged by Dr. Wilbur. It is as follows:

Worcester, Mass.	450	$1,250,000
Danvers, Mass.	450	1,600,000
Middletown, Conn.	450	600,000
Hudson River Hospital	600	2,000,000
Buffalo, N. Y.	500	1,800,000
Homœopathic, N. Y.	300	900,000
Morristown, N. J.	800	2,500,000
Danville, Penn	500	1,000,000
Maryland	300	803,000
Kentucky	375	162,000
Ohio State Asylum	900	1,800,000
Athens, Ohio	690	950,000
Kalamazoo	580	653,000
Auer, Illinois	450	584,000
Oshkosh, Wisconsin	500	552,000
Iowa State Asylum	800	600,000
Minnesota	500	480,000
Missouri	250	209,000
Nebraska	80	113,000
California	900	1,000,000
	9,875	$19,506,000

It is evident from this statement that, exclusive of furniture and other appliances, the first cost to the tax-payers of the United States, of providing shelter for the indigent insane, has, for the last twelve years, averaged about $2,000 per capita, which, according to the most recent statistics, is considerably in excess of the amount invested in dwellings by the average householder. Indeed, if a family may be supposed to consist of five persons, the shelter of a single insane pauper costs more than six times the amount per capita necessary to provide that first element of a home for the earning and tax-paying classes of the community. This extraordinary disparity is mainly traceable to extreme extravagance in building in the older and longer established States. In Missouri, for example, the cost of building for the insane has been only about $800 per capita; in California, about $1,100; in Minnesota, $960; in Wisconsin, $1,100; but in Iowa, $2,000. In this State, three asylums have been (or are being) erected, at an aggregate cost of $4,700,000, with a capacity for 1,400 patients. This represents a per capita outlay of $3,357. In New Jersey, 800 insane have been provided for at an outlay of $3.125 per capita; and the two asylums at Worcester and Danvers, Mass., costing in the aggregate $2,850,000, with a capacity of 900, tax that State $3,166 for every indigent pauper admitted to their wards. As, according to Dr. Wilbur—and Dr. Ordronaux as well, by the way—the number of the insane relative to the general increase of population is constantly increasing, and as (which is more to the point) the number of the indigent insane has augmented of late years far beyond the natural increase of population, it is practically impossible that any State should provide shelter for this class at the extravagant rate which has so far prevailed. If, as Dr. Wilbur intimates, the American Association of Superintendents is answerable to the community for such a system of building, and proposes to provide for the insane, curable and incurable, in institutions of which these are the type, that Association has placed itself in a position to become discredited before the people the very moment that potent engine of public opinion, the newspaper press, takes occasion to give publicity to the facts and figures of the pamphlet. Nor can such an issue be long delayed. Already there is a popular murmur of dissatisfaction, led and directed by some of our ablest publicists and physicians,

which must, in the nature of things, soon be caught up and investigated by some clever journalist on the *qui vive* for something of public moment. Fairly to estimate the stupendous extravagance implied in the preceding table, the medical reader has only to select any ten of the most expensive hotels in this country, and to assure himself of the fact that, while these luxurious resorts of the travelling public cost at a liberal calculation not more than $1,500 per guest, our asylums for insane paupers cost more than twice that amount per patient.

Medical protests against such an extraordinary outlay have not, of course, been wanting; for the majority of medical men are not possessed of the expert's idea, that it is the paramount purpose of a State to build expensive asylums, with elegant and luxurious quarters for the medical staffs thereof. At a recent legislative investigation as to the expenditure of public money, in the case of one of these asylums, competent medical experts testified "that buildings at a cost of a thousand dollars a patient, with no expense for mere display, would still afford all that is essential or really desirable for the treatment of the insane, and that not a patient would be cured at one of these expensive hospitals that could not be cured at those built at the smaller cost named." Dr. Wilkins, in his capacity as Commissioner of the State of California, after examining all the leading insane hospitals in this country and Europe, speaks of our own Willard Asylum for Incurables, which was built at a cost of less than $1,000 per patient, as almost an ideal lunatic hospital; and, after describing its magnificent situation, picturesque surroundings, and excellent arrangements, observes that he "failed to discover even the shadow of a reason why a person, becoming insane in the neighborhood of this beautiful asylum, should be sent to Utica because he was considered curable."

Such being the case—and that such is the case there is no good reason to doubt—Dr. Wilbur's observation, that about ten millions of dollars have been worse than wasted in the construction of lunatic asylums during the last twelve years, is justified both by facts and considerations of economical importance, and by science as applied to the recovery of insane patients. The extravagant outlay for the accommodation of a comparatively small number, in a ward, robs a still larger number of benefits that might be derived from intelligent treatment in a well-ordered hospital; necessitates their retention in town and country poor-houses, and thus defeats the humane intention of the liberal State appropriations that have been everywhere made of late years for the comfort and recovery of this unfortunate class. Dr. Ranney, the Superintendent of an Iowa asylum, reports 865 patients in two hospitals in that State intended for only 550, and adds that from three to four hundred of the insane of the State were still uncared for. Now, Iowa has recently finished a new insane hospital for 300, at a cost of $600,000 ($2,000 per patient), but as the overcrowding of her two existing hospitals was 315, and as about 400 were in poor-houses, or badly supported by friends, fully 700 were on hand to be provided for. Another building to accommodate 500, and cost a million of dollars, is consequently in progress, and when this is completed, taking account of their inevitable increase in the meantime, the insane of the State will need another of the same capacity. Hence, as Dr. Ranney observes, this new outlay of a million will have the effect of similar heavy outlays elsewhere—to prevent adequate provision at a reasonable cost for the whole number of the indigent insane having claims upon the State. "It has long seemed to me," he adds, "very inconsistent to provide so expensively for one-half of the insane, and doom the other half, equally deserving, to poor-houses and such receptacles, or to severe struggles with want and privation in the hands of their friends." He concludes with this pertinent observation, which the American Association of Superintendents will find it to their advantage to consider carefully: "I have yet to see reason to believe that a hospital, costing $2,000 per head, will be more conducive to the recovery of patients from insanity than one costing $1,000, or even less." Dr. Andrew McFarland, another eminent Western alienist, describes a similar condition in Illinois, which, since 1851, has erected three State hospitals, at a cost of as many millions, and one very large county hospital, without apparently reducing the number of insane in the poor-houses of the State. "Is it a wonder," he asks, "that intelligent legislators want to know how long this is to continue, and inquire pretty minutely into the reasons for building so expensively?" Dr. Reynolds, of the Iowa State Asylum, at Independence, holds similar but more comprehensive language: "No State west of the Alleghanies has adequate hospital capacity for the insane; and until hospitals are built at a less cost per capita than $1,000, it is useless to talk of providing for all the insane of a community." In Pennsylvania, with her Danville asylum, accommodating 500 inmates at a cost of $1,000,000, "there are" (so says an eminent publicist) "now twice as many insane poor languishing in the dens and dungeons of the poor-houses and prisons as there were thirty years ago." In Philadelphia, for example, with her 1,200 pauper insane, accommodations exist for only 600, and a recent commission found 65 excited patients confined in a ward intended for only 19. A Connecticut commission finds 54 insane persons in the New Haven poor-house, some of them lying upon loose hay, clad in a few rags, covered with vermin, and in an indescribably filthy condition. The committee report that in their opinion the present lack of accommodation is due to the lavish expenditure of public money in providing for a part of the insane poor hitherto, and directly tax the superintendents of asylums with having promoted such extravagance. Mr. Sanborn, a Boston

publicist of note, reports that he found in a town poor-house in Essex County, within sight almost of the Danvers palace, Massachusetts, where $116,000 was expended for grading and roads, and $106,000 for drainage, water-supply, and sewerage, an insane woman, naked and helpless, in a wooden box filled with loose straw, and lacking all the comforts and decencies which our asylums are supposed to furnish. He adds that "hundreds of the insane poor of that State are now lying in town poor-houses and other unsuitable places, because officials insist upon spending millions upon a palace for a few patients, rather than build comfortable asylums for the many." An eminent Baltimore alienist finds that "there are now within the jails and poor-houses of Maryland over 500 insane and idiotic persons, for whom no proper provision exists, and who are utterly cast down and neglected, half-fed and ghastly in their squalor and filthiness." Dr. Conrad, of the Maryland Hospital for the Insane, whose pamphlet was quoted in our recent article on the Utica Asylum, traces the cause of this neglect of a large proportion of the pauper insane in the United States to the fact "that the present system of hospital management and support for this class of our pauper population is expensive beyond the ability of the several States to meet the demand." An illustration in point may be noticed in the significant memorandum that the water-supply for 500 patients at the Poughkeepsie asylum (Hudson River Hospital) has cost the State of New York $150,000, according to Dr. Wilbur, while the whole expenditure for the adjacent city of 20,000 inhabitants, including the large distributing service, was only $550,000. At Morristown, N. J., by the way, where $2,500,000 has been expended for the accommodation of 800 lunatics, the Building Commissioners pacified the Legislature by inviting the members to dinner on two occasions, at a cost to the State of $2,434.50, exclusive of railway fares.

Now, if the five millions in progress of expenditure for three new asylums in this State were really a resolution of the problem, How shall our indigent insane be provided for? criticism would seem ungracious, since the edifices are all of them nearly or fully completed. But such is not the case. From the latest accessible statistics, on the other hand, it appears that of the nearly 8,000 insane here at the end of last year, 482 were in private asylums, supported by friends; 844 in expensive State hospitals, at a weekly cost of nearly $7.00 per week, two-thirds of them supported at public expense; 1,170 taken from county poor-houses, in the asylum for incurables, at a per capita weekly expense of $3.00; 2,840 in asylums provided by the cities of New York and Brooklyn, at $1.80 per week; 1,761 in county poor-houses and other incommodious receptacles, at probably $1.50 a week. As the city asylums of New York and Brooklyn are overcrowded to the extent of nearly or quite 1,000, the three new institutions with a capacity of 14,000, are inadequate to empty the two city asylums of their excess, and the county poor-houses of their ill-provided inmates, and when every ward of the new buildings is full, there will still remain about 1,500 of our indigent insane, for whom five millions more must be expended. Very evidently, therefore, our experts must look to some less expensive system of provision, or submit to be discredited before the public, and to accept the imputation of incompetent and reckless expenditure of the public money.

The outline of the facts that it has been our purpose to present on this occasion will, it is to be hoped, be taken as a kindly intimation on our part that such extravagance of expenditure tends to discredit the judgment and probity of the medical profession, and to justify the bitter secular criticism that must inevitably follow its general exposure. At another time occasion will be taken to discuss the probable effect of State Boards of Lunacy, such as are proposed by Dr. Wilbur. At present it is our preference to leave the issue in the hands of the eminent gentlemen who have raised it, trusting that this fair exhibit of the failure of their system will lead to such modifications as to transform an evident blunder into a source of benefit to the State and to the unfortunate class whose welfare it concerns.

CONTAMINATED WELL-WATER AND TYPHOID FEVER.

One of the encouraging features of secular journalism of late is the great interest taken in sanitary progress and in the causation of zymotic diseases; an interest which is comparatively recent here, but to which the great sanitary reforms of Great Britain have been indebted for the popular attention they have attracted. An instance in point occurs in the recent quotation by the *Times* of this city from the St. Albans *Messenger*, Vermont, of February 12, of the details of a number of cases of typhoid fever in an obscure Vermont village, traceable to contaminated well-water. The village, like most such, has its main street, its little hotel, and the usual inequalities of surface incident to an undulating landscape, the land descending to the east and the north. Two years ago a gutter was sunk on the lower side of the street, running between the roadway and a well, so near that the walls of the latter were laid bare by the excavation. This gutter receives the drainage from several houses on the upper side of the street, none of them having water-closets, however, and only two or three drains that penetrate as far as the sewer. During the thaw which occurred in the latter part of January, the water in this well became turbid, but cleared again in a day or two, and was apparently potable. Shortly afterwards the fever commenced its ravages, almost simultaneously, in all the fifteen families drawing their water-supply from that source. Up to the date

of February 12, the whole number of cases in these fifteen families had been twenty-eight, without the slightest vestige of the disease appearing elsewhere in the neighborhood. The disease was first reported as gastro-enteritis by Drs. O. F. Fassett and J. H. Hamilton, the medical attendants; but subsequent investigation described as a severe form of enteric fever, due solely, in the opinion of the two physicians, to the contamination of the well-water.

Of course, to physicians acquainted with the exact researches which have been carried out by Dr. Letheby and others, in England; by Pettenkofer and the State Board of Health, Mass., in this country, to ascertain the relation of contaminated well-water to enteric fever, there is nothing novel or even exceptional in the facts just recited. It has long since become a settled suspicion—a proximate certainty, indeed—that the typhoid fever prevalent in the towns, villages, and farm-houses of New England, is, in the majority of instances, the direct result of drinking contaminated water. In many cases the well is beneath the house, adjacent to the cellar, which usually contains more or less decaying vegetable matter; in many, it is within a few feet of the barn; in some, indeed, in the barn-yard itself; and in many more the sink-drain discharges within a few feet of it, and pools of stagnant house-waste are permitted to percolate into the surrounding soil. The researches of the State Board of Health, Mass., carefully prosecuted in 1872, with the assistance of local medical assistance, developed the astounding probability that more than half the wells in New England are so situated as to be subject to sewage contamination; and the subject is one that should be thoroughly discussed by the secular press before popular attention can be sufficiently directed to it. Our enterprising daily contemporary, for example, might have added vastly to the value of its item, by pointing out the fact that the case just narrated is typical of thousands that escape attention and exposure, simply because the medical attendant is careless and inefficient, or possibly because he has not kept himself *au courant* with the important series of researches that has distinguished the last ten years of sanitary science.

MEDICAL AND SURGICAL HISTORY OF THE WAR.—Dr. Irving C. Rosse, of Washington, D. C., one of the collaborators of the Medical and Surgical History of the War of the Rebellion, is probably better informed on medical bibliography than any other man in the United States. After several years of tedious labor, he has lately completed an index of the subjects of the Surgeon-General's library, which extends over a range of seventy thousand volumes and pamphlets. This index, a fasciculus of which appeared at the Centennial, will not only be the best of its kind when printed, but will prove an invaluable reference to physicians and others who may wish the fullest information regarding the literature of any subject in medicine.

Reports of Societies.

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Stated Meeting, February 1, 1878.

DR. ROBERT F. WEIR, PRESIDENT, IN THE CHAIR.

EXCISION OF THE HIP-JOINT.

DR. C. FAYETTE TAYLOR read a paper upon the above subject, and stated that he had not seen the advantages to be gained by the operative procedure. He was ready to perform the operation as soon as he became convinced that it was the proper thing to do, but his hesitation in resorting to excision was based upon the fact that he had seen cases far advanced in the disease recover, under conservative treatment, with useful limbs, but with more or less deformity, and others progress to complete recovery. He did not contend that excision was a procedure never justifiable, but that performing the operation as frequently as it was done by some surgeons, was a procedure, the propriety of which was very questionable.

It had been claimed by those who performed the operation with great frequency: 1, that excision cut short the disease and increased the chances of life; and 2, that the patient might, by the operation, hope for a better limb than if the case was left to nature. Both of those reasons were to be regarded as mere assumptions until the results obtained by operative procedure, and those obtained by conservative treatment, were compared with each other in similar cases. But that had not been shown, nor had an effort ever been made in that direction; and until such comparison was made, the statistics given were simply interesting and instructive, but not conclusive with reference to the real merits of the two methods of treatment.

From an analysis of Culbertson's statistics on 472 cases, and a comparison of the result obtained by conservative treatment with those obtained by operative procedure—and also from the results in cases which he had the opportunity to examine, Dr. Taylor reached the conclusion that he had either been permitted to see only unfavorable cases, or else the result obtained by the operation had been less favorable than when the limb had been left in nature's care. Of the 472 cases only 17 per cent. had been observed for more than one year after the operation; a period of time altogether too short to determine ultimate results.

The question was not, whether excision was ever justifiable, nor whether it was not sometimes followed by good results; that was admitted, but the question was, substantially, could excision be depended upon; could any determinate results be expected by its performance?

In answering the questions, the fact must be taken into consideration that the ultimate results of the operation were not well known; hence the opinion of very many prominent surgeons, that the operation at the present time was in a very unsettled condition.

It had been claimed that if the excision did not save life, that it saved the patient from a protracted period of suffering. Dr. Taylor cited cases, however, to show that excision could not be relied upon to cut short the disease. The first, was one presented to the New York Pathological Society by Dr. Erskine Mason, and published in the Society Reports in THE MEDICAL RECORD for December 15, 1877.

The second case was one in which the operation had been performed late in the disease, with unfavorable ultimate results. It might be objected to as an illustrative case, because of the late performance of the operation. The sinuses in this case closed at the end of two years; opened again six years later, and suppurated two years longer.

The third case, however, was one in which the operation was performed before suppuration was established. The incision after suppurating about two years, closed to break open again at the end of another year, and finally closed permanently at the end of four years after the operation. It was only at the end of twelve years, however, that the patient was able to walk. The question arose, how frequently did such cases occur? For it was believed that they were not isolated cases.

Reference was made to the fifty-eighth case in a late work upon Orthopædic Surgery, which was reported as sinuses closed, and that the patient was going about by the aid of a wheel-crutch. In January, 1878, Dr. Taylor had seen the same patient in Bellevue Hospital, where she was in a most deplorable condition, and exhibiting all the appearances of a patient suffering from prolonged joint-disease, and with the wound open.

Reference was also made to the case of Robert Anderson, reported in the same work, who was operated upon in 1862 by the removal of a V-shaped portion of the upper portion of the femur, for the purpose of making an artificial joint and overcoming the distortion due to anchylosis at the hip.

The case was reported as one of recovery, with the formation of an artificial joint at the place of section. A member of Mr. Anderson's family had informed Dr. Taylor that Mr. Anderson, at the present time, could neither sit nor ride, and that his condition in that respect had not been improved by the operation. For, one year after its performance, acute inflammation and suppuration supervened which terminated in union at the point of section.

Fourteen years after, however, the case was held up as one illustrating the triumph of a new principle in surgery, and one in which a real cure had been accomplished by its application. The report of the case was regarded as one having an important bearing upon the performance of excision at the hip-joint, inasmuch as it illustrated the liability of excised bone to take on inflammatory action subsequent to apparently complete reparation, and mention was made of it for the purpose of affording an opportunity for explanation.

Dr. Taylor stated that it was simply in the interests of science that he mentioned the case. In conclusion, he referred to an opinion given by Dr. Timothy Holmes in the *Medical Times and Gazette* for November 3, 1877—namely—that "excision does not afford better results than natural cure."

The paper being before the Association for discussion:

Dr. V. P. Gibney gave an analysis of 80 cases of hip-joint disease which had been under observation at the Hospital for the Ruptured and Crippled. These cases had been subjected to the internal treatment, counter-irritation, etc., measures adopted in the institution, but had not had any treatment by way of operation or mechanical appliances. In that sense, he spoke of them as nature's cures.

In these cases the term "cure" could be safely predicated.

Of the 80 cases cured, 28 were males and 52 females.

AGE OF PATIENTS WHEN A CURE WAS FULLY ESTABLISHED.

Cure was established in

1	before	5	years	of age.
2	"	6	"	"
10	"	7	"	"
13	"	8	"	"
20	"	9	"	"
29	"	10	"	"
47	"	12	"	"
71	"	15	"	"

In 3 cases the patients were 16 years; in 2 cases, 17 years; in 3 cases, 18 years; and in 7 cases, 19 years of age, before cure was established.

DURATION OF THE DISEASE.

In 33 cases the disease ran its course in 3 years.
In 28 cases, the duration varied from 3 to 6 years.
In 16 cases, it varied between 6 and 10 years.
In 1 case, it ran its course in 15 years.

GENERAL CONDITION OF THE PATIENTS DURING THE COURSE OF THE DISEASE.

Two terms were used: "good" and "fair."

By the term fair was meant that there was a slight degree of anæmia present, but not sufficient to militate against recovery.

Of the 80 patients, 69 were in good condition, and 11 in fair condition.

KIND OF RECOVERY WITH SPECIAL REFERENCE TO LOCOMOTION.

In this connection three terms were employed: "well," "fair," and "badly." By the term "well" was meant that the patient could walk and run without discomfort, although there might be a marked limp. Of this class there were 61.

By the term "fair," was meant that the patient could walk short distances without any assistance; but that in walking long distances, the aid of a stick, and sometimes a crutch, was required. Of this class there were 12.

By the term "badly," was meant that the patients were unable to walk well without the aid of a high shoe, a crutch, etc. Of this class there were 7.

DEGREE OF DEFORMITY.

In 2 cases anchylosis took place, with the limb at an angle of 90° with the body. In 3 cases recovery took place with the limb flexed at an angle of 110°; in 3, at an angle of 120°; in 19, at an angle of 135°, which militated but little against good locomotion; in 19, at an angle of 145°; in 18, at an angle of 150°; in 11 cases, at an angle between 160° and 170°; and in 4 cases no estimate was made.

AMOUNT OF SHORTENING.

In 1 case there was no shortening. When it first came under observation, it was a typical case of acute synovitis of the hip-joint.

In	2	cases	there	was	¼	inch shortening.
"	24	"	"	"	1	" "
"	17	"	"	"	1¼	inches shortening.
"	19	"	"	"	2	" "
"	7	"	"	"	2¼	" "
"	7	"	"	"	3	" "
"	2	"	"	"	4	" "

Five of the 7 with 3 inches shortening, and the 2 with 4 inches shortening, were never under treatment at the hospital, but applied for high shoes, and the observations were made.

OCCURRENCE OF ABSCESS.

In 48 cases abscesses had existed.

In 31 cases there was no abscess during the entire course of the disease.

RATIO OF MORTALITY.

The ratio of mortality in 288 cases of hip-joint disease was 4¼ per cent. from exhaustion; 4¼ per cent. from amyloid degeneration; 1¾ per cent. from tubercular meningitis; and 1¾ per cent. from other diseases. See Strumous Element in the Etiology of Joint-Diseases, *New York Medical Journal*, July and August, 1877, Table XI.

RECOVERY WITH MOTION AT THE JOINTS.

Out of the 80 cases, there was unmistakable motion over an arc, varying from 15° to 90°, in 12 cases.

Dr. Lewis A. Sayre remarked that he had never taught that exsection cut the disease short, as might be inferred from what had been said, but he held that the hip-joint disease should be treated as conservatively as possible. If, however, there was progressive caries, notwithstanding such conservative treatment, he held that the surgeon should resort to operative procedure. For, if dead bone was present, it must be removed before the disease could be arrested. If the disease could be arrested in the inflammatory stage by appropriate treatment—that is, before the bone became necrotic—it was the duty of the surgeon to resort to every known means to accomplish that purpose. Dr. Sayre contended that, in a majority of cases, by appropriate treatment and the use of proper mechanical appliances, the progress of the disease could be arrested, and recovery with perfect motion obtained; thereby giving much better results than had been obtained in the cases reported by Dr. Gibney, in the majority of which there was loss of motion and the existence of more or less deformity. He thought Dr. Taylor would coincide with him in that opinion. With regard to exsection, it was not to be performed, except as a *dernier ressort*. It was not to be used as a means to cut the disease short, but was a justifiable method to be employed for arresting the progress of the disease when dead bone was present. So long as dead bone was present, it was a foreign body, was a source of constant irritation, and the case could not be cured while it remained. Unless, therefore, the disintegration and exfoliation of the bone was rapid, and it could readily pass out through free sinuses, it was the duty of the surgeon to cut down and remove it, the same as he would remove dead bone from any other part of the body. If, by making a free incision through the soft parts, perhaps enlarging the opening in the involucrum, the dead bone could be readily removed or rapidly discharged, very well; it might be that, by such procedure, an exsection could be obviated. But when there was imprisoned dead bone, which was a source of irritation, kept up the inflammation, and made the disease *progressive*, it had seemed to him justifiable to make an exsection, and thus in a few minutes rid the patient of a piece of dead bone which, if left to nature, could at best be removed only after the lapse of a long period of time. In a majority of such cases, the operative procedure gave the patient a fair chance for a rapid recovery.

ULTIMATE RESULTS.

With reference to the condition of the cases years after the operation, he could only say that sufficient time had not yet elapsed to enable any one to arrive at definite conclusions. The best that he was able to do at present was to give the condition of the patient at the time a report was made. There were several cases in which sufficient time had passed without recurrence of the disease to enable him to say with great confidence that the recovery was complete. The first patient upon whom he operated had now survived the operation over twenty years; was married, and no one would suspect from her walk that she had been the victim of hip-joint disease. It was believed that her case might be reported as one in which complete cure had been effected. There were several other cases in which the cure had been equally satisfactory. It was to be remembered that the patients upon whom he had operated had nearly all been *in extremis*; that the operation had been consented to, simply because there seemed to be no other channel through which benefit for the patient could be obtained.

Dr. Sayre then related the history of several cases, and also exhibited a patient formerly under treatment at the Hospital for Ruptured and Crippled, in which there was enlargement of the liver, waxy casts in the urine, and a whole retinue of equally unfavorable symptoms, but in which recovery took place to such an extent as to permit the patient to walk about with comfort and with motion in the joint. In some of the cases the sinuses and the wound made by the operation had entirely closed. Such cases, it was believed, proved the justifiableness of the operation, for all the patients would have soon died had it not been performed.

A specimen was exhibited in which could be seen a piece of dead bone imprisoned by a new growth of bony material, thus rendering it impossible for the old bone to escape. Had it been permitted to remain, the disease would have been prolonged for years; but by its removal the patient had been restored to health; apparently at least, as no one could yet tell what might be the result of the case in years to come.

Reference was made to several cases in which like results had been secured.

With reference to the case in Bellevue Hospital to which Dr. Taylor had alluded, Dr. Sayre remarked that he performed the operation of exsection upon the child, and when the case was reported in his book, she was able to be up and to walk by the assistance of a wheel crutch. About that time his services at the hospital ceased, and he saw nothing more of the case until he was reappointed visiting surgeon, two years after, when he found the child still in the wards, and in a bad condition. Her present condition was about the same as one year ago, and how long she might live it was difficult to say.

With reference to the case of Robert Anderson, to which Dr. Taylor had alluded, it was not a case of exsection of the hip-joint at all, but a section through healthy bone; a much more dangerous and serious operation. Exsection of the hip-joint was really a simple operation; but an operation performed for the relief of distortion of a limb dependent upon anchylosis of the hip-joint was an entirely different thing. The statement made in the published report was exact with reference to Anderson's condition when last heard from, which was in 1869 by letter requesting the doctor to forward to him a hand velocipede. [The original letter was read.] At that date he stated in his letter that his "health was good."

Dr. Sayre asked Dr. Gibney how many of the 4¼ per cent. of fatal cases he had reported would have been saved had exsection been performed? Almost every case he had operated upon had been given up to die, yet, of eight cases which had been discharged

from the Hospital for Ruptured and Crippled, as incurable, seven had made good recovery.

Dr. Gibney thought it was impossible to answer the question correctly.

Dr. Weir asked for statistics relating to three questions: 1. What was the ratio of mortality in cases not treated, and in which there were numerous sinuses, suppuration, etc.? 2. What was the ratio of mortality in cases treated by means of mechanical appliances, etc., without the operation? And 3. What was the ratio of mortality after exsection?

Dr. L. M. Yale gave a partial answer to the questions of the President. Statistics on the points asked for were exceedingly slender. In addition to those just given by Dr. Gibney, were those of Billroth, gathered from the Zurich clinic, and those of Hueter, from the Greifswald clinic. Billroth, who followed the history of his cases after they left his immediate observation, gave 20 deaths in 64 cases, or 31¼ per cent. mortality. Hueter, not following up the cases, 23 deaths to 86 cases, or 26⅞ per cent. Together, 43 deaths in 150 cases, or 28⅔ per cent. That might seem an excessive mortality, but if it was remembered that deaths from phthisis, exhaustion, miliary tuberculosis, meningitis, etc., occurring while the hip disease was in existence, were generally all included; and if farther it was borne in mind that our impressions of mortality were likely to be formed from cases brought early under the best surgical care, and treated with the best modern appliances, while probably the cases coming under such treatment early, even in New York, were a minority, Dr. Yale was inclined to think that the statistics quoted were not so far astray.

Another point, regarding which statistics seemed to be altogether lacking, was the relative number of cases of hip disease that passed to suppuration at all. It had been estimated that as many as 50 per cent. suppurated. Now since, with the exception of occasional tubercular disease, the deaths from hip disease occurred in the suppurative stage, the fatality per centum of that stage would be relatively higher; that is to say, about 57 per cent. of suppurating cases ultimately died unhealed. How far this was an accurate estimate, Dr. Yale could not say, but it was based upon the only available material, and it would be interesting perhaps to see how the results thus obtained compared with those obtained by excision. He had assisted at the operation about forty times, and many of the cases had remained under his care for a considerable time. In addition, he had seen a number of cases at a later period in their history. Of all these cases he knew personally of their ultimate or present condition in but twelve, in addition to the case just shown by Dr. Sayre. Many more were doing well when he last had seen them, but had not then reached a definite result. He therefore spoke only of such as he had seen and knew of with certainty. Of the thirteen cases six were dead, three having died within three months, three between one year and two and a half years after the operation. Six were cured, and by cured was meant that there was no discharge, and that all sinuses were definitely healed. They were all cures with free motion, all quite as free as the case present, and in several the motions were quite of the normal degree. Of the six cured, five were Dr. Sayre's cases, and the sixth was operated upon by Dr. A. W. Stein. This last case had absolutely a complete motion of the hip-joint as upon the sound side, the examination having been made upon a table, to avoid mistake, and verified by Dr. Gibney. There was in this case 2⅜ in. shortening, one inch of which only was in the femur, the remainder in the leg. The thirteenth case had just been heard from by letter, and reported a very slight motion, and a sinus still open near the anterior superior spinous process of the ilium; but his general condition was much better than before the operation, 2¼ years ago. These few cases give: cured, 46 per cent.; deaths, 46 per cent.; doubtful, 8 per cent. Counting the doubtful case as death, gave 54 per cent. death, or rather less than the estimate of death among all suppurating cases. These cases, it should be borne in mind, were of the worst character, many of them having resisted treatment by mechanical means in the best hands for a long time.

In his experience, then, mortality was not increased by the operation. He had never seen a recovery with a useless limb. His belief was that cases, if cured, were cured more speedily, and in much better condition than if left alone; and if not cured, could scarcely be said to be in worse condition. Until he saw reason to change his belief, he should feel it his duty to advocate the operation on the same surgical grounds, and under the same restrictions as he would a like operation elsewhere, knowing no reason why the hip-joint should in any sense be made an exception to general surgical rules. Farther, in certain very bad cases, where the suffering and the constitutional disturbance were very great, he would feel bound to propose the operation, even with the certainty of its failure, on the ground that it would, by diminishing these symptoms, render life more tolerable, and probably prolong it.

Dr. Sayre thought that Dr. Yale should have embraced the results in the total 40 cases, in order to make his statistics of any value; for, as the question remained, the result in 28 cases was not mentioned. One of the twenty-eight cases not referred to, had first been exhibited, and showed a good result for the operation.

Dr. C. T. Poore remarked, that a table of ultimate results, both after excision of the hip-joint and after mechanical treatment in any great number of cases, sufficient for scientific statistical purposes, did not exist. etween those who were strong advocates of mechanical treatment carried to its utmost limit, and those who advocated exsection in a certain class of cases, or when the disease has reached a certain stage, there seemed to be an almost irreconcilable difference of opinion—and until we had reliable statistics from both sides we must remain in doubt.

There were some cases of hip disease that recovered without any treatment; others recovered after rest or mechanical support; others recovered only after excision; while some progressed from bad to worse, no matter what plan of treatment was adopted.

The usual mode of reporting cases, both of excision and after mechanical treatment, made them of no value. He would throw out all cases of reported cure, unless the condition of the limb was explicitly stated; if an exsection had been performed, the statement of a physician should be included as to the amount of shortening, and whether there existed any sinus or not. The ability to walk without support should not be regarded as proof of a cure. For, he had seen patients go about without pain, and without any support, when the femur was extensively diseased, and who ultimately died from a continuance of suppuration.

During the past few years he had excised twelve hip-joints. Two of these were thrown out; one done this week, the other still under treatment, although he thought that a good result would be obtained. Of the ten cases, five died: two from amyloid degeneration of the liver, etc.; one from meningitis; one from phthisis, and it was supposed that one died from heart-clot.

The death from meningitis, and that from phthisis, Dr. Poore thought should not be reckoned as deaths from hip disease.

Of the five remaining, one was *cured*.

In one case, at the time of the operation, there was albumen in the urine, no casts could be found, and there was enlargement of the liver. The femur was extensively diseased, and was divided about 1½ inches below the trochanter minor. The patient had been examined very recently, and his general health was good. All sinuses were closed, except one, through which exposed bone could be detected on the ilium. He could flex, rotate, and extend the thigh on the pelvis with considerable freedom, but he was unable to raise his foot from the bed; he could bear his whole weight on the limb, which was 3¼ inches shortened. He had no albumen in his urine after the operation, and when the examination was made only very slight enlargement of the liver could be detected. That was not a very flattering record, but it was to be added that all his cases give a bad family history. Four of the cases had developed extensive abscesses before coming under operation, and four after. In six cases the shaft was diseased below the point of section, and in some a lower division of the bone failed to find healthy tissue. In four cases the bone was healthy below the point of section.

It seemed to Dr. Poore that a hereditary diathesis had much to do with the result, if not the cause of joint-disease. The fact that exsection in some, if not most of his cases, has not given good results, was not an argument against the operation, as the cases did not come under his care until all chance for cure by mechanical means had long since passed. When should mechanical treatment give place to operative procedure? was a question that each surgeon had to decide for himself. Dr. Poore thought that it was not the duration of the disease, but the pathological changes in the joint, that should form the basis of our decision. Dead or carious bone in a joint should be treated in the same way as diseased bone elsewhere. If, after careful examination under ether, he was satisfied that the joint was disorganized, that the cartilage had been destroyed, he thought that the question of excision should be seriously considered; and if the patient belonged to a family whose history was bad, he should consider it an additional argument in favor of that operation. He had never excised a joint when, in his own opinion, or in the opinion of those gentlemen present, a cure by rest and mechanical treatment was probable. There was nothing peculiar in hip-joint disease; the same general rules of surgery applied to that joint as to any other—and, perhaps, with more force, when we considered the structure of the joint. Dr. Poore very much regretted that those gentlemen who were so ardent advocates of mechanical treatment, and who held views different from some others, had not given statistics of hip disease treated in the third stage, and the results in a way that would be of some scientific value; for, until they did, all discussion on the subject was useless.

That disease might again be lighted up in the end of the femur, or in the acetabulum after a successful excision, was not improbable. He had, however, never seen or heard authentically of such a case, and doubted very much whether a return of disease after excision was as common as after spontaneous cure, or one after mechanical treatment. He was as strong an advocate of the mechanical treatment of joint-disease as any one, but he did not believe in holding out hopes of cure in cases where the joint was disorganized, and when abscess had been formed with burrowing of pus under the muscles. Dr. Poore believed that more lives would be saved with a useful limb by not trusting too long to mechanical treatment. There was almost no dangers from the operation itself, and the relief to the patient had in all his cases been very marked.

Dr. Weir remarked, that while in the service at St. Luke's Hospital, the operation of exsection of the hip-joint was forbidden in that institution. Consequently, in many cases he had made an incision as if for exsection, removed the dead bone as far as possible, perhaps made an opening through the involucrum for that purpose, and those cases did very well. The discharge diminished, and the general condition of the patient was improved. In proper cases he favored complete exsection.

Dr. Sayre remarked, that such operative procedure was what he had called partial exsection, and in certain cases was an operation that might with perfect propriety be first resorted to. If, subsequent to such an operation, the caries was progressive, exsection should be resorted to, and it was then not only a justifiable operation, but it was the duty of the surgeon to perform it. The partial operation he had performed many times, and in some cases with very satisfactory results.

The Association then adjourned.

NEW YORK THERAPEUTICAL SOCIETY.

Stated Meeting, February 8, 1878.

Dr. James R. Leaming, President, in the Chair.

REPORT OF COMMITTEE ON NEUROTICS.

I.—*Results of the Use of Chloride of Potassium in Epilepsy.*

II.—*Preliminary Report on the Use of a Mixture of Bromides and Chloral in Epilepsy.*

Dr. E. C. Seguin, Chairman of the Committee, made the report, of which the following is a brief summary. The experiments in the first instance were made by noting the number of epileptic attacks occurring in a certain number of patients during a certain period of time.

First.—Noting the number of attacks which occurred in a certain number of patients while receiving a placeboic treatment, during a certain period of time, and also the number of attacks occurring in the same patients while under the bromine treatment for a corresponding length of time.

Second.—Noting the number of attacks occurring while under the chloride of potassium treatment, and comparing it with the number of attacks occurring in the same patients during treatment by bromides for a corresponding length of time.

The following were among the conclusions reached:

I.—That bromide of potassium had a positive restraining influence over epilepsy, both in reducing the number and the severity of the epileptic attacks.

II.—That chloride of potassium was almost inert as an agent in the treatment of epilepsy.

It was inferred that the potassium could not be the efficient element in controlling the epileptic attacks, because the chloride of potassium contained more potassium than did the bromide of potassium.

PRELIMINARY REPORT ON THE COMBINED USE OF BROMIDES AND CHLORAL IN EPILEPSY.

The formula employed by Dr. Seguin and two of his clinical assistants was as follows:

℞.

Potas. bromid	ʒi.
Chloral hydrate	ʒss.
Aquæ	ʒvii.

M.

Of that mixture from four to six teaspoonfuls were administered daily.

The observations were made by Dr. A. McLane Hamilton, of New York; Dr. J. C. Shaw, of Brooklyn; Dr. E. C. Seguin and two of his clinical assistants, Drs. T. A. McBride and N. B. Emerson. The combination of chloral with bromide of potassium had been used in twenty-eight cases, and it was shown that the epileptic attacks were warded off by the new solution quite as well as by the bromides alone (bromide of ammonium in the same quantity being used instead of the chloral hydrate). The reflex irritability of the throat was reduced equally as well as by the use of the bromides alone.

In all the cases there was a remarkable immunity from the bad effects of the bromides, especially in the psychic sphere, and little or no acne had been produced. In no case was more than forty-five grains of each drug given daily, and really no bad results had been realized under the new treatment.

It had been hoped that the admixture of the chloral with the bromide would diminish the evil results produced by the bromide, such as general depression of the system, irritation of the skin, etc., and those advantages had been partially, if not fully, realized. The good results obtained had encouraged the committee to make more extensive trial of the new mixture.

Dr. W. H. Thomson thought it quite probable that the apparent good effect obtained by the use of chloral as indicated would prove but temporary.

He always used phosphorus and cod-liver oil with the bromides in the treatment of epilepsy; relying upon the phosphorus to prevent the bromic acne.

Dr. E. R. Squibb remarked that he had not yet found any one who had seen an attack of *grand mal* occur when the patient, at the time of its occurrence, was suffering from bromism. The history of four cases of epilepsy was referred to, which had been treated by the use of bromide of potassium alone. The manner of administration had been to give the drug in gradually increasing doses until the attacks were arrested. Little or nothing had been seen of the bad effects produced by the bromides. Intermissions in the use of the bromide had been given the patient, varying in length from two to ten days, and to these a good deal of the absence of the bad effects of the remedy was attributed.

Dr. F. A. Castle remarked that he had employed chloral and bromide of potassium in combination in the treatment of other conditions than the epileptic, and had found that a less quantity was required than would have been necessary had either drug been used alone.

Dr. E. C. Seguin remarked that his experience was against the omission of the bromide for even a single dose in the treatment of epilepsy.

Dr. Thomson endorsed Dr. Seguin's experience in that particular. He also referred to impressions on the surface nerves as a means for diminishing the quantity of bromide required to control the epileptic attacks. It was his habit, therefore, to produce surface irritation on epileptic patients by the use of a drachm of red pepper to a pint or quart of water, and applying it with a sponge.

Dr. H. T. Hanks remarked that although the effect of the chloral combined with the bromides in the treatment of epilepsy might be merely palliative, yet in that way it assisted nature in affecting a cure of the disease, or gave other remedies an opportunity to operate.

Dr. Squibb referred to the use of nitrite of amyl for the same purpose. It was a remedy which produced effects much more evanescent than those produced by chloral, yet it had been successfully used for preventing the occurrence of epileptic attacks. Although not directly curative, it had proved in many cases a valuable adjuvant in the treatment of the disease, because it obviated the retarding influence produced by a convulsion.

Dr. H. G. Piffard exhibited a proposed

NEW DOVER'S POWDER,

made by substituting sugar of milk for sulphate of potash in the old formula. He also exhibited *pilocarpin*, put up in a convenient form for preservation by triturating the alkaloid with one hundred parts of sugar of milk.

A specimen of Calcutta flaxseed was also exhibited, which had been suggested as a substitute for cod-liver oil.

Dr. E. C. Seguin objected to the use of the term "trituration," because of its immediate association with a fraudulent school in medicine.

After a brief discussion upon this point, the Society adjourned.

Correspondence.

LIBERALISM IN HOMŒOPATHY.

To the Editor of The Medical Record.

Sir:—As the one who offered the first resolution, a modified form of which has recently been adopted by the Homœopathic Societies of the County and State of New York, I beg to say a few words suggested by your editorial in The Medical Record of Feb. 16th.

The resolution does not indicate, and was not intended to imply, that those sustaining it had changed either belief or practice; it was not offered, hat in hand, to any school or faction; its sole purpose was to correct an error which, to a greater or less extent, prevailed both within and outside the profession—that is, the erroneous impression that we practically excluded everything in medicine outside the segment of homœopathy.

This supposition is entirely at variance with fact; indeed, we claim to be the medical practitioners in the broadest acceptation of the term, inasmuch as we have never declined to avail ourselves of any source of knowledge or practical experience—homœopathy included.

There are those, opposed to our resolution, and who do believe in and who endeavor to practise exclusive homœopathy, but they are exceedingly few in number.

By homœopathy is meant a principle upon which remedies are selected. The question of the amount of the remedy used is a matter of personal experience, and the mode of its preparation purely a question of pharmacy; it has necessarily no more connection with homœopathy than has the silver bill.

The intent of the resolution was to formulate our platform, and to say that it should be vast enough to include for examination every pertinent fact and theory in the universe; that every member of our body should possess absolute freedom to believe or disbelieve, according to his sincere convictions, and that he should be master of his own professional administration: that he shall not be bound to one moment's perpetuity of belief, changing with each hour, if he so wills, in compliance with new facts and the progressive evolution of science.

E. P. FOWLER, M.D.

38 W. 40TH STREET.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from February 17 to February 23, 1878.

WATERS, W. E., Captain and Assistant Surgeon. In addition to his present duties, to examine recruits and attend the artillery command in camp near this city (San Antonio). S. O. 33, Dept. of Texas, February 12, 1878.

WINNE, C. K., First Lieutenant and Asst. Surgeon. Granted leave of absence for one month on surgeon's certificate of disability, with permission to leave the Department and apply for one month's extension. S. O. 14, Dept. of the Platte, February 13, 1878.

TURRILL, H. S., First Lieutenant and Asst. Surgeon. To accompany recruits from San Antonio to Fort Clark, Tex., and on arrival report to the Post Commander for duty. S. O. 31, Dept. of Texas, February 9, 1878.

BARNETT, R., First Lieutenant and Asst. Surgeon. Relieved from temporary duty at Little Rock Barracks, Arkansas, to proceed to Lake Charles, Calcasieu Parish, La., and resume his duties as Post Surgeon. S. O. 22, Dept. of the Gulf, February 12, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending February 23, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Feb. 16, 1878....	0	4	86	4	171	84	0
Feb. 23, 1878....	0	7	75	5	130	61	0

THE NORTH CAROLINA MEDICAL JOURNAL.—This journal is a revival of the *Medical Journal* of North Carolina, which ceased in 1862. In certain respects it is an old friend in a new dress, and is welcomed accordingly. It contains original articles, selected papers, correspondence, editorial articles, reviews, and news; is published at Wilmington, Ohio, and is under the editorial charge of Dr. M. J. De Rosset (formerly of Baltimore, and now of this city) and Dr. Thomas F. Wood, of Wilmington, N. C. This number is well presented, and if it is a specimen of what is to follow, we have no doubt that the journal will be well received by the medical profession of the State.

ALUMNI DINNER OF MEDICAL DEPARTMENT OF UNIVERSITY OF NEW YORK.—The seventh annual dinner of the Alumni Association of the Medical Department of the University of the City of New York took place on the evening of February 22d, at Delmonico's. The annual business meeting preceded the banquet, and resulted in the choice of the following ticket of officers for 1878:

President, James H. Anderson; Vice-Presidents, William A. Hammond, John R. Dickson, Josiah Gautier, S. Fleet Speir, J. J. Peterson, Thomas S. Bahan; Secretary, for three years, Frederick R. S. Drake; Treasurer, C. Dixon Varley; Executive Committee, D. B. St. John Roosa, Stephen J. Clark, F. Le Roy Satterlee, A. E. MacDonald, Edward L. Pardee, Andrew Otterson, R. A. Witthaus, W. C. Lutkins, L. Goldschmiedt, Newton M. Shaffer, M. J. Moses, J. H. Hobart Burge.

Dr. James H. Anderson, the President of the Association, presided, and had on either side of him Mayor Ely, Chancellor Crosby, Rev. Dr. John Hall, Rev. Stephen H. Tyng, Jr., Mr. John Taylor Johnson, Mr. Joseph H. Choate, Mr. Chauncey M. Depew, Commissioner of Charities Townsend Cox, and ex-Commissioner Isaac H. Bailey. Dr. Anderson announced the toasts, and called upon Mayor Ely to speak for the City of New York. His Honor made some remarks, and was followed by Chancellor Crosby. The toast to the Council of the University was responded to by Prof. D. B. St. John Roosa, M.D., who urged that the University should receive aid so as to become a real university, in which all branches of knowledge should be taught. He denounced the manner in which it is neglected, and urged that New York and New Yorkers should not assist in building up a university in Massachusetts, when one ought to exist in this city, where there is good foundation for it. In conclusion, Prof. Roosa declared that the policy of founding small detached colleges for the purpose of teaching special branches was wrong, and claimed that such institutions should be embraced in the University of the City of New York.

Rev. Stephen H. Tyng, Jr., made a long and very earnest address, claiming that the medical and clerical professions were kindred, had been conjoined in the earliest age, and should always assist one another. He insisted that the clergyman, by calming the mind of a patient, helped the doctor to make a cure, and admitting that physicians often become the custodians of secrets such as would be kept from the preacher, he urged that they should never forget that theirs are sacred obligations. The Bar was responded to by Hon. Joseph H. Choate, in his usual graceful and witty style, which kept his hearers in continual good-humor. He declared that lawyers were kindred to doctors and clergymen, and that their relations should never be inharmonious; but complained that while upon a man's death the clergyman claimed his soul, the doctor his body, and the lawyer his estate, the last named got less than the others. They were continually profiting by the man in his life, but the lawyer had but one chance at him, and that only after his death.

Dr. W. H. Draper and Dr. James R. Wood being unable to be present and respond to the toast of "our sister colleges," sent letters of regret. Isaac H. Bailey responded to the toast of "Our Public Charities," Dr. George K. Smith, of Brooklyn, and Prof. A. E. Macdonald, N. Y., to the "Alumni," and Hon. Chauncey M. Depew to "the press."

About two hundred guests were present, and as usual the affair was a brilliantly successful one. The

speeches were excellent and to the point, and were listened to with the greatest attention.

The following burlesque on the toasts was circulated during the evening, and created much amusement. As will be seen, the quotations are made from some of the well-known certificates of certain mineral waters:—

The City of New York, "Well suited for cases of acute disease." *The University*, "Not only a luxury but a necessity." *The Council*, "Very mild in its action." *Sister Colleges*, "Most agreeable, alone or mixed." *Public Charities*, "Prompt and efficient." *Our Alumni Association*, "Impregnated with its own gas." *The Pulpit*, "I always recommend it—to my patients." *The Bar*, "I often have recourse to it." *The Press*, "Specially adapted for daily use."

THE LATE DR. E. R. PEASLEE.—At a stated meeting of the New York Academy of Medicine, held February 7, 1878, a committee consisting of Drs. Fordyce Barker, James L. Banks, and Austin Flint, Sr., presented, and the Academy unanimously adopted, the following resolutions to the memory of Dr. E. R. Peaslee:

Resolved, That by the death of our late Fellow and ex-President, the Academy of Medicine has lost one of its most distinguished and useful members, who was ever zealous for its interest, usefulness, and reputation; who by his great success as a teacher of various departments in several Medical Colleges, has done much for the education of a large class of medical practitioners in all parts of the country, now working in the interests of humanity; who, by his important papers, either read before the Academy, or published in different medical journals, and by his learned and able works, has added much to the science of medicine and greatly improved its practice in many important departments, and has left an imperishable name, greatly to the honor and reputation of this Academy and of the profession of this city and of this country; and who, by his personal character, won our warm esteem and high respect.

Resolved, That these resolutions be entered in the minutes of the Academy, and be sent to the medical journals of this city for publication, and that an engrossed copy be sent to the bereaved family.

H. T. HANKS, *Recording Secretary*.

SUSPENSION IN SPINAL DISEASE.—Dr. Bernard Roth (*Lancet*, Feb. 2d) says that the "so-called newly introduced method of suspension by the 'gallows' has been largely employed for many years past in several orthopædic institutions on the Continent;" that he saw last spring nearly the identical kind of apparatus used by Dr. Klopsch, of Breslau. "Here a strong horizontal beam is supported at its middle on a vertical mast fixed in the ground, and from the two extremities of the former depends exactly the same kind of gallows as is attached to the apex of Dr. Sayre's tripod. The patient's head having been fixed in the way now so well known here, the cord is shortened till the toes can only just touch the ground; the patient is now told to walk round and round, the horizontal beam being made to turn on a pivot. There are usually two or three cross-beams, and I have seen as many as six patients, walking round simultaneously as best they could on tip-toes, while their spines were being extended by the weight of their bodies. Complete suspension in the air is also employed very often. Even the shoulder-loops are quite identical with those now said to have been invented by the American professor. I saw a similar apparatus and treatment at the orthopædic institution of Dr. Schildbach, at Leipsic. This gentleman is a *privat docent* of, and has an orthopædic outpatients' department (*Policlinic*) in connection with the University of Leipsic. It is a curious fact that in Germany the gallows is called Glisson's swing (*Glisson'sche Schwebe*), after Francis Glisson, an English physician, who wrote a book, 'de Rhachetide,' a second edition of which appeared here in London in 1660. He quotes at page 868 a description of the swing, with an illustration, and explains the principle on which it is used. I have no wish to depreciate the great debt of gratitude we owe to Dr. Sayre for his introduction of the plaster-of-paris bandage for spinal disease, especially malum Pottii; but I do not think it is quite fair that no acknowledgment has been made of the real inventor of the suspender, nor of the fact of its having been so long in common use in Germany."

DEATH FROM CHLOROFORM.—We have made inquiries as to the death from chloroform, reported last week to have occurred at the Devon and Exeter Hospital. From a communication kindly made to us by Dr. H. Gordon Cumming, House-Surgeon to the Hospital, we gather the following outline of the facts. The patient, a well-developed and healthy-looking lad, aged about eighteen, was about to undergo the ordinary operation for the removal of an elongated and indurated prepuce following soft sores. The administration proceeded satisfactorily for two or three minutes, and the boy was becoming anæsthetized. A severe spasmodic stage then supervened; a change being noticed in the patient's appearance, the chloroform was at once withheld. This change consisted in a sudden lividity of the countenance and sudden dilatation of the pupils. Every effort was at once directed to restoring the patient: cold water was dashed on the face and chest, air freely admitted into the room, and artificial respiration kept up for a long period. Only about one drachm of chloroform was found to have left the drop-bottle, and the portion sprinkled on the mask, just before its removal, still remained, so that the lad could not have been exposed to the vapor of one drachm. The heart had been previously examined, and nothing found to contra-indicate the anæsthetic. No *post-mortem* examination could be obtained, in spite of much persuasion with the friends. —*Brit. Med. Jour.*, Feb. 2.

TELEPHONIC AUSCULTATION.—A correspondent in the *Student's Journal* of Saturday has the following: "In my last letter I suggested that the telephone might be used for the purpose of diagnosing heart and lung diseases. I scarcely expected to be called upon just yet to announce that the idea has been carried out, but I observe that a correspondent of the *Medical Press and Circular* states that he has been able, with the telephone, to hear the sounds of the chest, distinctly, at a distance of thirty yards. The time may come when our fashionable physicians will have consulting-rooms in the large provincial towns, each having telephonic communication with his London consulting-room, where he will sit, examine, and prescribe for those patients who would find it inconvenient to come up to town to consult him. Of course, patients would have to attend at the provincial consulting-room at such times as he would appoint. Bristol patients could attend at 10 o'clock A.M., Birmingham at 10.30, Oxford at 11, and so on. There would probably be some difficulty about the fees; they could not be transmitted by telephone. But these could be paid to an agent or secretary."—*Dublin Press and Circular*.

C27.

THE

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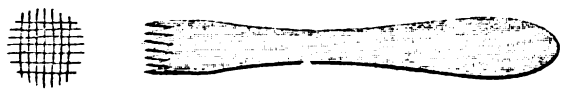

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SECOND: *Carbon*, *Hydrogen*, *Nitrogen*, *Phosphorus*, *Sulphur*, *Iron*, *Magnesium* and *Potassium* are essential elements in the food of man; and it is only in ***MALTINE***, containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

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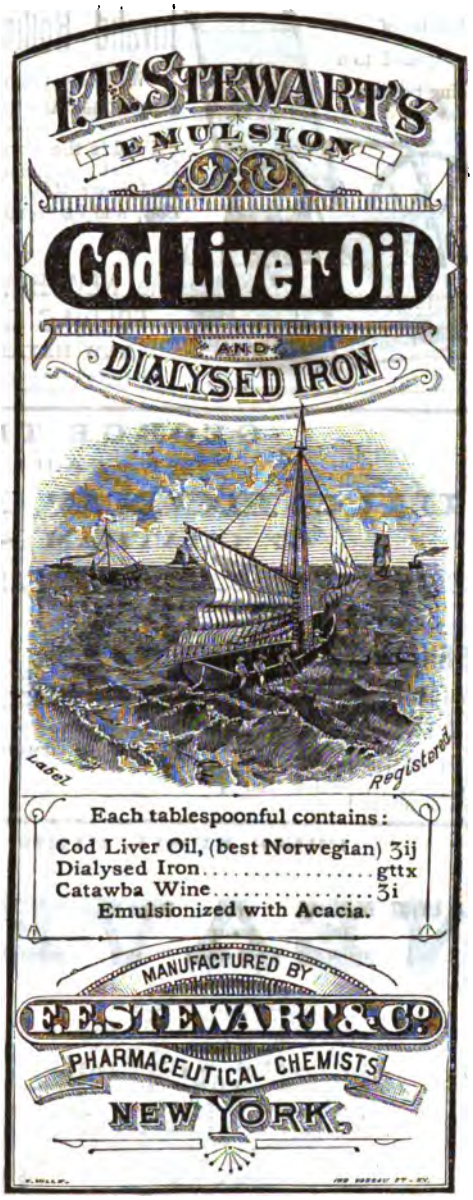

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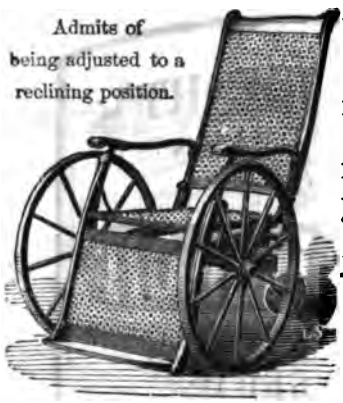

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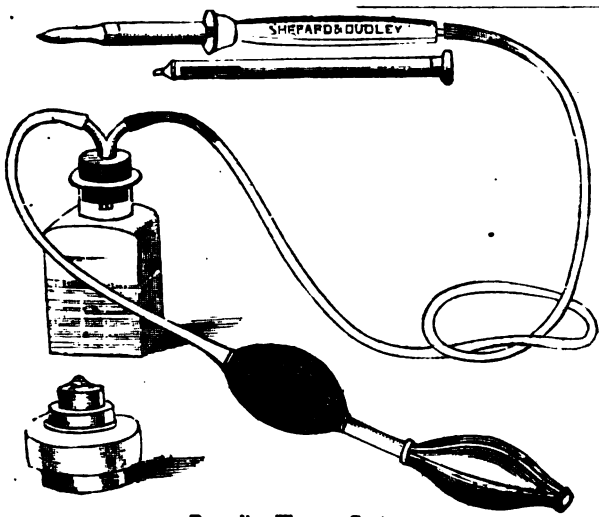

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It is generally conceded, that, although the Drug Stores are usually well supplied with numerous styles of Enema Syringes, yet, it has heretofore been impossible for Physicians, or those requiring instruments of this kind, to obtain a really first-class Syringe; although exorbitant prices have been paid for several of the more prominent bulb Syringes, simply because the patents of certain manufacturers, were supposed to grant an entire monopoly, in the manufacture of this article.

When we consider the very just prejudice against lead pipes, for conveying or holding a liquid intended to be taken into the system, it seems strange, that an instrument so exceedingly useful as the Syringe, should have been heretofore made with Lead pipes and attachments; simply brushed over the polished surface, with a thin Alcoholic Varnish, or "*Laquer*," to prevent them from tarnishing, until sold or used. A prominent Physician recently remarked, "that he would as soon think of wearing artificial teeth made with lead or britannia plates, as to recommend a metallic Syringe subject to the same poisonous corrosion."

Therefore we arrive at the fact, that a Syringe should not only be mechanically perfect in its construction and action, but the tubes and attachments, should certainly be made of either Gold, Hard Rubber, Platina or Nickel.

Dr. De Henrie's **"Gold Favorite"** and **Nickel Plated** Syringes, answer all these requirements.

A GOLD SYRINGE,

The constantly increasing favor with which the medical faculty and the public have received DR. DE HENRIE'S improved Nickel plated Syringes, has induced us to introduce a new and valuable novelty in Bulb Syringes to which the attention of physicians and the trade is respectfully solicited. "DE HENRIE'S GOLD FAVORITE" is certainly the most elegant syringe yet manufactured. The metal attachments are made of the purest white metal and nickel, heavily plated with 24 *carat gold*. This substantial plating extends throughout the inside of the tubes, and renders the syringe as pure and valuable for all practicable purposes as though the parts were solid gold. We wish it clearly understood that the "Gold Favorite" is not merely gilded, but substantially plated with pure gold, done in our own factory under the personal supervision of our Mr. Sutton. The rubber bulb and tubing is the finest made, and will not become hard or lose its elasticity, purity and durability being the object obtained.

The "Favorite Syringes," whether gold or nickel-plated are a decided improvement over those made with two elastic tubes extending from each end of the bulb, as the "Favorite" possesses all the merits claimed for a bulb held horizontally, while the valves work vertically which insures a perfect and easy action of the Syringe.

The rigid inlet pipe is conveniently held in the fluid to be injected; operating as a hand-rest, a great convenience to invalids.

De Henrie's "GOLD FAVORITE" Syringes are warranted perfect in every respect, and are justly entitled to rank as the *leading instrument* among Syringes both in this country and abroad

The "GOLD FAVORITES" are all furnished in our patent polished walnut cases, lined with silk velvet, and are sold by leading druggists throughout the world.

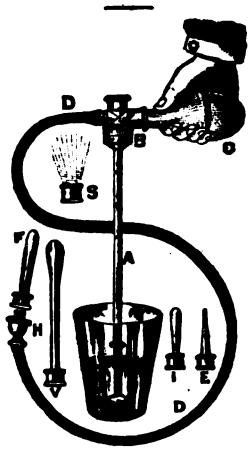
Wholesale price, $30.00 per dozen

Dr. DeHenrie's Favorite Syringe.

Practical experience, and an earnest desire to overcome the many faults found in the construction and operation of the syringes heretofore sold, resulted in the invention of the "FAVORITE" which was introduced to the trade in April, 1877. It immediately became, as the name implies, a "Favorite" with the profession and the public, being ordered by the United States Government for use in the medical department of the United States army, and endorsement and praise of the authorities both here and in France, while the sales have been unprecedented This Syringe was introduced for favor entirely upon *its own merits*, and has achieved these results simply because of the following points of superiority. It possesses all the merits of a syringe with two elastic tubes—that of drawing liquid from a deep vessel, and the convenience of operating the bulb horizontally, while the *serious objections* to syringes of this style, such as the difficulty of keeping the rubber inlet-tube in the fluid (particularly when it becomes bent to the shape of the box), and the absence of a hand-rest making it fatiguing to pump with an extended hand, are all overcome in the FAVORITE, as the rigid suction pipe maintains a perpendicular position in the fluid, and can be easily handled, while it serves as a hand-rest, a comfort to ladies and feeble persons. As the outlet valve is located at the end of the elastic tube (*not at the bulb*), the fecalized fluids from the rectum are prevented from passing into the rubber tube, therefore it cannot become offensive. The valves work vertically, and are carefully fitted, so that every valve works snug and true, and are not liable to clog or get out of order. The bulb discharges the fluid in a direct line with the discharge pipe; being the only syringe having this valuable improvement of a bulb operating horizontally at right angles to the inlet tube, thus making it the easiest syringe known for an invalid to operate, never tiring the hand; while the old style, having the bulb standing upright on top of the suction pipe, must necessarily require more exertion, as the fluid is pressed against the valve and forced around an acute angle, requiring strength to operate it. One trial of De Henrie's Syringe is convincing that it is the best to recommend to an invalid or to ladies.

De Henrie's Favorite is elegantly NICKEL PLATED; making the metallic parts pure as glass for use. Each syringe is packed in a handsome polished walnut case, fitted with compartments for each part. As a syringe for family use it has no equal, being composed of tubes for the injection of male adult, female vagina, children, eye, ear, and a spray for inflamed surfaces. Wholesale price, $12.00 per dozen.

Explanation of Dr. De Henrie's Improved Favorite Syringe.

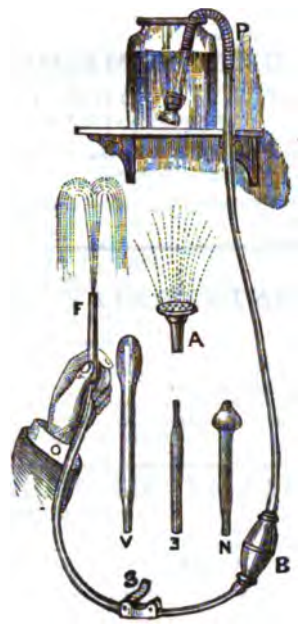


A—Suction Pipe, with Valve at **B**. **C**—Rubber Bulb, connects with A at **B**. **D**—Flexible Tube of the Finest Rubber. **H**—Outlet Valve Chamber. **F**—Injection Tube for Bowels of Adults or Children. **V**—Vaginal or Female Tube. **I**—Infant Tube, **E**—Ear Tube. **S**—Spray Cap for the Eye or inflamed Surface.

All enclosed in elegant, polished Walnut Boxes fitted with our patent compartments for keeping the tubes in place, and prevent them from rattling when carried.

The metalic parts are thickly plated with Gold or pure Nickel. The Rubber Bulb and Tubing is the *finest made*. The action is easy, and the valves fit perfectly, therefore the Syringe injects no air.

THE DE HENRIE SIPHON.



P, Spiral Coil, prevents the rubber tube from slipping out of the vessel; **B**, small rubber bulb, one compression starts the flow; **S**, improved stop cock; **F**, male tube; **V**, Vagina or Female Tube; **E**, Ear Tube; **N**, Nasal Douche; **A** Spray for inflamed surfaces.

This already famous Syringe is conceded by physicians to be the most convenient and useful article yet introduced; our cut is a fair illustration of its actual merits.

It acts automatically, dispensing with the pumping attendant upon the use of Bulb Syringes, and is designed as a decided improvement on the well-known water bag or "Fountain Syringe." In this Syringe we dispense with the rubber bag, which is so liable to crack or become leaky, and instead we use any convenient vessel for holding the liquid to be injected, simply placing the vessel upon the washstand bureau or mantel or suspended above the head, for injecting any quantity of fluid, from an ounce upward. A single compression of the small bulb **B** (see cut) starts the flow which continues whenever the stop-cock **S** is open. The hydrostatic pressure is invariably sufficient for vaginalor ordinary injections of the rectum or bowels, or a slight compression of the bulb increases the force when necessary to remove hardened feces from the rectum. As a nasal douche it has no equal. Each syringe complete with tube for male, female and infant, ear, nasal tube, and sprinkler. The metalic parts are manufactured of the purest white Britannia. nickel plated, all enclosed in a polished patent walnut case.

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FEES.—Lecture Fees for the Winter Term, $50.00. Graduation Fee, $30.00. Matriculation Fee, $5.00. Dissecting Ticket, $5.00. Hospital Ticket, $5.00.

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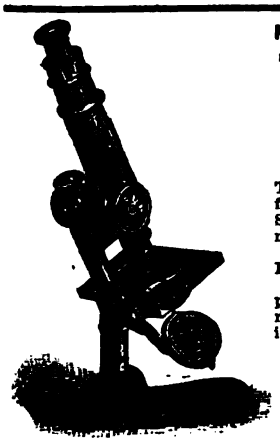

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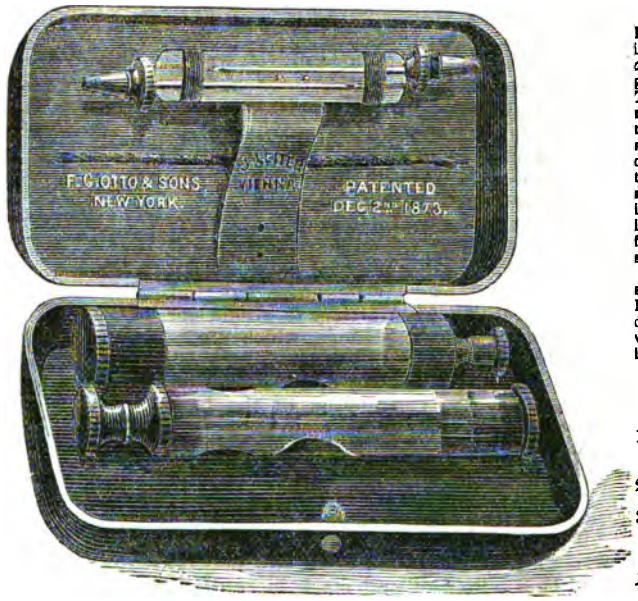

The construction of this Syringe is as simple as it is novel. It consists of a glass cylinder, which is ground conic on the inside of each end; into these sockets fit two hard rubber cones *a* and *b*, Fig. 1. To facilitate the holding of the syringe the glass is ground in the manner shown at *C* and *D* in Fig. 1. The upper hard rubber fitting *a* is for the reception of the needle which is provided with a cone as shown at *D* in Fig. 2, the lower fitting *B*, Fig. 1, receives the piston-rod, which is also made of hard rubber. The glass cylinder being ground conic (making the opening larger at the extreme ends) makes the introduction of the piston very easy, after being taken apart for cleaning or lubricating. Having made considerable improvements in the manner of filling the syringe, as well as in the needles, we feel justified in saying that this syringe is far superior to any yet brought before the profession. The syringe is filled in a very simple manner.

Fig. 3 shows the vial. *B* in Fig. 3 is a cone which fits the socket in fitting *a*, Fig. 1, after having introduced cone *B*, Fig. 3, into fitting *A*, Fig. 1, unscrew the fitting *C* in Fig. 3, draw down the piston and the syringe will fill readily and without a chance for air coming into the same. *A* in Fig. 3 is a cap to close the vial.

To fill the vial unscrew the fitting *C*, Fig. 3, entirely.

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2d—The easy manner in which the Syringe may be taken apart for cleaning and lubricating.

3d—The manner of filling the Syringe.

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Fig. 1.

Pat. Dec. 2, 1873.

Fig. 2.

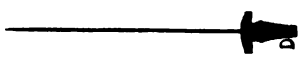

Fig. 3.

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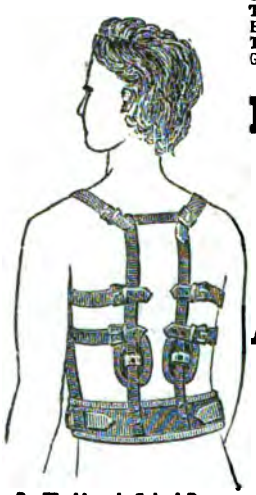

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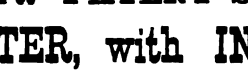

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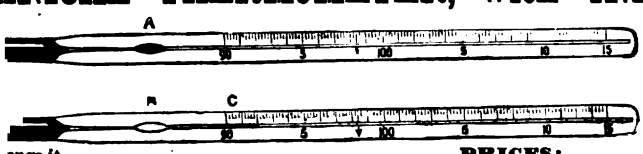

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FRACTURES OF THE NECK OF THE FEMUR IN THE ADULT.

A CLINICAL LECTURE DELIVERED AT BELLEVUE HOSPITAL, DECEMBER, 1877.

By FRANK H. HAMILTON, M.D.

GENTLEMEN:—Before I speak on the special subject selected for to-day's clinic, I wish to say a word upon another matter. Since my last lecture I have received a note from a gentleman asking whether I had not done an injustice to Dr. Buck, in saying that he did not first suggest or practise elevation of the foot of the bed as a means of making counter-extension in fractures of the thigh. I shall not hesitate to mention the name of the gentleman who wrote me the note. I do not think he would object to my doing so, for, although a pupil of Dr. Buck's, and naturally jealous of his well-earned reputation, he is not only one of our best surgeons, but a liberal man, and he would be unwilling to sacrifice truth to friendship. The gentleman of whom I speak is Dr. Weir, of this city.

In an interview which I had with Dr. Weir subsequently, he stated that, while a pupil of Dr. Buck's, and one of the house-surgeons to the New York Hospital in 1859, Dr. Buck directed him to elevate the foot of the bed in the manner that we now do, and that he dressed a fracture of the thigh in this way; and this, he feels certain, was the first time Dr. Buck tried this method. I was then able to show Dr. Weir that I had published this method in 1857, in the third part of my "Report on Deformities after Fractures," at pp. 436–7 of the "Transactions of the American Medical Association" for that year, a description of the method being accompanied with three woodcut illustrations; and I speak there of the method as having been suggested by Dr. James L. Van Ingen, of Schenectady, N. Y. I was engaged several years in the preparation of the consecutive numbers of this report, and they were published in the Transactions for 1855, 1856, and 1857. My impression is, that these woodcuts were received from Dr. Van Ingen several years before they were published, but this is not material; they were published in 1857, and Dr. Buck made his first experiment in 1859, according to Dr. Weir.

It will be seen, if you look at the report alluded to, that the foot of the bed was placed at different heights in the three woodcuts, but in all of them it was higher than we now raise it; and the first time I ever tried the method I followed Dr. Van Ingen's practice, and found it very uncomfortable. It is worth your while to notice that Dr. Van Ingen calls attention to the necessity of keeping the pillow under the head, so as to "leave the neck and shoulders quite free;" that he places a pad under the knee, and under the leg above the heel, as I have recommended to you before—showing that he had practical experience in the matter. In one of his woodcuts the extension is made by a gaiter, and in another by adhesive strips.

NOTE:—I find that there are two other errors to be corrected in this connection, one or both of which I may, perhaps, have contributed to propagate.

First.—Dr. Buck was not the first to employ the pulley and weight as a means of extension. The earliest account of this method of which I have any knowledge is furnished by Dr. L. A. Dugas, of Augusta, Ga., and will be found in my report to the Amer. Med. Association, vol. x., pp. 434–5, for the year 1857 illustrated by two woodcuts. As will be seen, directions are there given for making extension by a weight and pulley—the rounded top of the foot-board serving as the pulley. Dr. Dugas used a loop of bandage instead of adhesive plaster, to take hold upon the foot and leg. "A two or three pound weight should then be fixed to the foot and hung over the foot-board of the bed, as indicated in the annexed figures, so as to keep up extension, while the resistance of the patient's body will effect counter-extension," etc., p. 434. The weight was much less than we now use, but the idea of a weight and pulley is clearly stated. Dr. D. had even thought of and practised making counter-extension by the weight of the patient's body, but he had not elevated the foot of the bed. The apparatus as thus constructed was far less perfect and efficient than that now employed.

Second.—I was not the first to suggest the long side-splint as I have once publicly stated, to make certain that the body and upper fragment of the broken thigh were kept in line with the lower fragment. It was suggested and practised by Dr. Dugas, as will be seen by a reference to the same report. He used it to keep the body in line, but not to prevent eversion. His apparatus was also shown in the first edition of my book on Fractures and Dislocations, p. 414, but it was dropped in subsequent editions, and Dr. Buck's substituted. Dr. Buck used the same round ball for extension as was used by Dugas, but he substituted a pulley for the round top of the bedstead.

I will add a paragraph from a letter written by Dr. Dugas, and sent to me by Dr. F. G. Smith, Secretary Amer. Med. Association, not heretofore published. Perhaps the profession may have very little interest in these questions of priority, but as the questions have been raised it seems proper to state the facts once for all:

"AUGUSTA, GA., June 27, 1857.

"DR. F. G. SMITH:—

"DEAR SIR—In compliance with the request of Dr. Frank H. Hamilton, of Buffalo, I now send you a couple of sketches, with a brief description of the method I have *long adopted* in treating fractures of the thigh."

Then follows a description of the apparatus, and an allusion to his well-known mode of diagnosticating dislocations of the shoulder, which I shall omit. It is my impression that the apparatus will be found in some of the earlier numbers of the *American Jour. of Med. Sciences*, but I have no time to look for it.

The "American method," then, as I have chosen to call it, is indebted especially to the following gentlemen for its present state of perfection.

In 1851, Dr. Josiah Crosby published his method of extension by adhesive strips.

In 1857, and probably many years before, Dr. L. A. Dugas recommended the weight and pulley (the round top of the bedstead), and suggested the weight of the body as a means of counter-extension, and the long splint to keep the fragments in line, which I also used many years before I published any account of my method.

In 1857, or earlier, Dr. James L. Van Ingen elevated the foot of the bed to increase the weight of the body as a means of counter-extension.

Dr. Buck substituted a pulley proper and an upright board to carry the rope. He did not use the long splint, and for a long time after 1859 he used and recommended a perineal band

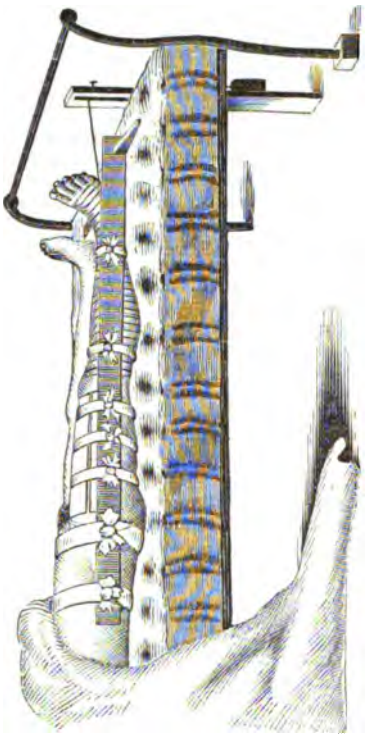
If I have contributed anything myself, it has been by the combination of the various improvements, by the addition of certain minor modifications, and by giving to the whole the test of extensive and comparative trial.

We will now consider *fractures of the neck of the femur*, of which we have several examples before us. I shall confine myself to these fractures as they occur in adult life. Fractures of the neck in early life are exceedingly rare, and the few cases which

have been recognized clinically have all left a doubt as to their exact character.

I do not propose to speak particularly of the pathology of these accidents, or of their causes or signs. I shall assume that you have studied all these matters. My present purpose is to speak only of the treatment.

It is necessary to say, however, that a fracture may occur within the capsule or without the capsule, and that the latter are almost always impacted, the neck being driven into the shaft, and being there more or less firmly fixed. We have these two kinds of fractures in old people mostly, and although they differ considerably as to their causes, their symptoms and



Dr. Hamilton's Dressing for Fracture of the Neck of the Femur.—*From General Treatise on Surgery.*

their results, the proper treatment in the two cases differs very little.

Let us see. If the fracture is within the capsule, it may not shorten at all at first; but inasmuch as in almost every such case, perhaps in every case, the neck will be in part or in whole absorbed, generally within a few days or weeks—for this process of absorption goes on very rapidly after the fracture has occurred, as I have proven by several observations upon the cadaver,—for this reason a shortening must soon occur, and in the end the upper end of the shaft will become attached by fibrous tissue, perhaps to the head of the bone, remaining in the socket, perhaps to the capsule and other parts about the joint—perhaps to both; and the shortening is apt to be very great, being probably greater in proportion as the upper end of the shaft and the portion of the neck attached to it is drawn farther from the head by the action of the great muscles of the thigh and hip. You see, therefore, that in this case it might be an object to hold the limb extended for a time with a weight and pulley, and thus to make the fibrous bond as short as possible; in other words, to secure for the limb as much length as possible. I do not speak of this as an ascertained fact, namely, that by permanent extension maintained for a few weeks, the limb, in case it has been broken within the capsule, will be in the end longer than if no such extension had been used. It is a theory only, which to me seems plausible, but which I have not proven. If, as some have thought, and perhaps some still think, a bony union is occasionally effected after this fracture, then certainly the extension would be useful for this purpose. I do not deny that such a thing has ever occurred, but I have never seen it, and I think its occurrence very improbable, even under the very unusual and the most favorable circumstance, namely, when the intracapsular fracture is at the same time an impacted fracture. I do not discuss that now. All I wish to say is, that my treatment would be proper in any view of the case.

There is another reason for extension in this case, if it can be employed. In my experience it has given the patient great comfort. It has arrested the contraction of the muscles and the constant motion of the fragments; and if the fragments are already displaced, this contraction and motion causes great pain by pricking and goading the inflamed capsule and the adjacent soft parts. The patient is easier the moment extension is applied. This is not speculative, but actually proven. I have observed it so often that no doubt remains in my mind as to its value in this point of view.

Let us consider now for a moment the *extracapsular*, impacted fracture; and these are almost always impacted.

These all unite readily by bone, and being impacted they unite very quickly. They are almost always found shortened from the very moment of the accident. Sometimes very little and sometimes a good deal—the shortening varying in different cases from one-quarter of an inch to one inch, possibly more or less in exceptional cases. This shortening has very little tendency to increase; but sometimes, if left to itself, it does increase quite perceptibly. The continued action of the muscles push the neck farther and farther into the broken, comminuted, and softened trochanter; softened after a few days by the inflammation.

At the same time and for the same reason that there is a tendency to shorten, there is also a tendency in the fragments to incline outwards laterally, and to cause a projection in that direction. In addition to all this the limb is apt to become everted, and this is partly owing to the action of certain muscles.

Now, with this brief explanation of certain peculiarities in these two forms of fracture of the neck of the femur, we will be able to understand what are the indications of treatment in each.

When speaking of fractures of the shaft of the femur in the adult, I said the first indication of treatment was to overcome the shortening caused by the contraction of the muscles, a shortening which we find present in these cases from the first. It is present immediately or very soon after the fracture has occurred, and it has to be overcome by energetic means. The second indication was to keep the fragments in line; and the third and least important, or least difficult to accomplish, was to prevent eversion.

When speaking in my next lecture of fractures of the shaft of the femur in children, I said the indications were in some sense reversed; the first or most difficult, being to keep the limb in line, and the second being to overcome the shortening in case any existed.

Now, in both of the forms of fractures under consideration to-day, the first indication is not to "overcome," but to prevent shortening, and incidentally to subdue or prevent pain; the second is to maintain

the fragments in line, and the third is to overcome or prevent eversion. The greatest difference is found in the fact that now shortening is inevitable, but we have the means of making it less than it would be if left to itself. At least in the case of the extracapsular fracture we can keep it where we find it, while in the case of the intracapsular fracture we can make the patient more comfortable and may hope to make the limb longer than it would otherwise be.

The treatment is then essentially the same as for a fracture of the shaft in the adult, except that instead of eighteen or twenty pounds we use eight or ten,—no coaptation splints are required—and the extension is seldom useful after about four weeks.

In the case of the patient before you, Catherine McCloud, the fracture is extracapsular. The patient is forty years old. She fell in the street, striking upon the left trochanter, and was on the same day brought to the hospital. Dr. Halsted, my chief house-surgeon, who is remarkably careful and accurate in his management of these cases, found the limb shortened and everted. The dressing was at once applied. Extension with a weight of eight pounds; the foot of the bed being slightly elevated, and the long side-splint being secured to the body and the left thigh. Now, at the end of four weeks, we permit this apparatus to be removed, and I find the limb shortened half an inch and slightly everted. The treatment is essentially completed, but she ought to remain in bed a week or two longer and then go about upon crutches.

The tendency to eversion in this case was marked from the first, and has not been overcome. My own long splint has failed to accomplish this; but Dr. Monroe, house-surgeon, has employed also in this case two pulleys instead of one, with the two lateral adhesive strips separated below the foot widely. This evidently has some effect in preventing eversion, but it has failed here. In addition to all this, there has been added an apparel devised by Volkman, a German surgeon, and described by Billroth; but you see this has failed equally. In short, you may learn from this that, in a certain number of cases of extracapsular fractures, and for reasons which I cannot now stop to explain, it will be found impossible to prevent eversion, but you ought always to try to make it as little as possible, and we think we have done so in this case.

The second example is in a woman much older, sixty-five years old. For your convenience in recording your notes I will give you her name also—Mary Stafford. She has been under treatment three weeks, and we find the limb shortened three-quarters of an inch, but with less eversion than in the preceding case.

Here is a third case; Pat Nugent, forty years old, fell thirteen feet, striking upon his trochanter, December 1, 1877. He was admitted on the same or following day, and was examined by me. The left leg was found shortened three-quarters of an inch, but he then informed us that this limb was always just three-quarters of an inch shorter than the other, and that his tailor always made this difference in the length of his pants. There being no eversion or other sign of fracture, I directed that no apparatus should be applied, but that the limb should be measured from time to time, and that he should be kept in bed. On the 10th day we found half an inch additional shortening, in all one and a quarter inches, and as this determined the question of fracture, extension was at once applied. The result is that we have prevented any further shortening. The limb being now one and a quarter inches shorter than the other, or one-half inch shorter than natural. There is now the characteristic enlargement about the trochanter, showing that it is an extracapsular fracture.

I cannot say positively that this limb was not some shortened at first, as I have nothing but his statements to rely upon; but it certainly shortened after he was admitted, and this is a new and important point. I believe, from my later experience, that this happens pretty often when extension is not employed.

My fourth case is of unusual interest, because the same fracture has occurred in both thighs at different periods of time, and the treatment and the results have been different. In all, I am able to present you then with five cases of extracapsular fracture. This last case is as follows:

Dennis Kelly, then seventy-two years old, was admitted to Bellevue in November, 1873, with an extracapsular fracture of the left leg. On the ninth or tenth day after admission, and after the fracture, the limb was done up in plaster-of-paris bandages, and soon after he walked about. The plaster remained on several weeks, being once renewed.

On the 30th of October last he fell upon the right side, breaking the neck of the femur on the right side, outside of the capsule, and was admitted at once to this hospital. On the following day Dr. Halsted applied my dressings, with eight pounds of extension. The man says: "From the moment the extension was applied I had no pain." This is the usual testimony. The apparatus was continued about five weeks, and we have now to note the results of the two fractures The left leg—treated with plaster-of-paris—is half an inch shorter than the right—treated by extension. The left trochanter and upper part of the left femur is bowed out, causing an ugly projection; the right trochanter and shaft have their natural form and position. In short, the left limb is in the same situation it would have been if nothing had been done, perhaps worse. In the right leg the result is certainly better. I am going to have the patient photographed.

Intracapsular Fracture.—Finally, I wish to show you, gentlemen, this old lady, Catharine Daly. She says she is seventy years old. This is an intracapsular fracture; the only intracapsular fracture out of six fractures of the neck which I have shown you to-day. In my Treatise on Fractures, fifth edition, I have spoken of the relative frequency of intra- and extracapsular fractures as still in dispute. In my experience, however, the extracapsular have been made the most frequent.

Observe now the points of difference. This patient is the oldest of them all, but none are younger than forty. The accident occurred, not from a fall on the trochanter, but from a slip of her foot while trying to drive flies from the room; there is no enlargement about the trochanter, although three or four months have elapsed since the accident; the limb is shortened one inch; and this is more than in either of the other cases; the toes are turned out strongly.

During the first three weeks she was under the care of Dr. Mott, and extension was employed by my apparatus with eight pounds. Since then she has been encouraged to get up and use her crutches, which she now does to some extent daily. While the extension was on she was very comfortable, but a long confinement would have made her bed-ridden, and it was removed as soon as the stage of inflammation was passed.

This completes my analysis of these cases. The result is in no case perfect, but we have reason to believe that all of those have been benefited, and their limbs rendered more useful, in whom moderate and continued extension has been employed for a period of from three to five weeks.

Original Communications.

DOSE-DISPENSING SIMPLIFIED.

AN EASY, ECONOMICAL, AND ACCURATE METHOD OF DISPENSING MEDICINES IN A COMPACT AND PALATABLE FORM.

By ROBERT M. FULLER, M.D.,

NEW YORK.

(A paper read before the New York Academy of Medicine, Feb. 21, 1878.)

MR. PRESIDENT AND FELLOWS OF THE ACADEMY:—The inability frequently experienced by physicians to obtain certain medicines, in separate doses, of a desired formula and mode of preparation, led me, some time ago, to undertake a series of pharmaceutical experiments with a view of contriving some simple, inexpensive and readily available method of preparing the medicines so desired.

After a number of varied and careful experiments, I succeeded in devising four methods of preparation, which, thinking that they might prove of interest as well as utility to the profession, I have ventured to present to you very briefly, and, I fear, somewhat imperfectly, this evening.

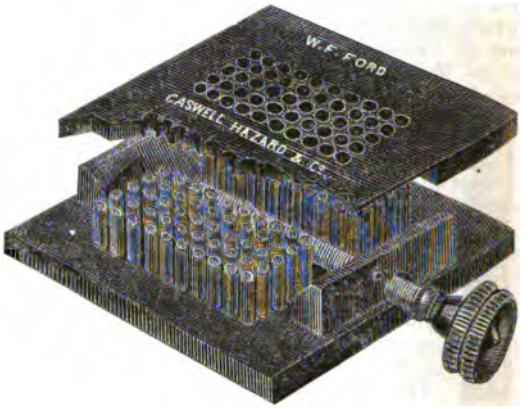
The preparations in question I have named *soluble tablets*, *tablet triturates*, and *pill* and *tablet saturates*, the former being designed for any powders which are to be administered in certain required doses, and the latter for certain of Squibb's fluid extracts, or other standard concentrated solutions. Of course, in the case of physicians practising in the city, where pharmacies are both so numerous and convenient, the application of these methods would be necessarily limited. They are mainly intended for physicians practising in the country, to whose use they are adapted by reason of their economy, dose-accuracy, compactness, and palatable form for dispensing.

The SOLUBLE TABLETS generally consist simply of certain medicines made into soluble paste with the aid of sugar of milk and alcohol, or water. In some instances, however, it is found necessary to employ an excipient more adhesive than sugar of milk. But in such cases, of course, as little of such excipient as possible should be used, in order that the tablet may be readily soluble in the mouth or stomach, or diffusible in a spoonful of water, and thus administered.

The tablets are intended to embrace any medicines that can be made into a paste which is not too tenacious, such as fluid extracts, or sugar of milk containing any per cent. of chemical, such as arsenious acid, sulphate of morphia, muriate of ammonia, etc. Both preparations can be made with alcohol of eighty-five per cent. or over, and pulverized acacia, according to the adhesiveness required.

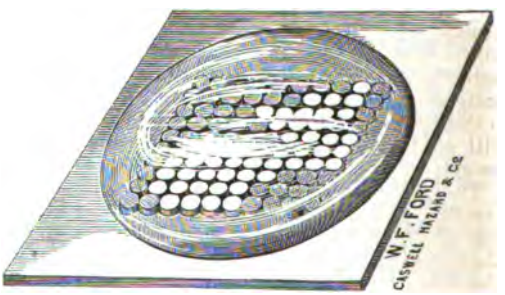
When fluid extracts are used, one minim or less may be mixed with a compound of two grains or less of sugar of milk and pulverized acacia, allowed to partially dry, and then be made into a paste with alcohol of eighty-five per cent.

The apparatus used in preparing the soluble tablets just described consists of a small bed-plate three-eighths of an inch in thickness, and five to seven inches square, made either of hard rubber or gold-plated metal, with a companion perforated plate, of similar dimensions, made adjustable and registering, and containing one hundred circular holes, more or less, as desired. The bed-plate is furnished with a number of small cylindrical projections, corresponding with, and fitting into the perforations of the upper plate. At each corner of the bed-plate is also fitted a short rod for the purpose of keeping the upper plate in position, and, at the same time, insuring its proper working. The upper plate is adjusted for the tablet mass, in accordance with the size of the tablet required, by a simple device of a screw, wedge, or lever. The paste, when of a proper consistency, is then introduced into the perforations of the upper plate by spreading it over its surface by means of a spatula. By the turning of the screw, or the removal of the wedge, the plate is next forced downward upon the projections of the bed-plate, which, in turn, force the tablets out in perfect shape. They are then removed and allowed to dry, after which they are used as has been described.



TABLET-MAKING APPARATUS.*

The TABLET SATURATES, which are similar to the pill saturates, to be described later on, are merely porous troches, or tablets designed for saturation. The difference between the tablets and the pills, beyond the difference in shape, being that the former will absorb a much larger quantity of fluid extract, or other standard concentrated solution, than the latter. The porous quality is secured generally by mixing *finely pulverized* sugar of milk with alcohol of eighty-five per cent., and then forming the paste into tablets of any desired size, and allowing them to dry. The tablets as thus made would be adapted for fluid extracts and certain solutions of great consistency, while a paste made of sugar of milk, mixed with water, would be found better suited for fluid extracts and certain solutions of less density.



METHOD OF TABLET SATURATION.

The method of medication consists of arranging any

* Mr. W. F. Ford, of Messrs. Caswell, Hazard & Co., has kindly furnished the above figure of the tablet-making apparatus, combining the screw and wedge principle, and also the wood-cut illustrating the method of tablet saturation.

number of tablets upon a glass plate, either together, in consecutive parallel rows, as shown in the accompanying wood-cut, or, in some instances, separated.

In the former case the fluid extract, or solution, is poured over the tablets, in the proportion of one minim to two grains, or a sufficient quantity for complete saturation, while in the latter a corresponding quantity of the solution is dropped upon each tablet by means of an improved minim dropping-tube. A funnel or glass may be loosely placed over them. They are then allowed to dry, after which they are ready for use.

MINIM PIPETTE.

The apparatus used in preparing the tablet saturates is similar to that used for making the soluble tablets. It consists of a similar bed-plate, provided with similar projections, and a perforated upper plate, the thickness and the diameter of the perforations of which are made with regard to the numb r of grains to be contained in the tablet desired.

The paste for the tablets is introduced into the perforations by spreading it with a spatula over the surface of the plate, while the latter rests on a square of glass. The under surface is then smoothed over, and the plate placed into position upon the corner rods of the bed-plate, and the apparatus operated as when making the soluble tablets.

The TABLET TRITURATES consist of triturations of metallic, mineral, and vegetable medicines, such as were mentioned in the paper recently read before the Academy by my friend Dr. Piffard, and found in the MEDICAL RECORD, vol. xii., p. 756. These preparations can be mixed with alcohol of any per cent., or water, according to the adhesiveness required, and the paste thus formed is then readily made into tablets of any size, with either of the above apparatus, as may be desired. They may also be made very inexpensively with a less elaborate apparatus, consisting of a single plate of hard rubber, containing two hundred holes of any dimension required, drilled as close together as possible. These being filled with the paste, the tablets, when not too tenacious, may readily be removed in proper shape by holding the plate in one hand, and with the other tapping it with a spatula, when most of them will fall out, those that may remain being easily removed by pushing them out with a small rod. Dr. Piffard has found that a plate three millimetres in thickness, containing holes six millimetres in diameter, will produce tablets of about one decigramme in weight, while a plate four millimetres in thickness, with holes eight millimetres in diameter, will produce tablets of about two decigrammes in weight.

The PILL SATURATES possess two favorable qualities, namely: they are made easily, and at an extremely low cost, those made with fluid extracts costing only about twenty-five cents per thousand. But little time is needed in their preparation, and the only apparatus required is a dispensing vial and a minim measure, or pipette. In the numerous experiments I have made, I have found that solutions in alcohol of eighty per cent., and aqueous solutions concentrated, were best adapted to the purpose of saturation. I have, however, used various other liquids and solvents with equally satisfactory results.

The process of saturation is very simple. Sufficient sugar globules of uniform size are introduced into a square dispensing vial of either four, eight, or sixteen ounce capacity, according to the number of pills designed to be saturated, to nearly cover one of its sides when it is placed in a horizontal position. I have found that No. 60 pill, which is six millimetres in diameter, is of suitable and convenient size for the purpose. [These globules, which are made of refined cane-sugar, are numbered as to their size upon a basis of measurement of *ten diameters* in millimetres.] The vial is inclined, and sufficient liquid—in which has been dissolved the required amount of medicine for each pill—is introduced by means of a minim pipette or measure, to completely saturate the globules. The vial is then held in a horizontal position and the pills agitated to equally moisten them, care being taken to avoid spreading the liquid on the other sides. While in this position, the vial is corked and allowed to rest until the pills are thoroughly saturated, which requires twenty-four hours or more. The vial remaining in the same position, the cork should be removed and the pills allowed to dry by evaporation.

MINIM MEASURE.

Where alcohol of eighty per cent. or more is the solvent, the solution to be introduced into the saturate can be of any strength. This principle applies also to the other solvents, such as ether, in which sugar is insoluble, and which will evaporate on standing. When water, or alcohol of less than eighty per cent., is the solvent, the solution should be concentrated to avoid the dissolution of the pills. The capacity of absorption possessed by the pills is varied, the maximum being one minim to about 15½ grains when the solvent is alcohol of eighty per cent. and over. The proportion, however, is not so large where concentrated aqueous solutions, or alcoholic solutions of less than eighty per cent. are used.

When these saturates contain volatile medicines, such as camphor, etc., it is expedient to give them a thin coating of albumen, or some similar transparent substance. While this prevents volatilization, it also enhances the appearance of the saturate. The method of coating, like the process of saturation, is also simple. The saturates are agitated in a little albumen, and, when covered, are placed on a glass plate, separated, and allowed to dry. A second or third coat may be given if necessary.

This constitutes the salient features of the four methods. They are given to the profession now at the personal solicitation of several of its members, and with full consciousness that there is still much room for improvement in them. They have at least a justification for their presentation at the present time, however, in the fact that, if applied to the field for which they are designed, they will be found practical.

The application of the principles is necessarily limited; but if, in the future, it shall have been found that its adoption by the profession resulted in the increased utility of a certain class of remedies, or the simplification of the method of administration, the purpose of the presentation of this paper will be more than fulfilled.

Thanking the members of the Academy for the honor and privilege conferred upon me in the granting of this hearing before them, and for their kind attention, I respectfully submit for their inspection a few preparations made by the method described:

TABLETS.

Acid. arseniosi	1-20, 1-50 and 1-100 gr.
Aconitiæ	1-50 "
Aconiti rad. ext. fl (Squibb's)	½ and 1 ♏.
" " tinct. "	½ and 1 "
Ammoniæ muriat	3 and 5 gr.
Antimon. et potass. tartrat	1-50 and 1-100 "
Atropiæ	1-60 "
Belladonnæ fol. ext. fl. (Squibb's)	1-2 and 1 ♏.
Calomel	½, 1 and 2 gr.
Digitalin	1-60 "
Ergotæ ext. fl. (Squibb's)	½ and 1 ♏.
Ferri lactat	1 gr.
Hydrarg. biniodidi	1-32 "
" chlor. corros	1-10 "
Ipecac. ext. fl (Squibb's)	½, ½ and 1 ♏.
Morphiæ sulphatis	1-8, 1-6, ¼ and ½ gr.
Nucis vomicæ ext. fl. (Squibb's)	½, ½ and 1 ♏.
" " tinct. "	1 "
Potass. bicarb	3 and 5 gr.
" chlorat	3 and 5 "
Quiniæ bisulphat	½, 1 and 2 "
Sodæ bicarb	3 and 5 "
Strychniæ	1-60 "

PILLS.

Aconiti rad. ext. fl. (Squibb's)	1-6, 1-10 and 1-20 ♏.
Belladonnæ fol. ext. fl. "	1-6, 1-10 and 1-20 "
Capsici " " "	1-6 1-10 and 1-20 "
Ipecac. ext. fl. (Squibb's)	1-6, 1-10 and 1-50 "
Nucis vomicæ ext. fl. (Squibb's)	1-4, 1-10 and 1-50 "

136 WEST 42D ST.

THE ANTECEDENT TREATMENT OF THOSE EXPOSED TO ZYMOTIC DISEASES.

BY E. M. HUNT, M.D.,

METUCHEN, N. J.

AN address before the American Medical Association (1877), and two articles on individual sanitation (MEDICAL RECORD, N. Y., Nos. 359, 370), have brought me letters from individuals—some of whom are personally unknown by me—sufficient to show that the subject is one eliciting much inquiry. I am asked to state definitely the theory of prevention, and the details as applicable in practice.

First of all, let it be understood that the proposal to prevent or abate zymotic diseases by antecedent medication is based upon two views:

I. That the contagium vivum is introduced into the human system from without, and mostly through inbreathed air. The proposition is so to surcharge the mouth and nostrils with substances inimical to the lodgment, propagation, or absorption of the contagium as to render the breath and the tissues more immediately exposed to inspiration unfriendly to the development of the contagium. When the floating infective particle presents itself, either for local manifestation or for absorption, it may take but slight unfriendliness of reception to prevent morbid result. I know not how little sulphur, or even lard alone, will prevent the egg deposit of the acarus scabiei or its incubation. The same is true as to the attachment of fungi, spores, etc. What we know as to both plants and animals shows how condition of surface, and even odors, determine choice of location, and the "instinct" of "infectants" shows choice and interruption not less wonderful than that which occurs in animal and vegetable (parasitic) life. In diseases such as diphtheria and scarlet fever, which have, at the start, such marked local manifestation as to lead to the hypothesis that they are local before they are constitutional, there is indication for special localization of protective methods besides the constitutional prevention or treatment.

In an article on diphtheria in your journal of Jan. 23, 1875, we therefore insisted upon the value of local medication, although aware of the disposition of some good authorities to ignore it. Local applications to the membrane and its edges, local ablution of the fauces to prevent the adherence or absorption of infected particles, avoidance of swallowing the spittle or secretion, and frequent rinsing of the mouth, were advised. Our design and method is not to leave the mucous membrane of the air-passages without the presence of the antiseptics. We even value the muriatis ferri chlorid. the more because of its corrugant or mechanical effect, as it thus disturbs the apposition of surfaces. In an article on scarlet fever in the RECORD, June 19, 1875, the same frequent cleansing of the throat, with a view to local effect, is insisted on. It somewhat surprises us to hear one of your recent contributors speak of his new method of frequent local medication.

Our second proposition is so to introduce substances into the blood, and through it into the body, as to prevent those fermentive, defibrinizing, or destructive processes which come to constitute the peril of these diseases. The article just alluded to sufficiently presents the method as adopted for early treatment. But we believe further that certain substances, thus introduced into the blood, and mingling with the secretions before the prodroma are manifested, are still more operative for prevention or limitation of the infective diseases. We thus not only protect the portals of entrance, but so infuse the fluids, glands, etc., as to have present in them an agent which will resist such morbid action as the disease toxic seeks to set up. How much may be due to the local hindrance to fertilization, and how much to the constitutional resistance established, may not, in each case, be easy to determine. But when we find how readily chlorate of potassium, after being administered, is found in the secretions, how soon a few grains of pure protochloride of iron increase by count the red globules of the blood, how defibrinization of the blood—so constant an occurrence in some of these diseases—is retarded by certain additions to the vital fluid, we are very hopeful that our power to suspend the action of disease poisons will be greatly augmented.

With quinine the experiment has been sufficiently sustained. It is taken—and taken successfully—as a prophylactic, by persons who have not had ague, but who are compelled to traverse miasmatic districts. The ratio of escape, and the value of such treatment to prevent recurrence, simply mean that somehow such resistance of the system is established as prevents the usual manifestation of morbid power. The miasm is inbreathed, but the receptivity of the system is suspended. We would experiment in the same direction in reference to all diseases the causes of which enter by atmospheric conveyance. The principle, too, is applicable to some of the diseases conveyed by imbibition. It will be a great gain if, in addition to seeking and finding the contagium vivum, or the conditions of its propagation by external nuisances, we can also exercise upon the individual prophylaxis, which means "*to defend beforehand.*" The doctrine of the incompatibility of certain substances with the development of zymotic diseases is quite in accord with views which have been entertained or illustrated by facts. The influence of the sulphites, as shown by Prof. Polli, of Milan, we have before noted. The interference of vaccination with the progress of whoop-

ing-cough has long been asserted by various reputable practitioners.

Dr. E. J. Syson, one of the English Medical Officers of Health, in a paper noticed in the *London Sanitary Record*, November 28, 1877, as of great importance, advocates the antagonistic treatment. He was led by some facts coming under his notice "to infer that it was impossible to vaccinate successfully a patient who was at the time under the medicinal influence of arsenic." In other words, it is possible to put the system in a condition temporarily unsusceptible to the "contagium vivum." He applied this mostly to the use of arsenic as an antiseptic in cases of actual attack. So important do the facts seem to the reviewer, that he says, if they are corroborated by other trials, the value of such treatment will be but little less than that of the discovery of vaccination. The paper of Prof. Hodgen, on Antiseptic Surgery (Int. Med. Congress, 1877), is worthy of reading in its bearing on antiseptic medicine. The third conclusion is, "It is possible that the living solids and liquids of the body may be so altered that they shall not furnish the conditions necessary to putrefaction." So, as to zymotic diseases, I believe we are yet to come to a recognition of our power by the use of medicines in advance to protect from prevalent epidemics. One class of agents may do it by the action of presence, another by chemical reaction; another by such antiseptic action as suspends excessive metamorphosis, or so deals with débris as to render it innocuous. Others, as is claimed for ammonia and liquor potassæ, retard the coagulation of fibrin. We are no longer confined to chemical antidotes, although these may operate upon disease toxics as well as others. Ergot and nitrate of amyl affect the calibre of blood-vessels, on a plan different from that of gallic acid.

Oxygen, electricity, ammonia, etc., are showing powers quite different from those of an alkali upon an acid. Just now we are not so much concerned about the theory of action as about the fact. The need is to accumulate evidence by those whose trials are exact in the details of method and in the record of results. We cannot at present be decisive as to all the agents which interfere with zymotic infections, or as to those which are especially adapted to each particular form. We need only now indicate those upon which we have relied, and the method of their use. The articles themselves are not new, but they are claimed to be preventives, to be used before any manifestation of disease in the individual. We shall here merely outline the method of individual sanitation adopted in diphtheria and scarlet fever as a specimen of the general course of management.

In the case of all children in the family beside the one attacked, give the skin a washing or wiping each day with lukewarm carbolic wash of the strength of Squibb's 2 per cent. disinfectant solution of the mixed phenols. As we have always inclined to the view of a localized planting or absorption, we use frequent local treatment. A gargle of chlorate of potassium three grains, tinct. chloridi ferri three drops, water three drachms, is to be used frequently in the mouth, and some of the same is used about the nostrils. Frequency at first is far more important than quantity. Employ both what is used as gargle and for administration every two hours in the day, and every two or three hours between 10 P.M and 6 A.M. We give internally every three hours the same amount as named above for a gargle, and every two hours if there has already been more than two days of exposure. After one or two days the chlorate of potassium and the iron can be detected in the secretions. So the buccal cavity and fauces have a share from this source, and the local use may be lessened one-half in frequency. The design is not to leave the mouth or the system without the indicated presence of these two articles, during what would be the prodromal stage of the disease. In diphtheral exposure we give in addition two grains of quinine twice each six hours apart. It is important to have the tinct. muriatis ferri of that made several months, and in its purest form, in which, and in which only, it contains the "sesquichloride of iron, muriatic acid, and alcohol, and from the reaction of the last two ingredients muriatic ether." "It is," says Wood, "possessed of peculiar properties, probably in some measure owing to the ether which it contains." In the preventive method for scarlet fever we do not use quinine. In addition to the diphtheral treatment we use Calvert's carbolic acid in a weak solution twice per day, and cleanse the teeth and mouth with a tooth-powder of equal parts of chlorate of potassium and powdered gum arabic. More attention is to be paid to a restriction of animal food with children who are full habited, and if the iron produces any constipation, as it generally does not, a mild cathartic is of service. Fuller particulars as to these or other diseases are not needed beyond those given in previous articles, and until more observations from others are accumulated. Reports either of failure or success need to be explicit as to the length of medication and the precise frequency, and the whole amount of preventive used; also as to the degree of severity in cases in which attack is not avoided. Our position as to the plan of prevention is not that of dogmatism, but only that of an impressed inquirer. Sir Thomas Watson has ably written on the abolition of zymotic diseases, from the standpoint of outside sanitation. There is internal sanitation as well. We do not fasten our faith to any one remedy, but believe there is a field of observation in the area of personal disinfection and antiseptic provision which may yet show us how to invalidate the title and so take possession as to dispute the occupancy of many an infective disease. It is not by large dosing or inadvertent medication, but by that intelligent supervision and timely contravention which make the ounce of prevention more potent than the pound expended for attempted cure—too often failing just because the vicious poison has already so affected fluids and functions and organs as to impede those processes which are not less indispensable for the physiological effect of medicines, than for that of all vital repair.

If "antiseptics may alter the tissues of a wounded surface so that, though septic matters are present, they may not be absorbed," and if living solids and liquids may be so altered that they shall not furnish the conditions necessary to the development of disease, we will not despair of "prohibiting," of "having beforehand" in the system unsusceptibility to the invaders, such as will not respond to their attempt at sovereignty.

LECTURES ON COOKERY TO MEDICAL STUDENTS.—Lectures upon sick-room cookery were recently given by Miss Dodds to the medical students of Edinburgh. As might have been expected, the attendance was large and the audience highly appreciative.

DR. FLEETWOOD CHURCHILL, the late distinguished professor of midwifery in the School of Physic in the University of Dublin, etc., died recently in County Tyrone. He will be recollected by the most of the older medical men as the author of a very popular treatise on midwifery.

Progress of Medical Science.

ENDOCARDITIS AS A COMPLICATION OF TYPHOID FEVER.—Endocarditis is a sufficiently rare complication of typhoid fever to render interesting the following case, observed on the service of M. Desnos, *Hôpital de la Pitié*. The patient was admitted to the hospital with typhoid fever, from which he was recovering when he suffered a relapse; while convalescing from this, undue exposure brought on a severe attack of bronchitis, accompanied by diarrhœa. This left the patient in a very reduced condition; and predisposed to the attack of phlegmasia alba dolens which shortly afterwards appeared in the left leg. Œdema of the other leg was soon observed at the same time, with marked dyspnœa, and auscultation revealed endocarditis, characterized by a double murmur at the base. As, during the progress of the disease, frequent and careful examinations had failed to reveal any affection of the heart, M. Desnos did not hesitate to consider this a recent attack dependent on the fever from which he had been suffering. Typhoid fever, like variola, and scarlatina, and some other fevers, may now be looked for in the previous history of those subjects of heart disease in whom the cardiac affection cannot be traced to some previous attack of rheumatism.—*Journal de Médecine*, December, 1877.

ENDOCARDITIS AS A COMPLICATION OF GONORRHŒA.—Gonorrhœa is so generally looked upon as a benign affection, that the possibility of such a complication as endocarditis is but rarely considered in the prognosis. In the following case, however, M. Desnos is confident that he had an endocarditis clearly traceable to gonorrhœal rheumatism. The patient was admitted to the hospital for acute bronchitis, and shortly afterwards was seized with persistent pains, accompanied by redness and swelling in the shoulder and in the sterno-clavicular articulation. Up to this time he had never suffered from articular rheumatism, but he was then suffering from gonorrhœa. A little later he was attacked by intense dyspnœa, accompanied by palpitation; the action of the heart became tumultuous and irregular, and it was soon easy to show all the signs of endocarditis, with mitral stenosis and insufficiency. Grave interference with the circulation occurred, and a general bronchitis supervened, which carried off the patient. The autopsy verified the diagnosis of endocarditis, which was found to extend as far as the aortic orifice. M. Desnos considered the endocarditis as evidently connected with the gonorrhœal rheumatism.

When presenting the pathological specimens obtained from this patient to the *Société médicale des hôpitaux*, M. Desnos remarked that endocarditis might complicate gonorrhœa under two circumstances: either no articulation is involved, the endocarditis appearing alone in the course of the disease; or, as is much rarer, it is developed simultaneously with the gonorrhœal rheumatism. M. Desnos has already observed a case of this. It is well to add also, that before the endocarditis had been manifested by the general symptoms, the heart had been carefully examined, on account of the persistence of the bronchitis, and had been found perfectly normal. There had been, besides, in the course of the rheumatism, two phenomena very characteristic of gonorrhœal rheumatism: first, the localization of the disease in the sterno-clavicular articulation, and second, the absence of profuse sweating, except perhaps towards the end, when it could be explained otherwise than by depending on the rheumatism.—*Journal de Médecine et de Chirurgie.* Dr. Marty has collected ten cases in which disease of the heart or pericardium has been developed within four or five weeks of the commencement of a gonorrhœa. (See MEDICAL RECORD, No. 353.) In eight of these cases gonorrhœal rheumatism had preceded the cardiac complication.

BALSAM OF GURJUN IN GONORRHŒA.—Balsam of gurjun, or wood-oil, is an abundant product of some of the resinous trees of India, resembling copaiba in appearance, and said by some to exceed it in its specific effects. M. Vidal was the first to experiment with it in France, and he looks upon it as being possessed of such remarkable properties, that it will rapidly come into general favor. In India it has been used with success in the treatment of leprosy; and, in one case of this disease under the care of M. Vidal, good results have followed its administration. It is in the treatment of gonorrhœa, however, that the most brilliant results have been obtained, the time of treatment varying in seventeen cases from ten to twenty days, it being shorter in those cases in which it was begun after the inflammatory stage had passed. M. Vidal uses the following formula:

℞.
Wood-oil,
Syrup.....āā 4 grammes.
Inf. aniseed..... 40 "

This draught was administered twice a day, at the beginning of meals. It is seldom necessary to exceed this dose, which is well tolerated, and of which the only effect on the intestinal track is the production of one or two stools within two hours after the meal; the maximum dose was eight grammes. At first, a certain amount of nausea is produced, but it passes off very rapidly. A quarter of a glass of wine administered after the potion renders it better tolerated. One of the advantages of the medicine is that there need be no change in the diet; wine was given during the whole treatment without producing any ill effects. Employed with the same care as copaiba, gurjun presents marked advantages. Its action is more rapid and certain, for it has frequently succeeded where copaiba has failed; it gives rise to no erythema; it gives no unpleasant odor to the breath or urine, which is one of the inconveniences of copaiba; locally, it succeeded well in vaginitis and balanitis; lastly, it costs less than copaiba.—*Journal de Médecine et de Chirurgie*, December, 1877.

UNEQUAL LENGTH OF LOWER LIMBS.—The equality in length of the opposite limbs has hitherto been but little questioned; but Dr. Jarvis Wight, of Brooklyn, made a series of sixty observations, which show that inequality of the lower limb is not only common, but the rule. Dr. Hamilton questioned the accuracy of these observations in one of his clinical lectures, and called forth in reply a paper read by Dr. Wight before the Kings County Medical Society. In this paper forty-two additional cases were recorded, giving results very similar to the first series. Some interesting measurements were given, which tended to show that differences existed both in the femora and the tibiæ, and also in the humeri, but no extended number of observations have as yet been made in this direction. Combining these two series of cases, Dr. Wight found inequality in more than three-quarters of the number, varying from one-eighth inch to one inch, averaging one-quarter inch. This explains the great variation in the amount of shortening occurring after fracture of

the femur, for, if the longer femur be broken, the "natural inequality" must be subtracted from the actual shortening; or, if the shorter femur be affected, the "natural inequality" must be added to the actual shortening to give the "accidental inequality" of the limbs. This would also explain those rare cases in which the fractured femur is longer than its fellow. The fact that these latter cases are not more common than they are, Dr. Wight explains in the following manner: The average shortening after fracture is probably not affected by the natural inequality, for the shorter limb is presumably broken as frequently as the longer; this average shortening he places at five-eighths inch, and, of course, the natural inequality must be greater than this to give lengthening to the fractured femur, and this great inequality is so exceptional that he estimates the changes of lengthening as one in two hundred cases. The article concludes with a letter just received from Dr. Hamilton, from which the following is an extract: "I have done you and science an injustice, and I make haste to repair the wrong. Yesterday I, for the first, found time to verify, by actual observation, the correctness of your statement and that of Dr. W. C. Cox, of Philadelphia, that the femora of most adults are unequal in length. In a dozen or more measurements, made with great care by my house-surgeon and by myself, a large majority were found of unequal length, and the left limb was generally the longest. I propose to extend my observations and to give them more precision, but I have made enough to satisfy me that you are correct." —*Proceedings of the Medical Society of the County of Kings.*

The Strong Elastic Bandage.—The treatment of varicose and other chronic ulcers of the leg is so generally unsatisfactory, that any new method promising favorable results is to be hailed with delight. The latest novelty is the use of the strong elastic bandage, with which Dr. Henry Martin claims to have cured over six hundred cases without a single failure. The bandage is of "pure rubber," ten and a half feet long, three inches wide, and thickness of number twenty-one "Stubs' wire gauge." The length and breadth may vary with the size of the limb, but this is the most desirable thickness. It is applied by winding one turn just above the malleoli, then one around the instep and sole, then spirally up the leg to the knee, where it is fastened by tapes attached to the end of the bandage for that purpose. If it is desirable to apply it as far as the groin, a bandage eighteen to twenty feet long will be necessary. At night the bandage is removed and the ulcer protected by a piece of oiled linen, or some equally simple dressing. In the morning all traces of oil or cerates must be carefully removed, as fatty matters tend to injure the rubber, and the bandage should be reapplied before leaving the bed. It should be applied with just sufficient snugness to prevent it slipping down, and the increase of blood in the veins on standing will cause it to become of the exact degree of tightness. The bandage keeps the leg warm, moist, and air-tight, conditions most favorable to granulation and cicatrization, and in addition the gentle, even pressure so supports the distended and weakened vascular coats as to prevent that venous congestion so frequently the cause of the malnutrition of skin. For the first one or two weeks a papular eruption appears under the bandage, caused by obstruction to the cutaneous follicles. The bandage is their best treatment. In non-specific ulcers no other local treatment is necessary. The circulation of the limb is not stopped, but, owing to the support given to the vessels, is facilitated; thus there need be no fear of causing œdema of the foot—on the contrary, the œdema which so constantly accompanies varicose ulcers is rapidly absorbed. The occurrence of œdema indicates the improper application of the bandage.

The use of this apparatus is not confined to the treatment of ulcers; injuries and diseases of the joints, especially of the knee and ankle, are equally benefited. In sprains, the strong elastic bandage wound around a joint affords a constantly present substitute, externally, for the disabled ligament. The constant pressure induces a rapid absorption of the exudation among the tissues about the seat of injury, and the gentle, equable warmth and moisture, which always accompany its application, have a most favorable effect in alleviating and preventing inflammation. In diseases of the joints marked by effusion, the application of the bandage after aspiration has been followed by complete success. In these cases the bandage should be applied day and night for six to eight weeks. Its use is also recommended in disease of bursæ mucosæ, œdema, erysipelas, and erythema, cutaneous affections, and as a radical cure for varicose veins; in the latter case it is supposed to act by causing adhesion of the walls of the vessels, and their consequent obliteration.

Carbolate of Soda in the Treatment of Nervous Affections of the Respiratory Passages.—Dr. Pernot, of Lyons, has employed the raw carbolate of soda extensively during the past year, and regards it, when properly used, as a very valuable remedy in the treatment of the above-mentioned affections. It has two principal actions, viz.: it is disinfectant and antiseptic, and it exerts a modifying and curative influence on bronchial affections, and particularly on pertussis, for which it is almost a specific. He calls it raw carbolate of soda, because, in addition to the soda and carbolic acid, it contains many of the constituents of tar. When coal tar is distilled at a temperature of from 170° to 220° C., a heavy oil is obtained which contains forty per cent of phenol. On treating this with a solution of caustic soda a heavy brown liquid is thrown down, which is the carbolate of soda along with certain impurities derived from the tar. According to Dr. Pernot, all nervous and spasmodic affections of the bronchi—asthma, catarrh, influenza, and simple colds at the outset—are markedly influenced by the vapor of this raw carbolate of soda. On whooping-cough its action is most striking. He has found from numerous observations that after from two to ten days of treatment the paroxysms of coughing become much less frequent, less prolonged, and less severe, the vomiting diminishes or ceases, and the respiration becomes easier. He has never seen the symptoms become worse after his treatment was begun. The treatment consists in volatilizing the liquid by means of heat in the sick-room two or three times a day. About 3 x. of the liquid are placed in a porcelain vessel and exposed to the flame of an alcohol lamp. It volatilizes almost completely. The patient is allowed to breathe a purer atmosphere for two or three hours between each sitting, but a saucer containing some of the liquid is constantly kept under the bed. Dr. Pernot reports a few cases of pertussis and one of asthma, which illustrate well the action of the remedy, and certainly seem to justify all that he claims for it. Where a porcelain cup and an alcohol lamp cannot be got, a heated fire-brick may be used to volatilize the drug.—*Lyon Médical*, Sept. 23, 1877.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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COMMITMENT OF THE INSANE.

THE proper method of committing lunatics to the asylum is just now the subject of some discussion. The interest which apparently centred in the Dickey case—in which a lady was alleged to be confined in an asylum for years, and without cause—has extended itself so as to involve a question of special legal enactment. The very case in point proves, however, that there is very little, if any, danger of being committed to an asylum without cause. As we have before remarked, the patient was undoubtedly insane, and by the generality of medical men would have been deemed a proper object for asylum treatment. This part of the case seems to be clear enough, notwithstanding the testimony to the contrary of two of the medical experts. The physicians who constituted the original commission were perfectly competent to examine such cases; both were gentlemen of large experience, and one had special facilities for the study of cases of insanity by an experience of several years as medical officer in an asylum. Their diagnosis was confirmed by the medical officers in charge of the asylum to which the patient was sent, and the treatment adopted was in all respects justifiable and orthodox.

It happened, however, that the question of money was intimately associated with the freedom of this patient, and on that account the case became one of judicial inquiry.

The verdict, although scarcely warranted even by the skilful adaptation of the scientific facts brought out in the trial, was nevertheless quite a natural one under the circumstances. A great deal of mystification was thrown upon the question of insanity by the counsel, and the jury simply gave the plaintiff the benefit of the doubt, especially as an endeavor was made to prove that the members of her family had a pecuniary interest in the committal.

That the same routine is not gone through with other cases similar to the one in question, is perhaps so much better for them and for the State. We have no doubt that many such females are now in asylums, and are likely to remain there because they have no friends who may be pecuniarily interested in getting them out, or relatives who for the same motives are interested in keeping them there. But after all, is this a calamity? The very circumstances that a patient has sufficient money and plenty of friends to institute legal proceedings to obtain liberty, implies a capability for a careful guardianship afterwards. The latter was secured in this case. So far, then, as the money element is concerned, the evil corrects itself, and in a case where there was no money, the evil would not as such exist.

We might say, in passing, that the very appointment of a guardian so effectually stultifies the ruling of the court that the case, as a leading one, must certainly have a short life.

The real harm done in this case was the creation of distrust and alarm in the community concerning the methods of committing the insane, causing asylums to be looked upon as the veriest "mad-houses" of old times, and their medical officers as common jailers. Although the possibility of great wrongs in this direction may be allowed, their probability can hardly be entertained with sufficient seriousness to warrant any great concern, either from the people at large, the bench, or the legislature. The laws as they now stand are not perfect, but more is required in the direction of enforcing them than in creating new ones.

It is perfectly absurd to presume that there is no hope for a supposed lunatic when once under asylum influences. There are plenty of safeguards for such an unfortunate, be he rich or poor. The boards of inspection of our asylums, the States Charity Aid Association, and the Commissioner of Lunacy, all stand between the patient and the medical superintendent of any of the institutions for the insane. In regard to these privileges, the rich and the poor are on the same level. Cases of doubt do occasionally arise and are duly examined, but the rule is almost invariable that a decision is in favor of the asylum. Miss Dickey's case is a notable exception, but her discharge under the circumstances will hardly be an argument in favor of any change, except that which would necessitate the existence of a jury of experts for such trials. In fact, this is the only way in which a reform could be effected regarding the protection of persons committed to asylums. There would then be no chance of misunderstanding the true significance of the medical testimony offered on either side, and no reason to doubt the ability of the jury to draw just conclusions. If such a jury had tried the case in question there is but little doubt as to what the verdict would have been. Although the idea of a jury of experts is by no means new, it has recently gained in currency by the admirable paper of Dr. M. A. Pallen, on "Insanities in

Females."* He made the suggestion that such a court or jury of experts should be formed for the trial of all cases of insanity. Although the plan suggested is good, it is not practical. We cannot suppose that every case of insanity is a doubtful one and needs such inquiry; and if it did, how could time be obtained or opportunity gained to look after the multitude of cases in our asylums? The truth is, we must allow that but a very small proportion of these cases are at all doubtful, and still fewer would demand more than the ordinary safeguards which are now already thrown around them. This is a broad statement, it is true, but one which is amply borne out by experience of medical men in our asylums. The present bill before the legislature contemplates such a provision; but so far as it has an application to every insane person in an asylum, just so far will it be unpractical and defeat the real object for which it should become a law. Such reforms overreach themselves. Let us have a jury of experts, a lunacy commission, to pass judgment upon doubtful cases, but let their work be confined to such cases only. They will then not be overburdened, and all the requirements of ordinary justice will be met. The necessity for this jury is not only apparent in the case of Miss Dickey, but will be equally so in similar ones, the trial of which may be conducted in a like manner. The fact is, the jury under such circumstances cannot expect to obtain absolutely impartial expert testimony so long as such experts are retained by the respective parties in the suit. It is expecting too much of ordinary human nature to rule out the possibility of a mental bias in favor of the side represented. This may be expected of an ordinary witness, when it should never be entertained of an expert. Under the circumstances, the two situations are not convertible, or at least should not be.

THE CASE OF EX-SURGEON-GENERAL HAMMOND.

THE Committee on Military Affairs in Congress, to whom was referred the bill for the relief of Dr. William A. Hammond, late Surgeon-General of the Army, has made a favorable report thereon, and recommend its passage. This is a bill which provides that the President shall be authorized to review the proceedings of the court-martial convened by Special Order No. 24, War Department, A. G. O., Washington, D. C., January 16, 1864, and by which W. A. Hammond, then Surgeon-General of the Army, was tried, and to annul and set aside the finding and sentence of said court-martial, approved by the President, Aug. 18, 1864, if, after such review, the President shall deem it proper so to do. In the event of the latter, the bill further provides that the President shall be authorized to place Dr. Hammond's name on the retired list of the army as Surgeon-General without pay or allowances, past, present, or future.

The circumstances attending the trial of Dr. Hammond are still fresh in the minds of the profession of the country, and no detailed reference thereto is necessary. The impression at the time was, that the charges were made more for political than for other purposes, and the ability of substantiating them was very generally doubted. The very satisfactory manner in which the medical department of the army was managed, the many important reforms which were initiated by him, and their subsequent brilliant consummation, strengthened such an opinion. It was a matter then of general surprise that he should have been found guilty of the charges, and much more so that he should have received such a sentence. That such a view was fully justified, subsequent events now prove, for, after many years, when an appeal is made from the terrible verdict, the committee of Congress make this explicit and gratifying statement:

"A careful, unbiassed, and searching scrutiny of the evidence adduced upon the trial, as presented and reviewed by Dr. Hammond, as well as mature consideration of the argument of the distinguished counsel who represented Dr. Hammond on the occasion of his trial, forces irresistibly the conclusion that the gravamen of all the charges, save one, was either disproved by the defence, abandoned by the prosecution, or eliminated by the findings of the court. The single charge of which the gravamen was not found wanting by the court, was in itself trifling if not frivolous, and certainly insufficient in character and importance to arraign, try, convict, and pronounce sentence thereupon, in the manner and form as are in the records of the court-martial set forth."

The profession never believed that Dr. Hammond was guilty of corruption in office, or that he committed any offence which could have been considered, under the circumstances, as grave enough to merit his sentence. There were times when his authority overreached itself, when extraordinary measures had to be adopted, but these were generally justified by the exigencies of the situation. At the worst, however, they were errors of judgment which, although amenable to the strict letter of military discipline, were intended to be on the side of the sick and wounded soldier. Such an end would justify almost any means when backed by a conscientious appreciation of the responsibilities of the occasion. The profession has never been backward in giving credit to Dr. Hammond for such intentions, and in judging him accordingly. It is a matter of congratulation that the time has at length arrived when justice can be done him, and some amends can be made for the terrible disgrace under which he has so long suffered. The prompt passage of the bill, and its endorsement by the President, is the least that can be done to remedy a monstrous wrong to a man now proved to be innocent, and to correct one of the many blunders committed during the late war.

* Some Suggestions with Regard to the Insanities of Females, by Montrose A. Pallen, M.D. *Amer. Journ. Obstet.*, April, 1877.

MEDICAL CERTIFICATES IN THE DAILY PAPERS.

THE New York correspondents of some of the medical journals of the large cities here and abroad have devoted considerable space to the subject of medical certificates as connected with the advertisement of certain mineral waters. THE MEDICAL RECORD is very kindly mentioned as the means to the end of the withdrawal of the names in question. There is considerable difference of opinion as to the wisdom of the course which we pursued, and some exceptions taken to the arguments which we offered in favor of our position. Various reasons are also assigned for the stand taken, but none of the real ones are given. We are sorry so much misunderstanding exists upon the various points in this discussion, and take the opportunity of correcting it. We do not care to claim any particular credit for the result attained, and only mention it in connection with the RECORD as showing that, after all, we were on the right side and correctly interpreted professional opinion. We rebuked the practice of publishing or allowing these certificates to be published in the daily papers, claiming that it was undignified, unprofessional, and in direct violation of the spirit of the Code of Ethics. At first we stood alone; the County Medical Society was without the necessary machinery to carry on any work of reform, and there was no tribunal before which the matter could be legitimately brought. The New York Academy of Medicine waited for the County Society, and the latter waited for the Academy. In the meantime the advertising was going on, and many openly declared that the Code was virtually a dead letter, as there was no power to enforce it. Still, the RECORD kept up its protests, asked for the withdrawal of the names, and demanded, in the name of the profession, that a Committee of Ethics should be formed in the County Society, and that the whole matter of medical certificates should be brought before it. The formation of the committee followed, and then its report recommending the withdrawal of the names. In the meantime the gentlemen who had given the certificates took active measures in the matter, and their names disappeared from the advertisement. When the Committee on Ethics next reported through the Comitia, although the names were no longer attached to the advertisements in question, the practice was formally condemned, and the request made that the gentlemen whose names had appeared should officially notify the Committee of their withdrawal. The report was adopted at a full meeting and without a dissenting voice. Due notification of the withdrawal of the names has now been made, and thus the matter has ended. Now if, as some of the correspondents declare, this was all unnecessary, we were wrong from the beginning, the Society was wrong throughout the whole affair, and the gentlemen who wrote the certificates were wrong, not only in heeding the demands, but in acknowledging their error in an official manner. In any event, we do not believe that any respectable medical gentlemen can be found, in this city, at least, who would be willing to run the risk of writing medical certificates for publication in the daily papers.

THE CORONERS' BILL.

DR. ISAAC I. HAYES' bill, relating to coroners in this city, has passed the State Assembly and now awaits the action of the Senate. It provides that each coroner shall receive a salary of five thousand dollars per annum in lieu of all fees or compensation. Provision is made for *post-mortem* examinations. When an autopsy is to be made the coroner shall subpœna only one physician to make it. No jury shall be summoned unless the physician shall deem it necessary. The Board of Coroners shall, within five days after the passage of the Act, appoint four physicians, residents of New York, to be called upon for *post-mortem* examinations and medico-legal investigations. The Board of Estimate and Apportionment shall fix the pay of the physicians, but the pay of each shall not exceed three thousand dollars per annum.

In this shape the bill is shorn of most of its purely political elements, which is so much of a recommendation for it. At present the office of coroner is one the pay of which is out of all proportion to the services rendered, and it is time that some change should be made in cutting down the enormous fees.

The salary proposed in the new bill is quite reasonable, but is still sufficient to command the services of good men in all the departments. Each coroner is allowed two thousand dollars extra for office and clerk hire, which is more than sufficient to meet all his probable demands in those quarters; but this is one of those compromises with the evils of our political system which it is impossible to avoid on any work of reform. The amendment appropriating three thousand five hundred dollars for a general clerk is absolutely unnecessary, in fact, is a palpable attempt to create a sinecure for political purposes. But there is no doubt that this portion of the bill will be defeated in the Senate. On the whole, then, the bill is a good one, and is calculated to correct many of the gross abuses connected with the office of coroner.

PRIZE ESSAYS.

THE Prize Committee of the Alumni Association of the College of Physicians and Surgeons, in its present annual report, declined to award the prize to any of the competitors, giving as an excuse therefor, that neither one of the three essays presented was up to that standard of excellence it was the intention of the college to establish. The amount set apart for the purpose was two hundred dollars. From the foregoing facts it is safe to conclude either that the judgment of the Committee is at fault, or that there is not enough of inducement on the part of our best men

to write such essays as may be considered worthy of the reward. The former is by no means so probable as the latter.

There are many faults connected with the Prize Committee system which might explain this in a measure, but when the ground is taken that none of the theses come up to a given standard, there is a significance about the position which must not be lost sight of. That there is not a sufficient incentive on the part of the able men to compete for these prizes is quite evident, if for no other reason than that only three out of the large number of alumni of this college entered the lists. We think, then, that Dr. W. C. Livingston touched the key-note of reform and progress when he moved to increase the prize-fund so that an annual income of five hundred dollars might be secured as a reward for the successful competitor. We have no doubt that this will effect the object for which it is intended. Dr. Livingston very pertinently remarked that such a prize would stimulate the older men to work, men whose time was more valuable than that of fresh graduates, and who could give the results of their experience and researches rather than anticipate such by blind theorizing or useless and impracticable experimentation. Then again, the prize being a large one, and the competition being proportionably active, the honor of being the winner is correspondingly great, and independent even of the pecuniary consideration, will be calculated to stimulate first-class talent.

Reviews and Notices of Books.

A Treatise on the Pathology of the Urine. By J. L. W. Thudichum, M.D. 2d edition. Philadelphia: Lindsay & Blakiston. 1877.

It is nearly twenty years since the first edition of this work earned for its writer a distinguished position among the urinologists of the world. Of late years, though still holding an honored place, its usefulness has been supplemented by the more recent works of German and other English authors. This second edition, therefore, will be examined with interest by all who are interested in its subject-matter. Those familiar with the author's later labors, more especially the ones that have seen the light in the "Reports to the Medical Officer of the Privy Council," are fully aware of the industry and originality that characterize them. These qualities, then, we have a right to expect in the volume before us, and upon consulting its pages we are not disappointed.

After discussing the general characters of the urine, the author considers first its organic ingredients, as urea, kreatine, uric and other organic acids, coloring matters, etc., to the number of twenty or more. The inorganic acids next claim attention, followed by alkalies and alkaline earths, and iron. Then come the substances that appear as abnormal constituents of the urine in consequence of disease. Succeeding these are several chapters devoted to the consideration of various medicinal and other substances, which after ingestion appear in the urine, with methods for their detection and analysis. The whole concludes with a scheme for the systematic analysis of the urine and of urinary calculi.

While the work on the whole is a wonderful collection of useful information—in fact, the most complete in existence on the subject which it treats—there are certain omissions that impair its value to the practitioner. The most important of these is in connection with the quantitative determination of urea. Liebig's method is alone given. This method, when practised with the modifications and corrections rendered necessary under varied circumstances, is doubtless capable of yielding very correct results in the hands of a skilled chemist like the author; but for ordinary clinical purposes in the hands of a physician, the method, when practised with ordinary precaution, is troublesome, and too often deceptive and unreliable. The more convenient gaso-volumetric and gaso-gravimetric methods devised of late years yield much more accurate results in ordinary hands. The author's *penchant* for the invention of new terms and long words has been fully indulged, though not to the extent met with in some of his other writings.

The microscopical features of the urine receive scanty attention.

Reports of Societies.

NEW YORK STATE MEDICAL SOCIETY.

Adjourned Meeting, held in Albany, January 15, 16, 17, 1878.

Vice-President, Dr. A. L. Saunders, in the Chair.

LACERATION OF THE CERVIX UTERI AS A FACTOR IN CERTAIN UTERINE DISEASES.

Dr. Walter B. Chase, of Windham, Greene Co., read a paper upon the above subject and reported illustrative cases. The position taken by Dr. Chase was, substantially, that laceration of the cervix uteri occurred rather frequently; that it was a condition quite frequently overlooked; and that it was a condition which, when complicating displacement of the uterus, would not recover spontaneously. Operative procedure, therefore, became a necessity.

The paper gave rise to discussion, which was participated in by Drs. Fordyce Barker, H. T. Hanks, and A. Jacobi, as follows:

Dr. Fordyce Barker, of New York.—Mr. President: I think there can be no doubt that the paper first read by Dr. Emmet, of New York, upon lacerations of the cervix uteri associated with the puerperal state, is one of the most important contributions which has been made to gynecology.

I remember well, when I heard the paper read before the Medical Society of the County of New York, that I listened to it with great interest, and I must say, also, with great surprise. The characteristic pathological phenomena attending this condition I recognized clearly and distinctly, but having seen it in only a few cases, I was surprised because of the enormous number of cases which Dr. Emmet reported as having himself seen.

Soon after I read some statistics given by Dr. H. T. Hanks, of New York, of cases which he had seen in the Demilt Dispensary. Again I was not able to explain, satisfactorily to my own mind, why this gentleman should have seen such a large number of cases, infi-

nitely larger than I had seen in all my life, and that I should have seen so few cases in a similar class of practice.

I subsequently saw a patient with Dr. Emmet, and in that case he demonstrated the accuracy of his description of this class of cases. The patient had a large cervix uteri, one which measured two and a half inches in diameter. It was evidently everted, and the uterus measured between five and six inches in depth.

In pushing up the uterus, or rather pushing up the everted cervix, the size of the cervix diminished fully one-half.

Subsequently, Dr. Emmet operated upon this cervix in the manner he had described, and I was again given the opportunity to measure, and found that the uterus had diminished in depth to about two inches and seven-tenths.

Now, this was a complete demonstration of the accuracy of his description and the correctness of his pathological view.

It then remained to me to account to myself for the fact that I had seen so few cases.

For several years I have been constantly watching for such cases, and in that period of time I have seen, as cases which have first come under my own observation, only two. What is the explanation of this fact? I will give the explanation which I believe is true, and which I think has an important practical bearing.

My experience has been confined mostly to treating women who have had excellent obstetrical attendants during confinement; who have been in good circumstances in life, and had everything at their command which could favor complete restoration from the puerperal period. This has been my experience, with the exception of twenty-three years' service in Bellevue Hospital, where, of course, I attended obstetrically a large number of poor persons, who left the hospital after the puerperal period had passed, and who, having good attendance and rest in the hospital, complete involution was generally secured.

The question, then, arises, does subinvolution prevent cicatrization of the laceration, or is the laceration the primary condition and that which prevents involution of the uterus?

My own conviction is, that it is a pathological condition almost never found in patients who have proper obstetrical attendance, or who have been in circumstances in life which permitted them to secure proper hygienic and medical treatment to effect proper involution of the organ.

This view explains why it is that Dr. Emmet, who sees patients coming from all parts of the United States, most of whom had no medical attendance during the puerperal period, and also why it is that Dr. Hanks, who sees these cases in the Dispensary, say that they are of very frequent occurrence. It may be said in answer to this, that when the laceration is closed by the operation, involution is completed and the uterus restored to its normal size.

I accept that; but I do not consider that it in any way invalidates my theory. That laceration of the cervix takes place very frequently in parturition, I am sure every obstetrician will agree. I believe it is also true that the laceration heals spontaneously in a large proportion of cases, and I think that the appearance of cervix uteri of women who have borne children, in the most of whom cicatricial evidences of former lacerations are found, is a perfect demonstration of the truthfulness of this position.

In a vast majority of cases they get well without an operation. But there is a class of patients who are surrounded by such circumstances as will not permit such spontaneous recovery to take place; they are poor, and their circumstances compel them to rise from their confinements too early; and in a few others, who are not poor and have good medical attendance during the puerperal period, they suffer from pelvic irritation of various kinds, such as pelvic peritonitis, pelvic cellulitis, etc., etc. The effect of all these influences is to prevent union of the lacerated surfaces.

The experience of Dr. Emmet is, that these lacerations are found much more frequent upon the left than upon the right side of the cervix.

The explanation for that is, that left occipito positions occur much more frequently than right; in the proportion of about seven out of ten times the vertex presents.

It occasionally happens that a double laceration is produced, and this may result from some peculiar condition affecting the process of parturition.

Now while I fully agree that a certain class of these cases should be treated, I am compelled to take a position somewhat at issue with the author of the paper when he expresses the opinion that these cases never get well without the performance of a surgical operation.

I believe that some of them may get well without such procedure.

Formerly, that is, before Dr. Emmet read his paper, I used to see cases which were supposed to be granular inflammation, ulceration, or abrasion of the cervix, with enlargement of the uterus, and my experience was, and so it was of a great many others I am sure, that after the application of local treatment to the cervix the size of the uterus was diminished, the appearance of ulceration disappeared, the leucorrhœa stopped, the pelvic pains were relieved, and for a time at least the patient was cured. But in a few weeks some of these patients would return, and upon examination they would be found to be just as bad as ever. In some cases, however, I did succeed in effecting a cure—a complete involution of the organ and restoration of the ulcerated tissue—by placing the woman in a recumbent posture for two or three weeks and making occasional applications of the actual cautery.

Now, the fact that some such cases as these can be cured without a surgical operation is important, because the operation always requires confinement of the patient, and some of them will not consent at all to it. In such cases my method of treatment would be as follows:

In the first place I require the patients to keep the recumbent posture, to use vaginal injections of hot water twice a day, using a gallon or two of water at a temperature of 100°, 101°, 102°, or 103° F., according as they can bear, and besides, put them upon constitutional treatment, by way of the use of the tincture of the chloride of iron, Squibb's fluid extract of ergot, and nux vomica, to promote involution.

The object is to so improve the general condition of the patient as to effect contraction of the muscular fibres of the uterus and restore the deficiency of nerve-force to the patient.

In the course of three or four weeks the uterus—for I now am speaking of a particular case—was reduced in depth from four and three-quarter inches to three and one-eighth inches. The patient was then permitted to be up and about, at the same time wearing a cotton tampon dipped in a saturated solution of tannic acid in water.

I may remark in passing, that I think it is a mistake very frequently committed, to make for this purpose a solution of tannin in glycerine. For glycerine pro-

duces a discharge from the mucous membrane which counteracts entirely the action of the tannin.

From day to day, as I introduced the tampon, I was able to see its size regularly diminished, and after a time the woman was able to dispense with it entirely. This patient has not required treatment since.

Of course, in the class of subjects in which we meet with this affection most frequently, where the disease has resulted from inability on the part of the patient to secure competent obstetrical treatment, or to take proper care of herself during the puerperal period, we have this measure suggested by Dr. Emmet.

I think in these cases it is also important to obtain a complete understanding of the history of the patient.

In the cases which have been published, as yet, there has been no report upon the puerperal condition of the patient during the time when this pathological condition was developed. Such history is very important, and is necessary to establish the truth or prove the error of those conditions I have suggested.

In conclusion, I would simply say that the truth is, that a condition which prevents involution during the puerperal period also prevents cicatrization of lacerated tissues; that the same cause of the lacerated tissues contributes to prevent subsequently any cure of those phenomena due to increased weight of the uterus, and such as reflex pelvic pains, leucorrhœa, displacement from increased weight, and failure of normal support.

I would not say that laceration causes subinvolution, nor that subinvolution prevents the healing of the laceration; but that both are the result of a common cause.

I would ask gentlemen who may meet with these cases to obtain, as fully as possible, the history of the patient during her puerperal period, and my strong conviction is, that it will be found that there is some inflammation of the pelvic organs that prevented involution, or some improper hygienic influence, and that, therefore, the two conditions are a common result of this cause, and do not bear the relation to each other of cause and effect.

Dr H. T. Hanks, of New York.—Mr. President: I am interested in the paper that has just been read by Dr. Chase, for two reasons: First, because the author of the paper is known to me as a careful observer and a judicious operator. Second, the lesion of which he treats is one which has engaged my attention very constantly for the past five years; having observed a large number of cases, and frequently operated, and as frequently witnessed operations for the same by Drs. Emmet, Peaslee, Thomas, and Lusk.

The general practitioner of to-day does not fully realize, and fails to trace back to their true cause, the serious results which follow as a necessary consequence this accident. As Dr. Barker has remarked, it is but a few years since Dr. Emmet first called the attention of the profession in New York City to the pathological condition and treatment of the lesion.

Those who have listened to or read the two papers which Dr. Emmet has written upon the subject, willingly accord to him the honor of first describing this condition, and suggesting an operation for its relief, since which time hundreds of sufferers from laceration of the cervix in New York City have been relieved. Without doubt the operation has been performed sometimes unnecessarily by some gynecologists, as there are those who would readily account in their own minds for all the evils that flesh is heir to, by a slight laceration of the cervix uteri. It is equally certain that the necessity for an operation is often overlooked by the general practitioner.

Respecting the frequency of the lesion to which Dr. Barker has referred, the statistics which I gave at the time of Dr. Emmet's first paper, were confirmed at the time of his second paper by the statistics of Dr. Mundé, furnished from another and similar charitable institution.

There are three palpable reasons for the greater frequency of this accident among the poorer classes than among those in good circumstances. The first reason will be apparent when I state that I know three physicians in New York City who attend between three and four hundred cases of labor in a year. These must necessarily hasten the labor or apply forceps before complete dilatation has taken place, and, of course, often to the detriment of the mother.

2d. The sexual relations of the poorer classes are not so cleanly nor so healthy as prevail among intelligent and well-to-do people. An erosion or abrasion of the cervix previous to pregnancy may be allowed to go on until full term, at which time the cervix is not elastic nor normal, but congested, friable, and easily lacerated. Again, a woman may have gonorrhœa during pregnancy, and in such case I do not believe that it is possible for her to have a child without producing more or less laceration of the cervix.

3d. Among those in good circumstances, the patient is usually kept in bed for a fortnight after a hard labor; good nursing is the rule, not the exception; vaginal injections are frequently resorted to; and involution will take place quite satisfactorily, even though there had been a slight laceration. On the other hand, among the poorer classes, from necessity or ignorance, the patient is usually out of bed by the third or fifth day, whether the labor has been easy or difficult—long before involution can have been accomplished or any restoration of the laceration can have begun.

But this condition is still found among those whom we would suppose should have had the best care and attention, and is the cause of much pain and distress which can be accounted for by no other reason.

It was only this week that a lady, who had been attended by an excellent accoucheur, consulted me for profus emenorrhagia, exhausting leucorrhœa, and long-continued distressing backache. I found, on examination, the uterus prolapsed to second degree, measuring three and a half inches, and sharply retroflexed; a bilateral laceration of the cervix to the vaginal junction, with hypertrophied, red, eroded, and everted edges.

These symptoms had been present since the birth of the last child, one year previous. The only satisfactory explanation of this pathological condition of the uterus is, that the laceration took place at the birth of the last child; proper involution did not follow; the uterus remained heavy; the ligaments continued relaxed, and the fundus fell backward and downward.

The menorrhagia resulted from the congested and increased surface of the mucous membrane; the leucorrhœa from the congested, eroded, and lacerated cervix; the backache from the stretched ligaments.

I believe it is our duty to study for the prevention of this laceration as much as its treatment. We cannot be too judicious in refusing to hasten labor before the cervix is dilated.

When unavoidable laceration, to our knowledge, has taken place, we can avert many serious results by keeping the patient in a prone position for a portion of the time. Frequent vaginal injections of carbolized warm water should be used. The patient should be

kept in the horizontal position for from two to four weeks, or until involution has fully taken place.

DR. A. JACOBI, of New York.—I believe I am one of those who are expected to have nothing to say upon this special subject, because I am but one of the general practitioners who have assembled here. We are, most of us here, general practitioners, and the important question is to be decided whether every case of lacerated cervix, as the paper under discussion appears to indicate, should go into the hands of specialists? It is as a general practitioner that I mean to say a few words. Now, my friend Dr. Hanks has said "I believe" a number of times during his short speech. I shall try not to use those words a single time. Imagine, for instance, that you have to deal with some kind of wound, say an open wound in the angle of the mouth—what will become of that wound? If it is kept clean, it will heal in a brief space of time. But imagine that you have to deal with such a wound in the mouth of a tobacco-chewer, or in the mouth of a diphtheritic patient, or in a child suffering from stomatitis—what will become of it? Within two or three days we shall see an ugly-looking sore; there will be swelling in consequence of increased cell-growth and exudation from the blood-vessels; as a result of absorption by the lymph-vessels, there will be swelling of the cheek and the neighboring glands, and the wound does not heal. It may cicatrize spontaneously within from two to six months, and when it has closed a large portion of the swelling of the cheek will, it is true, disappear, a large amount of the glandular swelling will subside, but a certain portion may never disappear.

This is the case, because we know that in the course of time the hypertrophy of the glands and the newly formed connective tissue will not be reabsorbed.

When we cut through such an enlarged gland, we find that it is simply a mass of indurated connective tissue that will remain permanent.

This condition has been developed because the wound was not kept clean from the beginning; it had no chance to heal.

Every such wound or erosion will follow the same course, because it is governed by the same physiological and pathological laws. Almost every woman who bears children has one laceration of the cervix uteri. Most of these lacerations heal, and the uterus is again perfectly healthy.

But, imagine that the woman does not keep the vagina and cervix clean when in the puerperal condition; the discharge from the uterus and vagina will keep such a laceration from healing.

When it does heal, if it does, it is an innocent affair, unless the wound has extended into the peritoneum.

If it does not heal, why not? It does not heal so long as there is the slightest external irritation. When it does not heal, the result is swelling of the parts adjacent; there is metritis; also enlarged uterus and parametritis in a great many cases, and it is for the same reason that there is glandular and connective-tissue enlargement in the neighborhood of the ear when there is an unhealed fissure at the angle of the mouth.

What can an operation for cure of the laceration do in such cases? It will remove the ulcerated surface; that is good. It will heal the lacerated cervix; that is good. But if the uterus is increased in size in consequence of the erosion or ulceration, and a great deal of new connective tissue is formed, the glands suppressed and compressed, and uterine catarrh once established, neither the uterine enlargement nor the uterine catarrh will ever get well, no matter whether the laceration is closed or not, unless they are treated and cured separately. It is true that an always new source of inflammation, and an always new source of catarrh is suppressed; and Dr. Emmet, who has first proposed and performed the operation for lacerated cervix, a good observer and successful operator, never appeared to me to obtain more than that.

If the woman keeps the vagina and uterus clean after confinement by having two, three, or four daily injections of simple warm water applied until the lochial discharges cease, it is probable that every laceration, unless it enters the peritoneum, will heal; in the presence of blood and pus it will not heal.

Take, as a further illustration, a common nasal catarrh, which lasts eight to fourteen days and then gets well. But imagine that there are other exposures and new irritation of the surface. In that case, the nasal catarrh may never get well, because new connective tissue is formed, the little glands in the mucous membrane and the membrane itself become swollen, and their enlargement is permanent. If recovery is to take place in nasal catarrh, absolute cleanliness must be maintained.

These little glandular enlargements will never be removed unless the nasal passages are cleansed three, four, five, six times a day with injections of water, and this procedure is kept up for three or four weeks for the purpose of absolute cleanliness. I have not seen chronic nasal catarrh get well under the influence of any merely medicinal applications, or operative proceedings, least of all with strong applications of nitrate of silver; but I have seen it get well by the use of the very mildest applications, and by securing permanent cleanliness, and nothing else.

May not something else be done with regard to the laceration besides the bloody operation, which is very apt to fail at the hands of the inexperienced? For I have operated once for lacerated cervix uteri, and I feel that it may satisfy the exclusive gynecologists to learn that my operation was a failure.

I have not operated since, but I know I have cured a number of this class of cases.

My experience coincides with that given by Dr. Barker in regard to general treatment. The actual cautery I have used a great deal in the treatment of these cases when there is considerable swelling and thickening of the tissues. It will not only destroy the cicatricial surface, but enliven, on general principles, the adjoining circulation, and thus gradually restore the wound. Perhaps I may be permitted to state in this connection, that I was the first to introduce the galvano-caustic into the cavity of the uterus; it was some ten or twelve years ago, and for the purpose of destroying the constantly bleeding remains of a placenta.

Thus I claim, that if anything can be done for the results of laceration of the uterus, the actual cautery will probably do as much as will the bloody operation. When this is performed very late, I claim that under ordinary circumstances the uterus will remain as large as it is before the operation is performed, and that the actual cautery will have a better success, as far as the removal of secondary enlargement is concerned; for it is the principal object of treatment to remove the source of the irritation and to favorably influence the nutrition of the neighboring parts.

This latter result can be obtained in those cases also where there is uterine catarrh with "metritis" or subinvolution, although there be no laceration of the cervix. Many cases where it is present will not be re-

lieved by the bloody operation. Many, where it is and where it is not, will be relieved by the actual cautery.

Excuse me, Mr. President, for consuming so much time; but I thought I would make these remarks, believing as I do that the condition referred to should be treated upon general principles, just as anything else should be.

Every general practitioner should be a sufficient physiologist and pathologist not to take for granted any results without scrutinizing them; and fortunately there are many means to accomplish the same object under different circumstances, as there are "many roads that lead to Rome."

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Stated Meeting, Feb. 15, 1878.

DR. MATTHEW D. MANN, PRESIDENT PRO TEM., IN THE CHAIR.

ON THE USE OF HOT MUSTARD-BATHS IN PNEUMONIA IN CHILDREN.

DR. LEONARD WEBER read a paper upon the above subject, in which, after referring to several forms of treatment that had been recommended, he presented the claims of the hot mustard-bath in the treatment of pneumonia occurring in children. He first learned of that therapeutical agent in 1869. The history of several cases was related in which the disease had occurred in children from four to six months of age; they were regarded as cases of capillary bronchitis and pneumonia; the symptoms were extremely urgent. For instance, in one case the respirations were 72, the pulse 150, and the temperature 103° F., together with marked cyanosis and great restlessness. The baths were used after all other remedies had failed to afford any relief, and the child made a good recovery.

THEORY REGARDING THEIR MODE OF ACTION.

There were two agents in the baths, both of which acted upon the surface:

1. The mustard, which was an irritant to the skin; and,

2. The hot water, which dilated the cutaneous capillaries, thus assisting to increase the quantity of blood thrown to the surface of the body.

The increased blood-supply to the surface relieved in a great measure the congested pulmonary circulation and the overloaded heart.

The baths stimulated the nervous system and also favored the interchange of gases in the blood through the skin.

ADVANTAGES CLAIMED FOR THE BATH.

It was easily prepared; the materials could be readily procured; its action was prompt; there was no danger in applying it.

METHOD OF PREPARING AND USING THE BATH.

The bath was prepared by adding half a pound or a pound of ground mustard to a baby-tub of water, having a temperature ranging from 100° to 105° F. The child was placed in the bath, and, while there, the surface was to be thoroughly rubbed until the skin began to look red, usually from seven to ten minutes, then taken out, wiped dry, and put into a bed previously warmed. No ill effects had been seen by allowing the genitals to remain unprotected. The bath might be repeated as often as every three hours.

In conclusion, Dr. Weber questioned whether the antiphlogistic treatment of pneumonia by the use of cold baths, cold packs, etc., was a method that could be followed with advantage in this country.

DR. WILLIAMS remarked that he had seen fifteen cases of pneumonia treated by means of cold baths and packs, with the administration of whiskey before and after the bath, and the use of a full amount of nourishment. There were only two recoveries, and those patients doubtless would have recovered without any special treatment.

DR. MANN reported a case in which he thought the life of the child was nearly sacrificed by the use of the cold pack. The child was five years of age, and the temperature was most pleasantly and satisfactorily reduced by the use of ten-grain doses of salicylic acid.

DR. WEIR had had some experience in the use of cold affusions in the treatment of pneumonia occurring in children, but the results were very unfavorable; most of the children so treated died.

DR. HUBBARD spoke very favorably of the use of carbonate of ammonia in the treatment of pneumonia. His method of administration was in accordance with a suggestion made by Dr. H. P. Farnham—namely, as an effervescing mixture with citric acid.

A vote of thanks was extended to Dr. Weber for his paper, and the Association adjourned.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Feb. 24, 1877, *to March* 2, 1878.

ALEXANDER, C. T., Major and Surgeon. Relieved from duty in Dept. of the Columbia, to proceed to St. Louis, Missouri, and report thence by letter to the Surgeon-General. S. O. 38, A. G. O., February 21, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending March 2, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
Feb. 23, 1878....	0	7	75	5	130	61	0
March 2, 1878....	0	4	91	5	98	52	0

NEW YORK COLLEGE OF VETERINARY SURGEONS.—The first annual commencement of this college, under the new régime, took place at Trenor Hall, on the evening of March 2d. After the conferring the degree of D.V.S. upon the graduates, the valedictory was pronounced by Mr. Walton, when Prof. Hammond was introduced, and delivered an address upon "Equine Psychology"—freely translated as horse sense. He commenced by observing that the horse was distinguished among domestic animals for docility and penetrating intelligence. Besides the fact that the equine brain was remarkable for the depth and number of its convolutions, its weight as compared

with the body was comparatively superior. The proportion of brain to body in the horse was 1 to 580; in the ox, 1 to 805. He regarded the horse as the most intelligent of the solipeds, and related numerous anecdotes illustrative of this view, drawing the conclusion that the intelligence of the animal differed only in degree (not in kind) from that of man. Passing to the interesting question of language, he observed that the nightingale produced forty different articulate sounds, and that there was no rational doubt that animals were able to convey very specific ideas to each other by means of sounds. He concluded with some remarks to the graduating class.

THE LATE DR. E. R. PEASLEE.—At a meeting of the New York Pathological Society, the following preamble and resolutions were adopted:

Whereas, It has pleased our Heavenly Father to remove from us by death our distinguished associate, Edmund R. Peaslee, M.D., LL.D., we would hereby express our sincere grief for the loss which we have been called upon to bear, and also record our profound esteem and admiration for his noble deeds and Christian character; and we hereby

Resolve, That in the life, labors, and character of Dr. Peaslee we have a commendable example of industry, usefulness, and Christian manliness, seldom combined in a single life.

Resolved, In the death of Dr. Peaslee the medical profession and society in general have sustained an unusual loss.

Resolved, That we tender to the family of Dr. Peaslee our sincere sympathy in their irreparable loss.

Resolved, That the above be published in the medical journals of this city, and also that a copy be sent to the family of the deceased.

JOHN H. HINTON,
JAMES L. BANKS,
CHAS. K. BRIDDON,
Committee.

ALUMNI ASSOCIATION, COLLEGE OF PHYSICIANS AND SURGEONS.—The committee appointed to nominate officers for the ensuing year made the following report: For President, Dr. William H. Draper, of New York; for Vice-President, Dr. Alexander N. Dougherty, of Newark, N. J.; for Secretary, Dr. Charles Hitchcock, of New York; for Assistant Secretary, Dr. J. N. Bertram, of New York. The report was adopted, and the officers elected. The Board of Councillors, fifty-seven in number, stands the same as last year, with but few exceptions. After the adoption of a vote of thanks to Dr. Bayles, the retiring Secretary, the meeting adjourned. The annual dinner took place at Delmonico's, Wednesday evening, March 6th.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—At a stated meeting, held Feb. 25, 1878, Dr. J. C. Davis read a paper on "Abscess of the Liver." It was maintained that heat did not necessarily indicate the occurrence of abscess of the liver, but that it depended rather upon dryness and moisture, customs of the people, non-observance of hygienic laws, etc. Abscess of the liver was divided into two varieties: 1. That brought about by inflammation of high grade, associated with tropical dyscrasia. 2. That due to thrombosis and embolism. Ulcerations in the intestines were regarded as one of the prominent causes. Theoretically, the explorative puncture was dangerous, but practically, it was not. Treatment by use of the trocar was advocated. Dr. Judson's field of observation had been in Mexico.

"The School of Salernum" was the title of a paper read by Dr. H. E. Handerson. It was an historical sketch of the rise, progress, and fall of that institution of learning.

DR. A. JACOBI brought before the Society the subject of making a *Catalogue of the National Medical Library*, and introduced a resolution making provisions for the appointment of a committee of twenty-five, which should urge upon Congress the propriety of making an appropriation for that purpose.

DR. O'SULLIVAN reported that the Committee on Ethics had been officially notified that all the members of the Society who had given certificates regarding the value of certain mineral waters had withdrawn their names from such recommendations.

UNIVERSITY OF UPSALA.—The King of Sweden has made the University of Upsala a donation of 40,000 crowns, the yearly revenue from which is to be distributed as premiums to young authors of scientific works.

BELLEVUE HOSPITAL MEDICAL COLLEGE.—The Seventeenth Annual Commencement of this institution was held at the Academy of Music, Thursday, February 28th, at 3 o'clock. The degree of Doctor of Medicine was conferred upon one hundred and thirty graduates.

Lieut.-Gov. Dorsheimer addressed the graduates. He remarked that there was but little reason for the selection of such a speaker to a class of young physicians, except that men in his position were called upon to speak on all subjects at all times. Lawyers, he said, did most of the public speaking nowadays. In former times, among the primitive men, one man exercised the offices of physician, clergyman, and lawyer. Afterwards they separated, the priest first, and, finally, the lawyer. If this order was in accordance with the Darwinian theory, it suggested a process of evolution to which further reference at that time might be considered discourteous. [Laughter.] He thought that modern science began with Bacon—a lawyer. For, although Columbus, Galileo, and, indeed, all discoverers, had worked upon the Baconian method, it was he that first announced the law, first showed that it was immutable, and applicable to all departments of thought and inquiry. The Baconian law might be familiarly stated to be this: Study the facts, and go to the conclusion which the facts establish. This simple axiom had changed the whole method of scientific investigation, and had become the rule of what was known as the experimental system of philosophy. He drew a picture of the state of Europe in the days of Bacon, and said: "Dreary superstition brooded over all—over the Church, the Court-house, and the sick-room. In medicine it was held by some that the blood alone gave warmth to the body; by others that it was a humor and the nursery of disease, and the universal nostrum was to get rid of the foul fluid by bleeding the patient. The king's evil was cured by the touch of a royal hand. The epileptics were bewitched, and the insane possessed of the devil. The duration of life was predicted by the stars. Whooping-cough was cured by persuading a dog to eat a hair of the child, and hydrophobia was cured by making the child eat a hair of the dog. There is no department of science which has taken more benefit from Bacon's teaching than yours. Medical science may be said to have begun then. The first application of Bacon's teaching was made by an English physician, William Harvey, who, eight years after the publication of the *Novum Organum*, printed a treatise demonstrating the circulation of the blood. This treatise is an example of the Baconian methods. Bacon himself

could not have demonstrated a fact in physics more strictly in accordance with his own methods." The speaker alluded to the discoveries of vaccination and anæsthetics, and asserted that there was a close bond of sympathy between the medical and legal professions. In conclusion he said: "I have held up to you great examples, not because I think that each of you should seek to equal them. But it ennobles the humblest man, however obscure his life may be, to think that where he walks others have found greatness. There lies before every one of you a work which will demand all the skill and wisdom you can acquire, all the courage and charity with which the lessons of the past can inspire you. You will often need to compose prescriptions more subtle than those you send to the apothecary: to 'minister to minds diseased;' speak the last counsel to ears already dull. Sometimes it will fall to you to gather up and weave together the ties of family, by passion or the treacherous hand of slander torn asunder, and often at the bedside of the dying to bind up the wounds of the living. Within the sacred realm of sorrow you will be what they were in the olden time—physician, lawyer, and priest. At the threshold of your career we all salute you with the wish that you may prove equal to its great demands."

The valedictory was delivered by Lewis C. Wagner, M.D., of the graduating class.

THE AMERICAN VETERINARY COLLEGE.—The annual commencement of the American Veterinary College was held on Thursday evening in the lecture-room of the College of Physicians and Surgeons, Fourth Avenue and Twenty-third Street. Seated behind the railing were the Faculty and Trustees of the institution, together with a number of distinguished medical men, among them Prof. John C. Dalton, who made the address of the evening, and Prof. J. W. S. Arnold, of the Medical Department of the University of the City of New York. S. Marsh, President of the Board of Trustees, presided. From the report of the collegiate year 1877–8 it appears the college is in a prosperous condition, and that it has been decided to extend the course of instruction necessary to graduation, so as to secure three years of study instead of two, as heretofore. The degree of D.V.S. (Doctor of Veterinary Surgery) was conferred by the President of the board, on behalf of his colleagues, upon the six members of the graduating class, to wit: John Frost, Winchester, Mass.; Alfred H. Rose, of New York; John H. Schmidt, New Jersey; Samuel E. Field, New York; John C. Force, New Jersey; and William H. Wray, New York. The prize for proficiency—a handsome case of surgical instruments—was awarded to John Frost. Prof. Dalton was then introduced, and read a short address on the responsibilities of the veterinary surgeon, the important contributions to physiology made by veterinary colleges, and the best methods of practice, concluding with an anecdote in ridicule of the routine doctor. Prof. J. W. S. Arnold followed with a written address of considerable length, in which he pointed out the facilities for investigation open to veterinary practitioners.

COMMENCEMENT OF THE COLLEGE OF PHYSICIANS AND SURGEONS.—The seventy-first annual Commencement of the College of Physicians and Surgeons, and Medical Department of Columbia College, was held at Steinway Hall, Friday evening, March 1st. Nearly every seat in the body of the hall was filled, and the galleries and boxes were fairly crowded. Prof. Alonzo Clark, President of the college, conferred the degree of Doctor of Medicine upon one hundred and nine graduates. He then delivered his address to the graduates. It was filled with the practical and advisory maxims that govern every successful professional career. Among other things he advised the graduates to cultivate a public spirit, and to be active in all measures of sanitary and other reform, but to avoid politics and to deny themselves to all offers of political emolument.

The award of prizes, by Prof. Markoe, followed directly upon the address to the graduates. The first award was that of the diplomas of examination honors to the ten members of the class who, in their examination before the Faculty for the degree of Doctor of Medicine and in their graduating theses, had shown the highest proficiency. Each recipient of such a diploma is entitled to appear at a special public competitive examination in writing for the three examination prizes. The following members of the class came forward as their names were called, and received their special diplomas: John S. Aitkin, Talbot R. Chambers, Edward Fridenberg, Richard J. Hall, Ellsworth Elliott Hunt, Alexis M. Low, Edward G. Manpin, William D. McKim, Charles D. Sarder, Isaac Weil. The first examination prize of $100 for general proficiency was awarded to Richard John Hall, the second of $50 to Isaac Weil. The third prize of $25 was awarded to two candidates, Edward Fridenberg and Ellsworth Elliott Hunt. The Committee of the Alumni prize of $500 for the ablest thesis, and that of the Joseph Mather Smith prize, announced that none of the theses offered had been of sufficient merit to justify an award. Charles D. Scudder delivered the valedictory, and Charlton T. Lewis, Esq., addressed the graduates.

UNIFORM MEDICAL EXAMINATIONS.—A bill is before the House of Commons, Great Britain, for providing a uniform test for admission into the medical profession in England, Scotland, and Ireland.

ELECTRICITY IN THE OPERATING-ROOM.—At Guy's Hospital both surgeries and the operating theatre are now connected direct with the electrifying room, so that the surgeon may have the current at his disposal at any time when he may require it. He presses a small stud, which rings a bell in the electrician's room, and points out on an indicator where the current is required. The latter is then turned on without loss of time. At night the operator can obtain the current by the simple movement of a spring, the indicating apparatus in the battery-room registering the fact, and also betraying the negligence of the operator if the current is not turned "off" when not required. The arrangements are complete, and work satisfactorily, and Mr. Seymour contemplates carrying them out in the medical wards, so as to avoid the necessity for shifting heavy batteries to that part of the hospital where the current is required.—*Dublin Press and Circ.*

TRICHINOUS DISEASE has made its appearance in South Bend, Indiana. Three cases have died and fifteen others with the disease are not expected to live.

THE CALIFORNIA STATE MEDICAL SOCIETY.—The annual meeting will be held at San José, Wednesday, April 17th.

HOMŒOPATHIC SYMPTOMS.—The encyclopædia of Pure Materia Medica (Homœopathic) gives a list of 3,115 symptoms produced by lycopodium.

THE LATE DR. WILLIAM STOKES.—The number of *The British Medical Journal* for February 2d contains an excellent portrait of the late Professor Stokes, of Dublin.

THE OVERCROWDED PROFESSION.—In the "Sentimental Journey," Lawrence Sterne says: "They order these things better in France." The following advertisement from a recent number of *Le Progrès Médical*, offers a striking contrast between the state of the medical profession in France and here: "VACANCE MÉDICALE. —La Commune d'Anville (Popula. 1270 h.) demande un médecin. Elle offre beau logement gratuit pendent quatre ans. S'adresser, etc."

Here is a community which probably numbers 5,000 souls (1,270 men), advertising for a doctor, and willing to furnish him good lodgings four years gratuitously. In this country the same number of souls is supplied with fifteen or twenty medical men. The above requires no comment.

ANTISEPTIC VINEGAR.—The following is the formula for the antiseptic vinegar prepared by M. Pennés, of Paris:

Salicylic acid	300 grms.	(℥ xss.)
Acetate of alumina	300 "	(℥ xss.)
Concentrated alcoholic solution of eucalyptus globulus	1,000 "	(Oij.)
" " " vervain	2,000 "	(Oxvitj.)
" " " lavender	1,000 "	(Oij.)
" " " benzoin	100 "	(℥ iijss.)
Acetic acid at 8° (Cent.)	1,000 "	(Oij.)

Mix carefully, shake often during two or three days, and filter to preserve.

This vinegar may be used as a lotion, either pure or diluted with water. Five quarts injected into the carotid has preserved a corpse perfectly for several months. As a disinfecting and antiseptic agent it may be employed in the form of spray.—*Le Mouvement Médical*, Sept. 15, 1877.

CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA.—The seventh annual report of the Children's Hospital of the District of Columbia shows 122 admissions for the year 1877, which, with the 35 patients who were in the hospital at the beginning of the fiscal year, December 1, 1876, gives an aggregate of 157. Of these, 83 were discharged cured, 20 improved, 2 unimproved, and 18 died, leaving 34 inmates at the opening of the fiscal year current. Of the admissions, 73 were white and 49 colored; 68 male and 54 female. The number of dispensary patients during the year has been 766, of whom 379 were white and 387 colored; 367 male and 399 female. The daily cost per capita of the patients occupying beds in the hospital during the year has been only 58 cents, certainly a most complimentary exhibit for the management, and one which is commended to the consideration of boards of pauper hospitals in all parts of the country. The number of operations performed during the year has been 48.

BALTIMORE MEDICAL AND SURGICAL SOCIETY.—The following officers were elected at the Seventh Anniversary Meeting of the Baltimore Medical and Surgical Society: President, Dr. Wm. J. McDowell; 1st Vice-President, Dr. A. Friedenwald; 2d Vice-President, Dr. J. J. Caldwell; Recording Secretary, Dr. George H. Rohé; Corresponding Secretary, Dr. B. F. Leonard; Reporting Secretary, Dr. G. Lawson Wilkins; Treasurer, Dr. Wilmer Brinton.

THE MINUTE STRUCTURE OF RED BLOOD-CORPUSCLES.—In the November and December number of the London *Microscopical Journal* is an article on the above subject, being a notice of an article by Professor Boettcher, and published in the *Archiv für Mic. Anat.*, Bd. 14. Prof. Boettcher claims to have demonstrated the presence of a nucleus in said corpuscle. His method of work is as follows: "He makes use of a saturated solution of corrosive sublimate in 96 p. c. alcohol, and into about 50 volumes of this solution one of blood is to be rapidly diffused. By this means the corpuscles are deprived of their hæmatine, and their internal structure made clear. At the same time they are preserved and bleached. The mixture is frequently agitated, and in about twenty-four hours the corpuscles are allowed to subside and the superincumbent fluid poured off, and pure alcohol added. By frequent agitation for another twenty-four hours, the corpuscles are thoroughly washed. The alcohol is then poured off and clear water added. In a short time the corpuscles will be seen, as a nearly white layer, at the bottom of the vessel. By straining these with different fluids, Prof. Boettcher claims to be able to find three classes of red corpuscles. First, homogeneous and shiny throughout. Second, added to a homogeneous, shiny cortical layer is a granular mass in the interior, which takes the straining fluid readily. The third has the same cortical layer and protoplasm, but enclosed in the latter is a nucleus and nucleolus."

At the "Physiological Laboratory," University of Michigan, Dr. C. H. Stowell has demonstrated this structure in the manner given above. The specimens were shown to his classes in histology and to different members of the Faculty. Carmine was employed as the staining fluid.

The majority of the corpuscles were "homogeneous and shiny throughout," while some had enclosed within them a sharply defined nucleus, it being very rare to find one possessing a nucleolus also. There was a marked difference between the appearance presented by a corpuscle with a nucleus, and by the refraction of a "cup-shaped" corpuscle. By establishing a current through the field, the one appearance could not be mistaken for the other.

POPULATION OF BRITISH INDIA.—The territory subject to the British administration in India comprises 909,834 square miles, with a population of 191,065,445 inhabitants. The native states comprise 573,052 square miles, with 48,233,978 inhabitants. Including the French and Portuguese possessions, the entire superficial area of India is 1,484,150 square miles, with a population of 239,978,595 inhabitants. The 191 millions of inhabitants in British India are divided as follows among the different religious sects: Hindoos, 131,343,820; Sikhs, 1,174,436; Mohammedans, 40,867,125; Buddhists, 2,832,851; Christians, 897,682; others, 5,417,304; and 552,227 whose religion is not known.

NEW YORK EAR DISPENSARY.—During the past year there have been treated at this institution eight hundred and seventy-four cases of ear disease, a marked increase over that of any preceding year. The charity is well managed, and deserves its prosperity. Dr. Samuel Sexton is the surgeon in charge.

TRACHEOTOMY IN FRANCE.—In the Hospital St. Eugenie, of Paris, 2,312 operations of tracheotomy were performed during twenty-two years, with 509 recoveries. In the hospital for sick children, in Paris, 2,351 patients were operated upon in twenty-five years, with 614 recoveries. In all the hospitals of France, collectively, the average recoveries are 30 per cent.

TREATMENT OF BURNS.—The local application of a saturated solution of bicarbonate of soda in the treatment of burns is steadily growing in favor.

CHEAP MEDICAL SERVICES.—The British physicians are complaining against the growing custom of cheapening medical advice.

THE

MEDICAL RECORD

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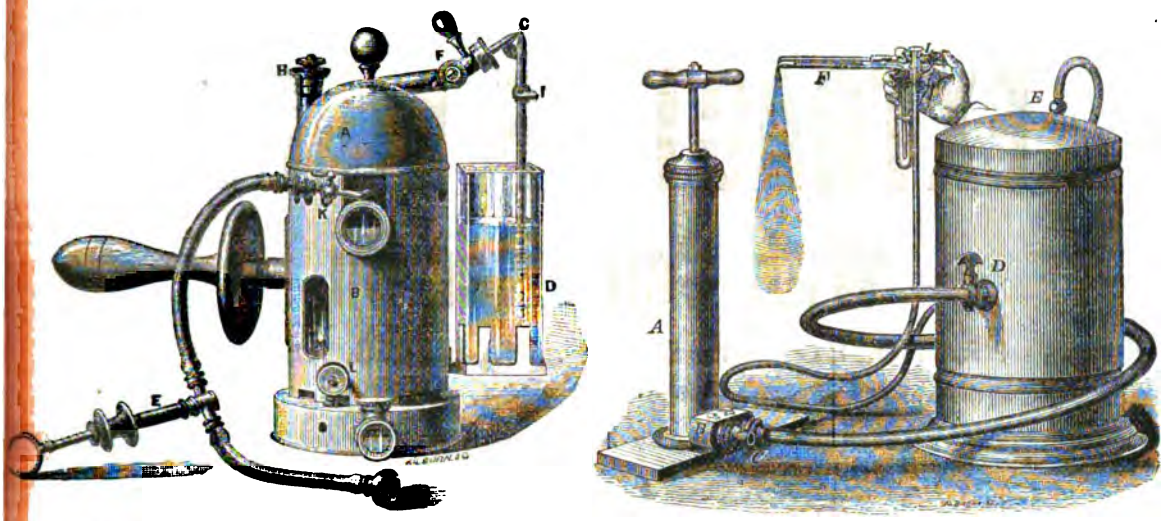

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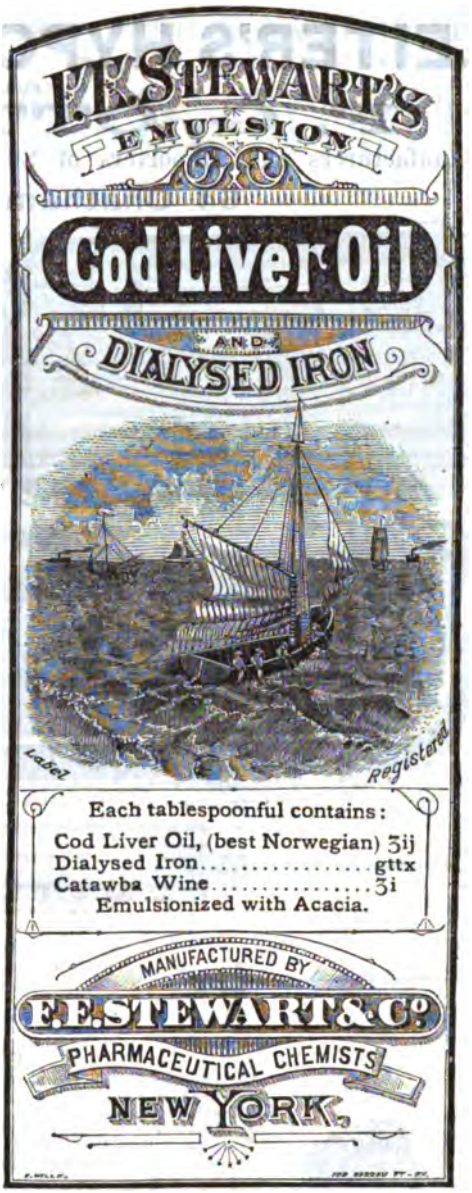

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Pat. Dec. 2, 1873.

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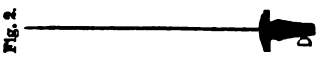

Fig. 3.

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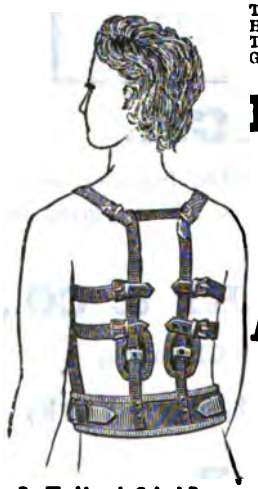

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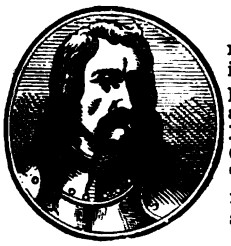

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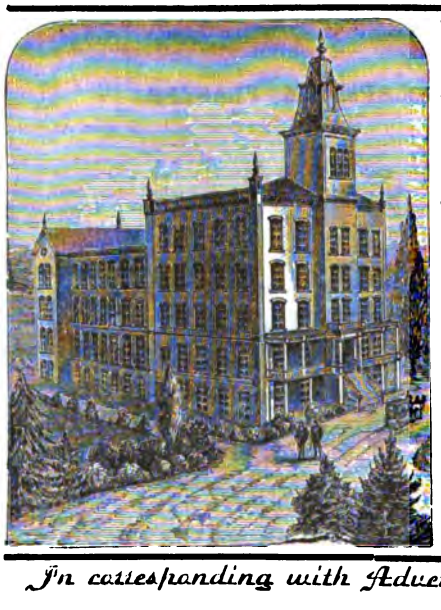

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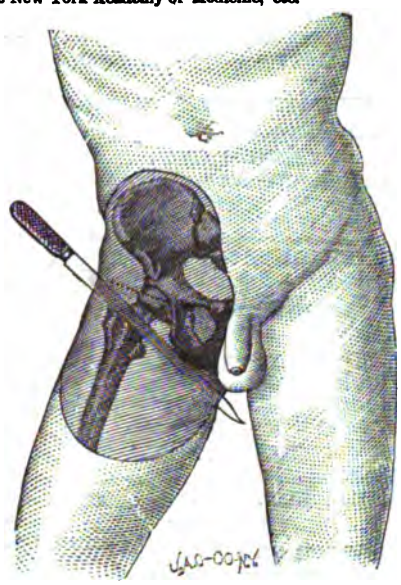

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See Advertisement of KEASBEY & MATTISON, Page 31.

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Original Lectures.

CLINICAL LECTURE.

DELIVERED AT THE PENNSYLVANIA HOSPITAL.

By JACOB M. DA COSTA, M.D.,

PROFESSOR OF PRACTICE OF MEDICINE IN JEFFERSON MEDICAL SCHOOL, PHILADELPHIA.

(Reported for THE MEDICAL RECORD.)

I. *Cerebral Tumor.*

II. *Syphilitic Meningitis—Gummy Tumor.*

III. *Cerebral Congestion as a Result of Syphilitic Arteritis.*

CEREBRAL TUMOR.

R. B., 35 years of age, is a house-painter by trade. He had chancres five years ago. These were not followed, however, by any constitutional symptoms. In July last, while attending a political convention, he drank a great deal, was, in fact, intoxicated for a week. This carousal was followed by a severe pain in the head which seriously affected his sight. Soon after this he had an attack of vomiting. Since that time his headache has never left him, but has constantly increased in severity. Vomiting was occasional at first, but has not lately been a feature of the disease.

Since the patient has been admitted to the hospital, it has been impossible to obtain from him any connected history of his malady. His answers have been faulty. His intellect is evidently much obscured. The chief symptom which he complains of is the constant and excruciating pain in his head. This pain has lately been associated with marked disturbance of vision. He sees imperfectly; speaks of spots before his eyes. You notice that the balls of his eyes are very prominent. At present the poor fellow is not only a great sufferer from headache, but is also subject to the most strange hallucinations and the actor in a great variety of imaginary scenes. He cannot possibly stand without support. The muscles of his legs are exceedingly weak and his grasp most feeble, that of the left hand especially so. He is also subject to curious, irregular spasms and tremblings. There is evidently in this case some most marked and serious brain affection. The temperature is usually but little above normal, once it ran up to 101°. Ophthalmoscopic examination reveals a marked choking of the retinal discs. The urine has been carefully examined and found to be free from sugar and albumen.

Within the past week the most prominent symptom has been the mental disturbance in the shape of delirium and hallucination. The headache is about the same. The man is less conscious of his actions; spits on the floor, and has involuntary discharges from the bowels. He has lost, therefore, to a certain degree, both mental control and moral sense. There is a daily increasing tendency to spasmodic contractions of the muscles of the neck. His neck, you see, is bent back.

What is the matter with the patient? I think he has a cerebral tumor which gives rise to these symptoms. On what facts do I base my diagnosis? You will first ask me this question; then you will want to know if there are any other maladies followed by the same general symptoms. I base my diagnosis on these three points chiefly. (1.) The excessive, persistent headache. (2.) The general asthenia, particularly the loss of power in the extremities. (3.) The evidence of pressure inside of the skull, as shown by the marked choking of the discs, the great exophthalmos and the obvious defects of vision. To these, however, a few more points may be added. I would call particular attention to the tendency to spasmodic contractions—as exhibited by the muscles of the neck and forearm. Such contractions point generally to some irritative lesion of the brain, which generally turns out to be a tumor. Another argument which has great weight in leading me to this diagnosis is the fact that the man's mind has been so long unobscured. Not until lately has it been more affected than it would necessarily have been by the severe and protracted headache. All the mental deterioration has come on quite recently, and since the changes in the motor system have appeared. Cerebral tumor almost invariably leaves the intellect unaffected until comparatively late in the course of the disease.

Why is the mind so tardily affected by cerebral tumor? In the progressive growth of a cerebral tumor there is but little alteration taking place in the superficial portion of the brain where intellection is supposed to reside. It is not until the tumor has attained a considerable size, that a pressure is set up which so interferes with the blood-supply of the brain as to produce first, cerebral anæmia, then innutrition, and finally softening of the brain substance. In local softening of the brain, there is a progressive obscuration of mental power, but in cerebral tumor, I repeat, the softening only takes place in the last stages of the disease, when the tumor has reached such a size as to seriously interfere with the cerebral blood supply.

I can look at this case in no other light than as one of cerebral tumor. The characteristic combination of the symptoms allows of no other diagnosis to my mind.

You will ask me, perhaps, are there any symptoms wanting to render your diagnosis more conclusive? I will answer you candidly. There is more than one characteristic symptom of cerebral tumor wanting. There is no local paralysis of the muscles of the face noticeable here. This is a very usual condition in most cases of cerebral tumor, and yet I can as truthfully say that the absence of this paralysis does not invalidate my conclusion. Another common symptom of cerebral tumor is persistent vomiting. As I have already told you, there was vomiting early in this case, but it has almost entirely passed away. Still, my diagnosis is not upset. And why? Simply because vomiting is the result of a tumor seated in a certain spot, *i. e.*, a tumor which presses upon the origin of the pneumogastric nerve. This tumor evidently does not press upon the origin of the pneumogastric nerve, and so, very naturally, we have little, or no vomiting in this case. This fact, viz., the absence of vomiting, will give us some clew in settling upon the exact site of the tumor. But we shall come to the consideration of this point hereafter.

Is any other disease possible in the present instance? There are two other diseases possible, but I do not believe in the existence of either of them in this man, and I will tell you why. This might possibly be a case (1) of chronic meningitis with thickening, or (2) a case of diffused softening. Let us consider the chronic meningitis first. The symptoms of this disease are spasmodic contractions, persistent headache and vomiting. We have, in truth, in chronic meningitis symptoms very similar to those of cerebral tumor. But consider this point—the acute origin of this case—the inception of the symptoms dating from exposure and debauch. *I have drawn your attention to*

this statement to tell you that meningitis may begin in just this way. In meningitis, however, there is always more or less fever. Here there has been none to speak of. In meningitis, especially when it has an acute beginning, mental aberration is one of the earliest symptoms. Here it has been one of the latest. The steady, progressive course of the disease in this man from worse to worse, uninfluenced by treatment, is against the assumption that the case is one of chronic meningitis with exudation and thickening, for that disease can, in the generality of instances, be very materially relieved, if not altogether cured, by the proper treatment.

I have come across one symptom in this case which does not belong to the history of cerebral tumor. This case had an acute beginning. *Acute beginning —how do I explain that away?* There are some cases in which a tumor seems to explode in its symptoms. There is a sudden development of acute symptoms in the gradual course of the disease. Such an acute development I take to have happened in this case.

But again; this case might conceivably be one of cerebral softening. Why do I think that such is not the fact here? Cerebral softening very rarely occurs before middle-life, unless there be a specific, definite cause, such as disease of the heart or of the blood-vessels. As a celebrated modern writer on this subject has put it, "we have no knowledge of cerebral softening without cerebral embolism." This is a strong statement, but, as a general thing, will be found to be true. Again, cerebral softening, when existing to such an extent as to impair motion so greatly, would have to be of a very diffused character. If it were of so diffuse a nature, the intellect could not remain intact near so long a time as it has in the case of this man. Changes and disorders of intellect are among the first signs of cerebral softening. These disturbances of intellection appear long before the asthenia, and general palsy. This is a strong point of diagnosis. As regards the spastic contractions also, it is well known that they are not among the symptoms of cerebral softening. Spasms belong peculiarly to tumors and meningitis. So markedly do they belong to cerebral tumors, that we very frequently find them assuming the shape of general convulsions, though no convulsions have occurred in this instance. Having now narrowed the possibilities of the diagnosis down to one definite reality, there are still two other points which must needs be settled. (1) What is the character of the tumor? (2) Where is it situated?

As regards the answer to the first of these questions, I can only plead entire ignorance. It is a simple impossibility to recognize the character of a cerebral tumor without an autopsy. Nor is it of any practical consequence that we should recognize it, except in so far as to knowing whether or not it is syphilitic in its nature. The question as to whether it be a sarcoma, or a glyoma, or a cancer, may be of great interest to the pathologist, but it is a point of no practical value to the clinician. Here the history of the case favors the view of its syphilitic nature. Against this view, however, must be set the fact that persistent anti-syphilitic treatment has had no influence whatsoever upon it. We have been long using large doses of the iodide of potassium without the least effect. The evidence to be drawn from the results of anti-syphilitic treatment is therefore against the syphilitic origin of the tumor. Where there is an hereditary history of cancerous diathesis, the tumor is very apt to be a cancer. Here we know nothing definitely with regard to the nature of the growth, nor is it necessary that we should know anything definite about it.

As regards the probable position of the tumor, I think I can give a far more accurate answer. I should say that the tumor was located at or near the base of the brain, that it probably sprang from the tentorium, and that it compressed the motor tracts of the cord at or near their point of decussation. I say this, because this patient suffers from such excessive asthenia on both sides of his body. If the tumor were situated in any other centre of motor power, it would have to be large enough to affect both of the corpora striata. It lies, therefore, not in the motor ganglia proper, but at the origin of the spinal cord. The marked choking of the discs of the eyes rather favors this view. The only fact to be mentioned against such a possible site is the absence of vomiting. This can be explained very easily by the supposition that the tumor does not press upon the origin of the pneumogastric nerve. There would probably be just the same class of symptoms as we note here if the tumor were situated in the cerebellum. I have made the endeavor to discover if there was any loss in the power of co-ordinated movement, but owing to the condition of the patient the examination had to be given up. I do not believe that the tumor involves the cerebellum, though it is quite possible. There is always a source of fallacy in trying to fix the exact site of a cerebral tumor. For, as Brown-Séquard has shown, the symptoms of reflex irritations of other parts of the brain may be mistaken for those produced by the tumor.

The prognosis of cerebral tumor is generally extremely unfavorable. If it is quite clear that the tumor is of syphilitic origin, there is a good chance of cure by the use of mercury and iodide of potassium. This poor man has no chance whatsoever of recovery. All treatment has completely failed. He will certainly die, and that quite soon.

Our treatment of this patient has been based upon the idea that the tumor was of syphilitic origin. We have given large doses of the iodide of potassium; at first fifteen grains, thrice daily, and lately as much as thirty grains, four times a day. For the last four weeks the man has been taking ʒ ij. of the iodide daily without any improvement. To remedy the cerebral congestion, I have ordered blisters and other counter-irritants to be applied to the nape of the neck.

To relieve the excruciating and constant headache, I tried the bromide of potassium, and gelseminum, both without any effect, and then resorted to local venesection. This always afforded relief. Thus I have taken from two to five ounces of blood from the patient, opening a vein near the mastoid process, or in the nape of the neck whenever the headache was very bad. I am convinced that, in such cases as this, the local abstraction of blood affords more relief than can be obtained by the use of any internal remedy.

Up to within the past week or two, I have been able to control the patient's restlessness by means of large doses of the bromide of potassium and cannabis indica. The time has come, however, when the man's terrible distress and constant restlessness have become so uncontrollable, that the hypodermic injection of morphia is the only means of giving the poor fellow peace. This I do to produce euthanasia. Why should we refrain from giving opium even if there is a chance of its producing cerebral congestion in such a case? Why not let the patient have all the comfort possible in the terrible closing hours of such a disease as this?

SYPHILITIC MENINGITIS—GUMMY TUMOR.

I. H., 36 years of age. Had syphilis many years ago, but not in an unmistakable form, since the only symptom following the chancre was persistent headache. As this did not come on until several years after the sore had healed, it is doubtful whether there was any connection between the two. The patient lately has had perfect health until about two weeks ago when the headache returned. He was admitted on January 19th. On January 12th he first felt the headache and pain. These were most marked in the ball of the right eye. At about the same time the right upper eyelid began to droop. The vision of the right eye was also interfered with; he saw double at times, and occasionally his sight was blurred. The pain in his head is always intensified at night. There is no albumen in the urine, no heart disease, in fact no organic disease of any kind.

Let me carefully examine the case with you. What strikes me most markedly is the droop of the right upper eyelid. This droop prevents the eye from being completely opened. There is evidently paralysis of the right upper eyelid. The right lower eyelid is not affected. Upon examining the eyes intently I find some disparity in size between the pupils, the right being smaller than the left. There is no loss of power, however, in the right eye of adapting itself to the varying intensity of light. With regard to the pain it is chiefly felt deep in the ball of the eye. It is not limited to that spot, however, but is occasionally referred to a point behind the ear. The pain is not increased by pressure, and there is no obvious swelling of the bone, nor is the pain increased by moving the muscles of the scalp.

In testing (1) the muscles of each side of the face I find no loss of power on the right side; in testing (2) the eye muscles I am struck with the fact that the patient cannot readily turn the right eye in—there is, therefore, slight palsy of the internal rectus. The right external rectus is also somewhat defective in power. In testing (3) the eyes themselves the right retina was found to be slightly congested, there was, however, no choking of the disc.

As regards sensation there is far greater sensitiveness on the right side of the face than on the left. The power of taste seems to be about the same at the two sides of the mouth. As regards the hearing, there is a very great difference between the two ears. The patient can scarcely hear the ticking of a watch held only one inch from the right ear, while he can hear it plainly six or seven inches from the left ear.

I also find that the power of grasp of the right hand is weaker than that of the left. There is no appreciable difference in the gait, or muscular power of the two legs. Testing the muscles by electricity shows that the contractile powers of the muscles of both sides of the body are equally well preserved.

What is the matter with the man? The headache is evidently unassociated with disease of the bones. It is certainly a very instructive case. What is its anatomical analysis? Which nerves are paralyzed? By reason of the affection of the right eyelid and retina the third nerve of the right side must be more or less paralyzed. So, too, as regards the sixth nerve. As there is marked hyperæsthesia of the right side of the face the fifth nerve must also be involved. The difference in the powers of hearing of the two ears shows that there is something the matter also with the portio mollis of the auditory nerve. If there is this disturbance of these nerves there must be some source of irritation.

Taking all these points into consideration, I should say that the lesion was low down on the right side in the vicinity of the pons. No other explanation is sufficient to account for the symptoms. I should also say that the lesion must press upon the spinal nerves below their point of decussation. I think that the lesion is probably a gummous mass, the result of an exudation. No sudden lesion other than a gummous mass would explain the rapid development of headache, palsy, and general right-sided weakness.

The man tells us that about a year ago he had an attack very much like this, and that it disappeared entirely under treatment. I can imagine a slowly growing tumor in this case also, but then that would not have allowed the man the past year of perfect immunity which he has had. In that case there would have been spasm. Could it be a case of simple, unspecific, local meningitis? We never have local meningitis without some direct cause, such as a blow or injury. There is no history of such a cause here. Again, there is always fever in local meningitis, usually accompanied by nocturnal delirium. These symptoms are all absent here. There has not been any aberration of intellect in this man.

As regards treatment, blisters have been applied behind the patient's right ear and at the nape of his neck. Occasionally he has been purged. I have also put him upon large doses of the iodide of potassium, at first twenty grains three times a day. Later this amount was doubled and I steadily kept on increasing the dose until now he is taking 3 i. four times a day. The chances of cure are excellent. If the headache is too severe at any time I will order the administration of half a drachm of the bromide of potassium. I will rather trust, however, to the local impression made by the general remedy.

CEREBRAL CONGESTION, A RESULT OF SYPHILITIC ARTERITIS.

L. H., 26 years of age, a sailor, has had distinct syphilitic disease, which was followed by papular eruption and falling out of hair. Was admitted on January 17th. On the morning of January 14th he woke up to find some difficulty in his speech; was unable to articulate distinctly. He also noticed a loss of power in the right side of his body. This was not, however, bad enough to keep him from his work. There was a little later quite marked loss of power in the right arm and right side of the face. He had regained the power in his arm when admitted to the hospital. You see to-day that there is still some slight difference in the two sides of the face. The right eyelid is moved less readily than the left. The facial palsy, however, has also largely disappeared. Both of the retinas are congested, but there is no choking. There is slight deafness on the right side. As regards his power of speech, though largely regained, there is still some difficulty in the remembrance of words. He has that form of aphasia in which one's vocabulary is very limited. He is suffering still from headache and giddiness.

What is the disease? you will ask. There has been present either one of two conditions. There has been either marked congestion of the left anterior cerebral lobes, or there has been cerebral embolism. Why do I not talk of apoplexy as a possible explanation? Simply because the man has not lost consciousness once since the beginning of the attack. The course of the palsy has also been too rapid for apoplexy.

I believe it to be a case of congestion rather than of embolism, and why? The man has no heart disease, and embolism is generally a result of heart disease.

It is barely possible that embolism might occur during the course of syphilitic degeneration of the arteries, but this is very unusual.

Why do I say that there has been congestion of the anterior convolutions? Because clinical experience has taught that the occurrence of right-sided palsy with aphasia points to a lesion of the left anterior lobes. Physiology teaches us that it is there that the organs of articulate speech reside, particularly in the third convolution.

You see how much improvement the man has made. I think he will recover entirely under the use of purgatives and mercurials. He has been taking large doses of iodide of potassium. It is needless to say that the underlying syphilitic poison, causing degeneration of the cerebral arterioles, has been at the bottom of this attack.

Original Communications.

CONCERNING PULSATILLA AND OTHER MATTERS.

By HENRY G. PIFFARD, M.D.,

SURGEON TO THE CHARITY HOSPITAL, ETC.

BOTANICAL. — The natural order RANUNCULACEÆ furnishes many of the most active (*i. e.*, poisonous) of the vegetable substances that are employed in medicine; as aconite, belladonna, etc., together with the subject of this sketch.

Among the RANUNCULACEÆ, we find the tribe ANEMONEÆ, which embraces five genera, including the genus *Anemone*. This latter alone concerns us at present. It comprises several varieties prevalent in Europe and the United States, and those of medical interest are as follows:

	Synonyms.
Anemone Pulsatilla, " Pratensis,	Pulsatilla Nigricans,
" Nemorosa,	
" Ludoviciana,	Pulsatilla Nuttaliana.

The *A. puls.* and *A. pratens.* are European plants, and differ little from each other morphologically, and are supposed to possess identical physiological and therapeutical properties, and in foreign pharmacopœias are frequently confounded under the general name of pulsatilla. The *A. Nemorosa* is both European and American, but is not employed to any extent as a therapeutic agent. The *A. Ludoviciana* is an American plant.

Prof. Lee, formerly editor of the New York *Journal of Medicine*, says* that there are five varieties of Anemone in this State, among which is the *A. Nemorosa*. The *A. puls.*, *A. pratens.*, and *A. Ludov.* are not mentioned. He adds "that the medicinal properties of *Anemone* are similar to those of the *Clematis*, only more active. The *Nemorosa* acts as a poison to cattle, producing bloody urine and convulsions. An ointment of it speedily cures *Tinea capitis*. In the recent state, most of the species are acrid and rubefacient."

Historical.—Some of the varieties of anemone were known and employed in medicine in very early times. Of the earlier writers who speak of it, Galen (about A.D. 175), Paulus Ægineta (A.D. 675), and Avicenna (A.D. 1050), may be mentioned.

GALEN * says of anemone: "Radix commansa pituitam evocat. Succus e naribus purgat, et oculorum cicatrices extenuat. Insuper sordida ulcerum anemonæ expurgant, et lepras detrahunt, mensesque appositæ eliciunt, et lac trahunt."

PAULUS ÆGINETA † says: "Anemonæ omnes acres sunt, et abstergentis naturæ, evellentisque, et ora vasorum aperientis. Pituitam itaque evocant, et lepras detrahunt appositæ, lacque eliciunt."

AVICENNA ‡ says: "Est abstersiva, lavativa, attractiva, aperitiva, resolutiva. Denigrat capillos mista cum corticibus nucis, et quando administrantur folia ejus et stipites ipsius sicut sunt aut decocta bonificat capillos. Linitur ex decoctione ejus super apostemata, quæ non sunt dura, et fit evacuatio per eam super carbunculos et bothor calidas. Confert ulceribus sordidis et incarnat ea ex excoriatione, et ipsa mundificat ulcera, conferens excoriationibus et scabiei ulcerosæ. De ejus succo fit caputpurgium ad purgandum caput, et cerebrum, et ejus radix masticatur ad extrahendas humiditates a capite. Succus ejus confert tenebrositate oculi, et visus et albugini ejus et vestigiis ulcerum et quando decoquitur cum vino, et fit inde emplastrum, sanat apostemata dura in partibus oculi. Si coquantur folia ejus et stipites ejus cum sorbitionibus hordei et comedatur, facit abundare lac. Provocat menstrua."

From the foregoing it will be seen that the Anemone was esteemed in diseases of the eye and skin, in derangements of the menstrual function, and as a galactagogue. For some reason, however, the plant fell into disuse, and was almost forgotten until Störck revived it during the latter part of the last century. This writer § regarded it as one of the heroic medicines that had been unjustly neglected, and recommended its use in melancholy, amenorrhœa, severe forms of syphilis, and in certain diseases of the eyes, etc. The fame of the drug spread to England and France, but in the former country it retained for a short period only the dignity of an officinal preparation.

Cullen ‖ speaks of it as follows: "This is one of the remedies which we owe to the benevolent industry of Baron STÖRCK; but he has ascribed to it so many wonderful effects that his credit is hurt with many persons, and has made many neglect to give this remedy a frequent and fair trial. It has particularly concurred with this in Scotland that the plant is not a native of this country, and that there has not been ready access to it.¶ But whatever may become of the credit of Baron STÖRCK's experiments, I must observe that the plant is an acrid substance, and therefore capable of being active; and from the singular matter resembling camphire which water distilled from it contains, it may have peculiar powers and virtues.

"I would still recommend it to the attention of my countrymen, and particularly to a repetition of trials in that disease so frequently otherwise incurable, the amaurosis. The negative experiments of Bergius and others are not sufficient to discourage all trials, considering that the disease may depend upon different causes; some of which may yield to remedies, though others do not."

In Germany and France it gained and retains a place in the pharmacopœia, though but little used in

* A Catalogue of the Medicinal Plants growing in the State of New York. By Charles A. Lee, M.D. New York, 1848.

* Epitome of Galen, translated and edited by Andreas Lacuna. Basileæ, 1571.

† Edited by Albanus Torinus. Basileæ, 1532.

‡ Translated by Alpagas. Basileæ, 1556.

§ Libellus de usu medico Pulsatillæ nigricantis. Frankfort, 1771.

‖ A Treatise of the Materia Medica. Edinburgh, 1789.

¶ The preparations used in Scotland were probably made from the dried herb.

practice. It has never, we believe, been officinal in this country. The successors of Störck failed to obtain the good results claimed by the latter, and the drug fell into disrepute in regular practice. Later Hahnemann made a "proving" of pulsatilla, and regarded it as a polychrest, and recommended it in a number of diseases, especially those which have already been mentioned. Among his followers it has retained its early reputation, for reasons that will presently be apparent.

Still later Rademacher * recommended it in nervous affections, headache, asthma, whooping-cough, amblyopia, amaurosis, etc. Rademacher used the same preparation as Hahnemann, namely, a tincture prepared "ex herba florescenti recenti," by mixing the expressed juice with an equal volume of alcohol (*op. cit.*, p. 243).

In England attempts have from time to time been made to revive the use of pulsatilla, but without success.

In this country comparatively little attention has been drawn to the drug, and but two articles concerning it have fallen under our notice. The earlier of these is by Mr. A. W. Miller (pharmacist), on the "*Anemone Ludoviciana*" (*Am. Jour. of Pharmacy*, vol. xxxiv., 1862). He says: "The many points of similitude between this plant and the European Anemone Pulsatilla, which were also noted by Nuttall, very naturally gave origin to the supposition, that in chemical composition and therapeutical effects they were also closely allied, if not identical. Numerous experiments, instituted by Dr. W. H. Miller, of St. Paul, Minnesota, with a view of verifying the latter surmise, proved to be entirely successful, and also served to establish the value of this remedy in many chronic diseases of the eye, particularly cataract, amaurosis, and opacity of the cornea. Very decided advantage was also experienced from its employment in cutaneous eruptions and secondary syphilis. These results, in conjunction with the investigation of its chemical constituents, are believed to be sufficient to warrant the substitution of this indigenous plant for the European *A. puls.*, which, though not often administered by regular practitioners, is very frequently resorted to by homœopathists.

"A tea of the dried flowers and herb was sometimes employed, as well as the juice of the fresh plant bruised and expressed, and then either preserved by the addition of one-fourth of its bulk of alcohol, or evaporated to the consistence of an extract. In preparing the latter, the presence of some volatile acrid principle was clearly manifest by the highly irritating vapors arising from the juice on the application of a gentle heat, producing a very painful impression on the eyes of the operator. That this volatile substance is also dissipated by drying is proved by the taste of the dry flowers, which is simply sweetish and herbaceous, that of the leaves being more astringent, with very slight acrimony, while in the recent state both are exceedingly irritating and acrid. The odor of the dried plant is faint, being slightly camphoraceous.

"As the preserved juice had not been subjected to the deteriorating influence of evaporation, it was supposed to contain the greatest amount of active principle. It was therefore most frequently administered, and the most marked effects of the drug were observed to follow from its use."

In the second article, Dr. J. C. Peters (*Bost. Med. and Surg. Jour.*, Aug. 29, 1867) gives the history of the drug, and compares its effects with those of Senega. He says: "Both remedies have been used successfully in catarrhal affections of the eyes, nose, ears, throat, air-tubes, gastro-intestinal and urinary organs."

Chemical.—The *A. pulsatilla*, like the *A. pratens.*, and probably several other *Ranunculaceæ*, owes its energetic action to a volatile crystallizable principle of neutral reaction, soluble in hot water and hot alcohol, from which it is deposited on cooling, and which has received the name of Anemonin. This is an acrid substance, and the melted crystals applied to the tongue produce a pricking and stinging sensation, and leave after them white spots like those caused by escharotics. The fresh plant possesses the same irritating, vesicating, and even caustic properties, but in consequence of the volatility of its active principle the desiccated plant is almost inert. Besides its local irritating action, anemonin doubtless produces general effects analogous to those of aconitine. This has not as yet been determined by physiological experiment (Gubler).*

The accepted formula for anemonin is $C^{15}H^{12}O^4$. When deposited from the distillate it forms colorless shining orthorhombic prisms, heavier than water. These are insoluble in cold, but slightly soluble in warm ether. They are more soluble in chloroform, and also in hot lavender and olive oils (Husemann).†

This active principle appears to have been first isolated in 1779, by Heyer, who employed it successfully in disease of the eye. Since then it has been used but little therapeutically (Reil).‡

Physiological.—Störck experimented with the plant on healthy persons, and has left the following observations concerning its effects:

"In lingua primo dolor, tum calor diutinus.
In brachio hinc inde dolores lancinantes.
In brachio nocturnus pruritus.
Menstruatio aucta.
In brachio vesiculæ, pure inde dein refertæ et squamis deciduæ.
Vomiturtio.
Eneuresis.
Sudor magnus, fœtidus, nocturnus.
Ardor urinæ molestus.
Materiæ aquosæ fœtidæ secessus ex urethrâ.
Oculi aquâ suffusi, lachrymis abundantes lippi.
Salivatio.
Dolor in oculi, quasi cultro radatur.
Lancinans in abdomine dolor.
Ardentes, lacerantes, vagi dolores a digitis pedum ad inguen usque.
Hæmorrhois fluida.
Tormina lacerantia.
Diarrhœa.
Eneuresis fere continua.
Diarrhœa non debilitans.
Dolores summi lacerantes, terebrantes secantes in oculi.
Menstruatio copiosa.
Purulenta excretio e nare sinistra."

Hahnemann§ quotes the foregoing and adds a large collection of symptoms said to have been produced by the drug. Some of them are doubtless reliable, while others (perhaps the majority) are accidental, illusory, and non-essential. The difficulty is to distinguish the former from the latter.

* Kissel: Die Heilmittel Rademacher's. Giessen, 1859.

* Commentaires Thérapeutiques du Codex Medicamentarius. Paris, 1874.
† Die Pflanzenstoffe. Berlin, 1871.
‡ Materia Medica der reinen chemischen Pflanzenstoffe. Berlin, 1857.
§ Frag. de vir. med. pos. Lips, 1805.

The effects of the active principle (anemonin) have been studied to a limited extent, chiefly by Clarus, who found that doses of 0.5 to 0.6 grm. causes death in rabbits. The plant paralyzes the medulla oblongata and spinal cord, and excites irritation of the digestive tract and the kidneys.*

Pharmaceutical.—A variety of preparations of pulsatilla have been employed. Beside the expressed juice preserved in alcohol (*i. e.*, tincture) and the *distilled water*, the drug has been given in powder, in decoction (tea), and in aqueous and an alcoholic extract. The latter is officinal in the *Pharm. Germanica.* The *Codex* (French Pharmacop.) mentions the plant, but does not give any rules for its preparation. In this country most wholesale druggists offer for sale a "fluid extract."

The extract of the Germ. Pharm. is prepared from the fresh plant *with the aid of heat*, and the "fluid extracts" from the *dry* herb. Insomuch as the active principle of the various anemones is volatile, and is dissipated by heat and desiccation, we can only expect to find it in the tincture or distilled water made from the fresh plant. Modern pharmacy has abandoned these preparations, and only offers us (thanks to the pharmacopœia makers) extracts and fluid extracts that are decidedly unreliable and comparatively inert.

This explains why it is that the ancients, as well as Störck, Hahnemann, and Rademacher, found pulsatilla an active and useful remedy, while so many others (using inert preparations) have failed to obtain the effects ascribed to it by the former.†

Therapeutical Uses.—There appears to be a remarkable uniformity of opinion as to the sphere of usefulness occupied by the drug under consideration. Its successes have been mainly obtained in certain affections of the eyes, including some of those vaguely expressed by the term amaurosis, in certain diseases of the nervous system, in affections of the generative system, and of the stomach and skin. In the two latter classes of disease, it is probable that its effects are local, while in the others it is not unreasonable to suppose that they may be due to some specific affinity for the organs interested.

Personal Experience.—Our own experience with pulsatilla is confined to the treatment of three cases of dysmenorrhœa and several cases of epididymitis. These we will briefly relate.

DYSMENORRHŒA COMPLICATING ACNE.

A. B., 17 years old, came under our care Nov. 24, 1876, for acne simplex of four years' standing. For several years has had disturbed menstruation, the periods not being equidistant and always preceded by severe pain, and often by hysterical attacks with slight convulsions. She has also profuse leucorrhœa continuing through the month. Treatment appropriate to her acne, together with tonics, was instituted.

Dec. 26th.—Ordered tinct. of pulsatil. nuttal., two drops in water, an hour before meals. To commence its use three days before she expected her menses, and to discontinue it when any appeared.

Jan. 5th.—Has menstruated since last visit, absolutely without pain or inconvenience. Continue pulsatilla twice daily.

Jan. 12th.—Her leucorrhœa is less troublesome. Continue pulsatilla once a day.

Jan. 25th.—Has again menstruated without pain, but flowed for two days only.

April 28th.—No dysmenorrhœa since last date. Have not seen her since. As the special treatment for her acne has no bearing upon the point under consideration, it is unnecessary to detail it.

DYSMENORRHŒA COMPLICATING ECZEMA.

C. D., 28 years old, married, came under my care March 12, 1877. Her eczema was of the dry, papular variety, situated chiefly about the mouth. For several years has suffered intensely at her monthly periods, the flow being scanty, and not lasting more than twenty-four hours. Leucorrhœa moderate. Treatment ordered for the eczema only.

March 30th.—Continued local and internal treatment for the eczema, and ordered her to take two drops of tinct. pulsatil. nuttal. for two days preceding her periods.

May 8th.—Returned to-day and says that she took the pulsatilla as ordered, and that she did not suffer at all at her next period. After that she lost her medicine and did not take any before her last menstruation, which was last week. On this occasion she had a little but not much pain. She was re-supplied with the medicine.

Dec. 31st.—Saw her to-day. There has been no return of dysmenorrhœa, but her periods anticipate, and her general health is not good. Advised her to consult a gynecologist or general practitioner.

DYSMENORRHŒA AND ECZEMA.

E. F., aged about 40, unmarried, came under treatment Feb. 13, 1877. Eczema of three, and dysmenorrhœa of several years' standing. Pulsatilla, employed as in the other cases, failed to afford any relief whatever.

In the foregoing cases no vaginal examination was made, and it is of course impossible to state what the underlying pathological cause of the trouble may have been. I simply state facts as observed. Being neither a general practitioner nor a gynecologist, I leave the further investigation of this application of the remedy to those who have proper facilities for carrying it on.

EPIDIDYMITIS.

On resuming charge of my service at the Charity Hospital in April last, I resolved to test the efficacy of pulsatilla in gonorrhœal epididymitis. The first case treated was in the early acute stage and in an advancing condition. To this one tinct. pulsatilla nigricans was given in five-drop doses every two or three hours. This medication was followed by rapid increase of the pain and swelling, and after forty-eight hours the pulsatilla was abandoned and tobacco poultices substituted. The second case, also acute and advancing, was treated in the same way and with the same result. The third case had already, on admission, passed the height of the disease and was declining. Pulsatilla, in two-drop doses, appeared to influence the case but little one way or the other. The succeeding cases, seven or eight in number, were treated with pulsatilla in doses not exceeding $\frac{1}{10}$ of a minim well diluted, and administered as a rule every one, two, or three hours, according to circumstances. In these cases an almost immediate improvement was manifest. The pain began to subside within a few hours, and was

* Binz: Elements of Therapeutics, Am. Ed., N. Y., 1878, p. 24.

† The substitution in modern pharmacy of comparatively worthless for older and more active and reliable preparations can be illustrated by numerous examples taken from the French, German, English, and U. S. Pharmacopœias, and explains the decadence of many drugs which were formerly held in high esteem. It need not be a matter of surprise, then, that an effort was recently made, by those acquainted with the facts, to give the subject of the U. S. Pharmacopœia a thorough overhauling; an effort which, we regret to say, was defeated by the representatives of the medical profession who assembled in Chicago last June.

almost entirely gone in from twenty-four to forty-eight hours. In advancing cases the tumefaction came to a standstill coincident with the diminution of the pain, after which it gradually subsided. The cases ultimately recovered in fully one-third less time than I have ever seen by other treatment. During the use of the pulsatilla, poultices and all other remedial measures except support of the parts was avoided. The patients were permitted to remain in bed or to be up and about the ward as they chose. The last case that I report was in my private practice: X. Y., aged 34, called at my office July 19th, with commencing epididymitis following a gonorrhœa contracted a month previous. Has had gonorrhœa twice before, and "swelled testicle" once which laid him up for ten days. At the time of his visit I was myself confined to bed by illness, but ordered him to take three triplex pills, a sitz-bath, and to go to bed, and to inform me by note of his condition the next morning. July 20th, he writes: "I have been in bed all day and had three sitz-baths, but find that the swelling does not seem to go down." Sent him some pulsatilla, with directions to take a dose every three hours. July 21st, he writes that he is much better; the pain and swelling have almost entirely subsided, but that there have been two or three slight hemorrhages* from the urethra. As I was still unable to leave my own bed, requested Dr. G. H. Fox to visit Mr. X. Y. and learn the state of affairs. Dr. F. did so, and reported that the hemorrhages were insignificant and that the epididymitis was substantially well, and that no further treatment was required.

Conclusion.—Pulsatilla appears to the writer to be worthy of further trial. It is requisite, however, that the tincture of the fresh plant, or its active principle, should alone be used. The preparation that I employed exhibited the chlorophyl bands distinctly when examined with the spectroscope. The dose of anemonin is 1 mg. (gr. $\frac{1}{65}$) according to Gubler (*op. cit.*).

Addendum.—One of the most important questions before the profession at the present time is the next revision of the U.S. Pharmacopœia. The neglect with which this subject was treated by the American Medical Association at its last meeting is to be greatly deplored, as the probable result will be that the matter will be practically left in the hands of the druggists. The American Pharmaceutical Association have already appointed a committee to prepare a new pharmacopœia, which will probably be constructed in the interests of those who make it. These interests are far from being identical with those of the medical profession. At a recent meeting of the committee above referred to, it struck off from a list of proposed additions to the pharmacopœia a number of drugs, including pulsatilla, chelidonium. The only one of them besides pulsatilla with which I have had practical experience is chelidonium. This appears to act specifically on the liver, and in many cases is preferable to podophyllum, being less violent in its action. It was formerly held in high repute, but, like pulsatilla, its active principle is volatile, and the only officinal preparation of it is an extract (Ph. G.) prepared by heat. No wonder that physicians have long since abandoned its use. The pharmacopœia needs fewer *extracts* and *fluid extracts*, and more *succi*, the only representative of this class being the succus conii. The British Pharmacopœia contains, in addition, *suc.* limonis, mori, rhamni, scoparii, and taraxaci. The three former are preserved with sugar, the two latter with alcohol. The formulæ for these could, I think, be modified to advantage by increasing the proportion of spirit in order to insure better preservation. Commercial interests, however, will probably stand in the way of an extended list of *succi*.

As success in treatment depends so much on the quality of the drug employed, it is certainly time that the profession as a whole gave some consideration to the matter, for they may rest assured that if they fail to look after their own interests they can hardly expect others to do it for them. The lack of appreciation that was shown at the Chicago meeting augurs ill for the future.

Postscript.—Since the foregoing was written, I have met with an article by Prof. Chas. A. Lee, M.D. (already mentioned), published in *The Journal of Materia Medica*, March, 1859, and bearing the following title: "Remarks on Some of the Pharmaceutic Preparations Employed in Medicine, especially of Solid and Fluid Extracts." The article in question is so thoroughly *en rapport* with what I have just written, that I take the liberty of quoting a few paragraphs:

"The uncertainty of medicine has been vastly increased in modern times by the varying qualities or even inert nature of the medicines administered. Medical art has, in innumerable instances, been held responsible for results of which it was wholly innocent, and for failures entirely unexpected. To this cause, much of the scepticism, both in and out of the profession, regarding the curative properties of drugs, is owing; so that many of the educated and intelligent class have come to believe that there is no art and science of medicine; that it is far preferable to trust to nature or homœopathy than to rational medicine for a cure. . . . It is not to be supposed that medicine can ever arrive at that certainty which we meet with in some of the other sciences. Still, much will be accomplished towards this end if we can only obtain medicines of uniform strength and purity. Is this possible at the present time? Are the drugs now in our market, either in their crude state or as products of the pharmaceutic art, generally reliable in the treatment of disease? Is sufficient attention paid to the circumstances which are likely to cause a deterioration in their quality, etc.?

"When we consider the present relaxation in the enforcement of our drug inspection laws in the port of New York; the consequent extensive importation of spurious and sophisticated drugs;* their frequent adulteration in the home market; the frauds of the drug-grinders and the wholesale and retail dealers, as well as the imperfect and unscientific means of preparation adopted by many manufacturers, we shall no longer wonder that medicine is regarded as a very uncertain science, and still more uncertain in its practical applications for the relief of the sick.

"And yet the case is not hopeless, nor is the physician unable to obtain reliable medicines if he will use the necessary care, and is willing to pay the necessary expense."† Dr. Lee then goes on to say that there are yet to be found "wholesale dealers, who have a

* Compare Dr. Lee's statement concerning the effects of *A. nemorosa* (*vide supra*). I subsequently ascertained that this patient was subject to hemorrhage on the slightest occasion.

* From *New Remedies*, Jan., 1878, we learn that the only drugs refused entry at the port of New York, during the past year, 1877, were the following: Gum guiac, 42 boxes, 29 cases, 1 barrel; balsam copaiba, 25 drums, 7 barrels; jalap, 11 bales; squills, 3 bales; rhubarb, 5 cases; assafœtida, 4 cases; Iceland moss, 3 bales; hellebore root, 1 bale." Surely this is a paltry list of rejections, compared with the vast quantities of drugs yearly imported, and explains why Dr. Squibb is obliged to write in his last Price Current: "But to obtain good drugs, even at high prices, from which to prepare fluid extracts, becomes more and more difficult."

† The market value of the tincture of pulsatilla used in the beforementioned experiments is $3 per pound; fluid extracts of pulsatilla, however (having twice the *nominal* strength of this tincture), abound in the market at $1.25 per pound.

laudable pride in sustaining the credit of their establishments, who use every precaution to keep none but the purest drugs. . . . Such dealers know of but one quality of drugs, and that is the *best*, while others can supply all kinds to suit the pockets and wishes of customers."

Dr. Lee's remarks are pertinent, I think, to the present time, as I find on consulting the general prices current of several prominent drug-houses that aconite, belladonna, conium, and digitalis leaves are offered at from $0.15 to $1.25, and hyoscyamus leaves at from $0.25 to $2.50 per pound.

Dr. Lee's entire article can be perused with profit. It is to be regretted, however, that the master-mind that conceived it is now no more.*

In closing, we ask, Have the matters herein referred to improved or retrograded during the past twenty years? This question can be best answered by those whose experience extends back through the last quarter of a century, and we trust that the appeal to them will not be in vain.

MODIFICATION OF POLITZER'S METHOD OF INFLATION.

By J. OSCROFT TANSLEY, M.D.,

ASSISTANT SURGEON TO MANHATTAN EYE AND EAR HOSPITAL, AND VISITING SURGEON TO NORTHEASTERN DISPENSARY, DEPARTMENT OF EYE, EAR, AND THROAT.

In a "Report on Otology," read by my friend, Dr. E. E. Holt, before the Maine Medical Association, June, 1877, are these words:

"Various modifications of Politzer's method have been suggested, to do away with the necessity of swallowing water, but they generally have been no easier of execution than the original method. For some time I have been using a method that does away with the swallowing process. I found, by taking a full inspiration, and filling my mouth and throat tensely with air, and then discharging the air-bag, as in Politzer's method, that air readily entered the tympanum."

Acting upon the doctor's suggestion, I have adopted this process at my clinics at the Manhattan Eye and Ear Hospital, and at the Northeastern Dispensary, also in my private practice; and having now used it daily for the past five months upon a large number of patients, I can testify to the fact that I have found it much more pleasant to my patients, and certainly more effective than the old plan, and during the time of trial I have met but one patient whom I have failed to inflate; and in several cases where the swallowing process failed, I succeeded easily with the modification.

At first I followed Dr. Holt's suggestion implicitly, and had my patients fill their mouths and throats tensely with air, but I have succeeded better by telling them simply to pucker up their lips, and blow from their mouths in the same way as they would to blow out a candle, and at the same time refrain from letting air pass through their noses. Then placing the nozzle of the air-douche in the nostril, and retaining it *in situ* with the thumb and first finger, I, at the moment of Politzering, close the other nostril with the second finger, and usually succeed at the first attempt.

I prefer this method because it is more rapid and easier accomplished, and because I have more time to act; for when using water it is necessary to press the bag at the right instant; if too soon, then the velum has not closed the posterior passage, and if too late, the velum has regained its flaccid condition. In the modification there is all the time—during which the Politzeration may be accomplished—that it takes to empty the lungs by blowing through the lips. I find it convenient to gauge the power of any inflation by having my patient blow soft or hard according to the necessities of the case; for of course the stronger they blow the more tightly is the posterior passage closed.

My patients prefer it because they have not to swallow water which their wants do not at the time require. I have often, when using the old method, had to send patients away from my office or clinic, or use the catheter—and this latter is not always convenient—without having accomplished my object, simply because I had, in my attempts, filled them so full of air and water that they felt unpleasant. This method also avoids the disagreeable, and sometimes severe pain, which the old plan occasionally causes, in the muscles of the neck and chest of anæmic, and phthisical patients; produced, I have reason to suppose, by the Politzerization catching the muscles during their performance of, and thus interfering with, the act of deglutition. I have had, already, several instances of the avoidance of this pain, and am now treating a patient who has previously refused treatment because of this objection to the swallowing process.

For children it is much more convenient, because it is easy to have them blow from their mouths, but difficult to retain water in their mouths, and have them swallow upon your giving the signal.

* Oblit Feb. 14, 1872, æt. 71.

POSSIBLE CASE OF IDIOPATHIC RUPTURE OF STOMACH.

By JOHN H. ARTON, M.D.,

ISLAND OF BERMUDA.

I was called on the morning of the 22d Dec., 1877, to see a colored man named Watts, who was suffering from tympanites.

He was over fifty years of age, and had never had a day's sickness in his life, except previous attacks of the same kind as that from which he now suffered. On those occasions he attributed his trouble to some indiscretion in diet, but this time nothing of the sort existed. He had been a pretty hard drinker.

I prescribed pills of assafœtida, with injections of "milk of assafœtida," and in a few hours he was relieved.

Again on the afternoon of the 26th I was called, as he was again seized. I found him much worse this time, and his abdominal muscles were so distended as to be perfectly paralyzed, and therefore incapable of expelling flatus.

As he could get no relief, I plunged the largest aspirator needle I had into his abdomen, and gave vent to a gale heavily laden with the odors of assafœtida. This relieved him, and I went home, only, however, to be recalled in a few hours by a messenger, who reported that he had again swelled up, and that something had "gone off" inside of him like a pistol, audible in the adjoining room. When I arrived, I found the man suffering agonies, and, as I found the percussion over the liver tympanitic, I concluded something had given way inside, and that euthanasia was all I could obtain for him. This I did by means of my hypodermic syringe. Death took place five hours after the report.

Post-mortem examination sixteen hours after death.—Rigor mortis not well marked. Emphysematous crackling obtainable all over thorax. Right inguinal hernia. Abdomen immensely distended; on incising it down to the peritoneum, that membrane ballooned through the opening, showing evidences of inflamma-

tion. This allowed much gas to escape, the stench being horrible. The cavity was two-thirds full of reddish serum. The stomach had burst, showing a slit four inches long on its posterior aspect. The gall-bladder was very much distended, and its coats hypertrophied. It contained over two quarts of inspissated bile. The hernia consisted of small intestine alone; it was not strangulated. At the splenic flexure of the colon a stricture was found five inches long. The walls of the stricture were over one-fourth inch thick, and the calibre of the gut about one-fourth inch in diameter. It was much dilated *above* the stricture. The liver was small and dry. The spleen was two inches by one inch and a half, and about half an inch thick. The gastro-splenic omentum resembled a piece of rope, or rather, it was not unlike the umbilical cord. The vessels, etc., could not be demonstrated as such by the naked eye. Kidneys not examined. Thorax not opened.

Such is the result of a hasty examination. Gray speaks of senile atrophy of spleen, but surely this was not such a case. The patient had always been well, showing no symptoms of the loss of this organ. Did the stricture cause the tympanitis? It had not produced constipation. I know the hernia had nothing to do with it, for I reduced it when I first saw him, and at the autopsy nothing like strangulation appeared. He never vomited, nor complained of pain proper until after rupture.

Progress of Medical Science.

Division of the Tendo Achillis in Fracture of the Lower End of the Femur.—In fracture of the lower third of the femur Dr. M. A. Morris, of Harvard, Charlestown, claims that the tendency of the lower fragment to tilt backward into the popliteal space is caused by the contractions of the muscles arising from the condyles of the femur, and is exaggerated by the forced extension which is so very generally employed in the treatment of these fractures. Dr. Morris overcame this tendency to displacement by division of the tendo achillis, as recommended by Mr. Bryant in his work on surgery. In this case the fracture was situated about two inches and a half or three inches above the articular extremity, its direction being upwards and backwards; there was also a longitudinal fracture separating the condyles, which were freely movable. When extension was made, the upper extremities of the lower fragments projected backwards, and could not be kept in position. Judging that this was caused in great part by action of the gastrocnemius muscle, it was proposed to divide the tendo achillis. The operation was accordingly performed, and the deformity did not recur. The case was then treated in the ordinary manner, and the patient made a good recovery. The advantages claimed are, that it renders possible a better position, thereby accelerating union, and it lessens the liability to shortening, protracted confinement to bed, and anchylosis.—*The Boston Medical and Surgical Journal*, November.

A Case of Excision of the Human Spleen for Hypertrophy.—Dr. G. B. Simmons read before the Sacramento Society for Medical Improvement, an account of the first case of splecnotomy reported in America. In searching the literature of this operation, he finds but fifteen cases; the first was by Zaccarelli in 1544, and was said to have been successful. Since then there have been but two successful cases, both of which were operated upon by M. Pean, of France. The patient on whom Dr. Simmons operated was under observation for nearly three years, but during this time the progressive growth of the tumor seemed to be in no way affected by any of the many plans of treatment which had been suggested and tried. At this time he demanded operative interference, and spleenotomy was accordingly performed on the sixth of June, 1877. The incision was made in the abdominal wall near the linea alba, from four inches above to four inches below the umbilicus. There was some fluid in the abdominal cavity, and some recent adhesions to the intestine which were slowly separated, and the bleeding points secured by fine, carbolized ligatures. The organ was then turned out, and strong adhesions to the diaphragm were found, which occasioned some difficulty. The pedicle and gastro-splenic omentum, including the larger vessels, were ligatured in sections; the ligatures cut close and returned. The final removal of the organ was effected without allowing any blood from the incised splenic vessels to enter the cavity. The ascitic fluid was sponged out, and, as there seemed to be some slight oozing, a drainage-tube was inserted into the lower end of the wound, the incision closed by sutures, and dressings applied as usual after abdominal section. He recovered well from the effects of the ether, but soon began to retch and vomit, and these efforts were followed by flow of bloody fluid through the tube. In spite of all endeavors, he gradually sank, and died from hemorrhage two hours and a half after the completion of the operation. No post-mortem was obtained.—*Pacific Medical and Surgical Journal*, Dec., 1877.

The Musculus Choroideæ.—With the object of examining the separate cells forming the capillary vessels of the choroid, Drs. Hällsten and Tigerstedt injected a one per cent. solution of nitrate of silver into the vessels of the eye of a rabbit, through the carotids. To obtain the transudation of this solution, and thus a more complete impregnation of the silver, they filled the vessels completely with the fluid, using considerable pressure, and allowed the preparation to remain for 24 hours in a dark room. The choroid was then submitted to the ordinary methods of examination. They were thus enabled to define the limits of the endothelial cells which form the lining of the capillary vessels of the choroid, and to demonstrate, in opposition to Eberth (Stricker's Histology, p. 208), that these vessels are composed of cells.

During the course of these researches, however, another entirely unexpected formation was discovered. In preparations of the choroid, obtained in the manner described above, they observed figures, due to the silver, representing thin, slender, fusiform cells, dentated at the margins and having an elongated oval nucleus. These cells, in a single layer, formed a continuous membrane, covering the entire external surface of the capillary vessels over the entire extent of the choroid. Careful examinations made with various other methods left no doubt in the minds of the authors that these were smooth muscle cells. This was still better demonstrated by the fact that they were able to provoke contractions in pieces of the choroid by the irritation of a heated metallic needle.

The authors propose the name of the *musculus choroideæ* for this muscle. In the rabbit it extends in a simple, uninterrupted layer from the foramen opticum of the choroid to the ora serrata, and then passes over into the ciliary muscle. The fusiform elements are disposed in such a manner that they follow by preference the more considerable external blood-vessels. Their direction is therefore principally meridi-

onal, except that in the vicinity of the optic foramen they are in part circular, becoming completely so at the ora serrata. This circular layer passes at the ora serrata immediately over into the external circular portion of the ciliary muscle. The authors were unable to discover any connection between the muscle of the choroid and the iris muscle. It is finally mentioned that this muscle is present in the eye of man, the dog, cat, and pigeon. Further researches are being made.—*Nordiskt Medicinskt Arkiv. Bd.* 9. H. 3, 1877.

PRIMARY OTITIS EXTERNA DIPHTHERITICA.—Another case of this rare disease is reported by Dr. Kraussold, of Frankfort. The patient, a woman ætat. 22, had suffered for several weeks from a slight inflammation of the right external auditory canal with serous discharge, when she was suddenly seized with severe pain in the right ear, accompanied by tinnitus, deafness, a feeling of fulness, itching, and symptoms of general derangement. No cause could be discovered for this attack. The auditory canal was nearly filled with a grayish-white mass, which on account of the great tenderness of the part could not be removed either by syringing or the forceps. On the second day a portion of this mass was removed with the forceps, leaving a very red, swollen, and partially excoriated spot. On the next day this spot was again covered with a similar deposit. On the fifth day a cast of the deeper portions of the tube, about half an inch in length, was removed with the forceps. The entire posterior portion of the canal was then found to be red, swollen, excoriated, and bleeding in spots. After three or four days this part was again covered with membrane, which was extracted after seven days. At the present time recovery is nearly complete, there being still a slight purulent discharge and some retraction of the drum. The cast removed on the fifth day consisted of a grayish-white, dense, elastic mass; microscopically it was composed of delicate, reticulated fibres, with a few scattered round cells, and pus corpuscles and epidermic cells at the periphery. No typical micrococci groups were found. There was a slight epidemic of diphtheria in the city at the time this case occurred, but a direct infection could not be demonstrated. In this case the swelling and excoriation produced by the preceding simple inflammation of the auditory canal prepared the tissues for the reception of the diphtheritic poison. Without this preparation it is probable that primary diphtheritic inflammation could not have occurred in this situation. Secondary diphtheritic inflammation of the middle ear may extend through a perforation in the membrana tympani into a healthy external auditory canal, but no case has yet been reported in which the disease appeared primarily in this canal as long as the epidermic covering remained intact.—*Centralblatt für chirurgie*, No. 38, 1877.

AMPUTATION OF THE RECTUM.—Dr. Huston Ford, of St. Louis, read before the St. Louis Medical Society an account of a successful operation for the removal of a prolapsed rectum. The prolapse had existed for about two years, and at the time of operation measured from four to four and a half inches in length, and two and three-quarters inches in diameter at its base. The exposed mucous surface was covered with a glairy secretion, but, in spite of this protection, extensive ulcerations had occurred. The case was not a promising one, but, as surgical interference alone proffered any results, it was undertaken. Two operations were performed: at the first, four folds of mucous membrane were ligated, the mass returned to the cavity of the pelvis, and four wide strips of flabby integument removed from the margin of the anus. For a month, while the patient remained in the recumbent position, the prolapse did not return, but, as soon as he was allowed to go to the water-closet, the straining caused the young cicatricial tissue to yield, and the operation proved a total failure. At the next operation ligatures were passed, by a species of transfixion, so as to completely constrict the prolapsed tissue, without closing the lumen of the gut. The strangulation, however, was not complete, and two days afterwards it was found necessary to apply eleven elastic ligatures. These answered the purpose, and five days later the sphacelous mass was removed. During this proceeding the straining of the patient forced a mass of intestines through the end of the stump. This was returned with considerable difficulty, and the rent securely stitched. Two weeks later there was a prolapsed portion of bowel, quite healthy in appearance, about half the size of a hen's egg. The site of the intestinal extrusion had soundly healed. There had been no rise of temperature. Within two days the small prolapse had returned spontaneously and had not reappeared, although two months had passed up to the time of writing. About nine inches of gut were removed, which probably included the entire rectum. Dr. Ford thinks there is not much danger in the operation, and in similar inveterate cases it may be practised with impunity.—*St. Louis Medical and Surgical Journal*, January, 1878.

PLEURISY OF THE APEX.—Dr. J. Burney Yeo, of King's College Hospital, read, in the Section of Medicine, at the meeting of the British Medical Association, a paper on "Pleurisy of the Apex," in which he calls attention to this, as an affection but rarely recognized, although not of uncommon occurrence. The characteristic symptom in these cases is cough. "In a person in apparently good health (generally a young woman), with no marked fever, with no or with slight emaciation, with no dyspnœa, with no mucous or crepitant râles anywhere to be heard, with no expectoration, you have a persistent, harsh, dry, shallow, incomplete cough; generally jarring and shaking the patient a good deal, so as to produce often painful fatigue of the inspiratory muscles, and much injection of the face." What is especially noteworthy about the cough is its shallow, incomplete character. It is suddenly cut short without effecting its object, if, as is generally the case, the object of a cough be expectoration. Friction-sounds are present, but are limited to the supra-spinous fossa, or to the upper third of the dorso-scapular region. Dr. Yeo has never seen a case in the male; probably because they do not wear low-necked dresses. The treatment is continued and repeated counter-irritation, either in the shape of a flying-blister, or of the strong linimentum iodinii. In some cases benefit is derived from small doses of iodide of potassium. The ordinary remedies for the relief of cough may moderate the violence of the paroxysms, and so relieve somewhat the jarring of the chest. The disease is very prone to recur.

The paper concludes as follows: "I have noted cases of this kind now for some years, and, as I have never seen attention called to them, I have thought it might be useful to direct the attention of this association to the subject; believing that as they become better known, we shall hear less of 'hysterical' and 'stomach' coughs, and that 'pleurisy of the apex' will be recognized as a distinct form of pleuritis, with a characteristic clinical history."—*British Medical Journal*, Nov. 24, 1877.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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THE NATIONAL MEDICAL LIBRARY.

In the estimates of appropriations required for the service of the fiscal year ending June 30, 1879, submitted by the Secretary of the Treasury to Congress at the commencement of the present session, we find the following item on page 160: "Printing and binding Catalogue of the Library of the Surgeon-General's Office, 3,000 copies of volumes one and two, including stereotyping, $25,000." In a note it is stated that "the work is not a mere catalogue in the ordinary sense of the term, but an analytical index of authors and subjects, designed to render conveniently accessible to the medical profession the literature of each subject connected with medicine and hygiene."

The character and value of the catalogue referred to are probably well known to the majority of our readers. At first growing out of a necessity for a catalogue of the National Medical Library, it expanded, under the supervision of Librarian, Dr. J. S. Billings, into a universal medical catalogue, an index, as it were, of the medical literature of the world. With the vast amount of material which it was necessary to possess to render the idea of such a catalogue practical, the arrangement of subjects and authors had to be systematized with the greatest care for easy reference. Specimen fasciculi have been issued, and suggestions invited from the medical press of this and other countries, with the result of the adoption of a plan which so effectually combines simplicity with utility that no improvement upon it seems possible. The work necessary to such an end has been immense, and is a lasting monument to the industry and talent of the Librarian as well as to the Surgeon-General, the weight of whose official sanction and encouragement was thrown in the balance. Nowhere has such a comprehensive catalogue been attempted, nor is there likely to be for many a year to come. It is, however, hardly necessary at this time to state any special reasons why the catalogue is of value to the medical profession and why its benefits should be permanently secured by a sufficient appropriation for its publication. The leading men of the profession are unanimous upon these points. As an index of such an opinion we take occasion to refer to the memorial of the Committee of the Medical Society of the County of New York, which is published in another column, and which gives, in a very explicit and straightforward manner, the reasons why governmental aid should be given to the project.

The question as to whether the printing of the work by the Government Printer shall be authorized by Congress is now before the Committee on Printing of the House. As economy is the order of the day, this committee is examining closely the question of cost, which at first sight seems very large. It appears that the entire work will make from seven to ten royal octavo volumes of 1,000 pages each, depending on whether it includes subjects only, or both subjects and authors. The total cost will, therefore, be about $125,000, but this expenditure will be spread over a period of from four to five years, as it will probably be found impossible to print over two volumes a year.

It is quite pertinent not only to ask if the work is worth the cost, but if the cost can be reduced. In reference to this last point the first suggestion would probably be to reduce the number of copies of each volume to be printed. If but 1,000 copies are printed, the cost would probably be reduced about $2,000 per volume.

If the work be distributed gratuitously, the demand for it will certainly be very large, at least equal to that for the Medical and Surgical History of the War, of which 10,000 copies were found to be hardly sufficient. But if the gratuitous distribution be confined to libraries, and private physicians be permitted to purchase the volumes at the cost of press-work, paper, and binding, then 1,000 volumes will probably be sufficient for the gratuitous issue, and from the stereotype plates, to be preserved, a supply can always be furnished in proportion to the demand. Even under this arrangement the cost to the government of the entire work would be not far from $100,000, but we still maintain that the end fully justifies the means.

It has been asserted by at least one member of Congress that the catalogue, although valuable as a reference, is practically useless outside of Washington. This is in part true and in part false, but is hardly an argument sufficiently strong to be used against the project of publication. If the library was an ordinary one, the objection might apply, but as it is the most remarkable and complete of its kind anywhere, and contains works which are exceedingly rare and valuable, the necessity for a full and complete catalogue becomes proportionately apparent. It is now a national library, and as such its natural home is in Washington. Nowhere else could the same number of volumes be collected together for a like purpose,

and with such a gratifying result. We do not believe that a consultation of desirable works by responsible parties will be hindered by the present location of the library, inasmuch as some measures can and will undoubtedly be taken to obviate all such objections. The problem to solve is, how to extend the usefulness of the library by publishing its treasures to the world, and not to contract its sphere by objections which would have equal application to every great library in the world. It is quite proper in this connection to call attention again to the fact that the catalogue, from a medical point of view, is a universal one, and comprises an index of the leading medical libraries of the larger cities of this and other countries, as well as an index of the files of many private libraries. Finally, considering the great advantage which the publication of this catalogue will be to the profession, and through the latter to the public at large, it is asking a comparatively small amount from the government. We hope, then, that the committee will report favorably, and the necessary appropriation be made. In the meantime we think that each one of our readers should exert his influence upon the member of Congress from his district to secure the end in view, that no false idea of economy may stand in the way of one of the greatest benefits which can be conferred upon the profession. As a body we have asked very little in the shape of government assistance, but in this matter the interests at stake are too important to be passed by without a respectful and earnest appeal on behalf of the catalogue in question.

LIBERALISM IN HOMŒOPATHY.

At the last meeting of the Homœopathic Medical Society of this county, an unsuccessful attempt was made to rescind the resolution passed on a previous occasion bearing upon liberalism in homœopathy. As might have been anticipated, the debate was an animated one, and many remarks were uttered which might as well have been unsaid. While a fine opportunity was given to the liberals for explaining their position, and the reason why they voted for the resolution, there was, on the other hand, a melancholy, if not ludicrous, exhibition of bigotry and dogmatism on the part of their opponents. In fact, we are led to the conviction, by the arguments offered on the part of the latter, that their system has no special reason to be proud of their advocacy. But every association possesses some turbulent and truculent members who delight in the position of a conspicuous minority. It would appear that the large majority of the members of that sect in this city and throughout the State desire to be considered physicians rather than homœopaths, and to avail themselves of all, rather than a portion only, of the resources of medical science. That this is the only proper ground upon which men claiming to be scientific should stand is self-evident.

AN ANTHROPOLOGICAL STUDY.

The recent importation of two living specimens of the chimpanzee (Troglodytes niger), and the subsequent death and dissection of one of these animals, have presented a favorable opportunity for practically testing many statements of naturalists, bearing on the relative structural differences between the anthropological apes and the human race.

The subject has been so fully discussed of late years that all are familiar more or less with the general principles involved, and even with the leading facts developed during the prolonged investigation. Darwin concludes his work on the "Descent of Man" with the observation: "Man (in spite of his exalted powers) still bears in his bodily frame the indelible stamp of his lowly origin." It has been, therefore, the study of naturalists to trace in the highest varieties of the order Quadrumana such special features that approach in organization to certain structures that characterizes man, thus bridging over the chasm that separates the human race from the brute creation.

A pair of common chimpanzee (Troglodytes niger) were recently consigned to Messrs. Reiche Brothers, of this city, and placed for exhibition at the New York Aquarium. They were probably about two years of age, and were gentle and docile in their habits. During two weeks the male specimen showed signs of ill-health, during which symptoms of tuberculosis were developed; colliquative diarrhœa afterwards set in, which so exhausted the animal that, for the last few days of its life, it was too weak to be capable of much movement. It was sedulously nursed by Dr. Dohrner, the Superintendent of the Aquarium, but this inveterate constitutional disease (the scourge of our menageries), defied all the treatment, and the chimpanzee died.

Thirty hours after death a post-mortem examination was made by Dr. Edward C. Spitzka, in the presence and with the assistance of many eminent surgeons of this city. The report of the autopsy, which was presented to the Neurological Society at its recent meeting, presents some very interesting features. The body was found emaciated, the omentum deprived of its fat, the intestines the seat of a catarrhal enteritis, and the mesenteric glands tuberculous, enlarged, and cheesy. The lungs revealed several tubercles, some of which had given rise to reactive inflammation, and the pia mater of the brain over the Sylvian fissure contained numerous gray and opaque tubercles of different dimensions. The arachnoid fluid was increased in quantity.

Speaking generally, all the organs strikingly resembled those found in the human subject, and great interest was centred on the examination of the brain. When this organ was removed, all present were struck by its great similarity to the human brain, this being especially apparent when the base was examined.

The cerebrum was richly convoluted and overlapped the cerebellum to the extent of one-third of an inch. Many professional gentlemen present observed that they would be unable to distinguish this brain from that of a human infant.

Mr. Reiche, the owner of the chimpanzee, permitted Dr. Spitzka to retain this interesting organ, and also the spinal cord, and both were placed in preservative liquids, subject to a future detailed examination, which the doctor will make, the result of which will be published on a future occasion.

The following general description will be read with interest: The general outlines, proportions, and dimensions of the brain of this chimpanzee are those of a new-born human infant, as might be inferred from the size and shape of the cranium.

There are, however, several distinctive features, which become apparent only on careful examination. Although the cerebrum overlaps the cerebellum, and consists of the same lobes, is as rich in convolutions as the brain of a bechuana, possessing a well-developed island of Reil, it also has an operculum for the occipital lobe, which is not found in the human subject. One of the most important human-like features in this brain is the absence of a trapezium, and the presence of the olivary bodies. Now, although a rudimentary olivary body exists in the lower mammalia, yet it causes no perceptible prominence of the medulla; such prominence is first observed in the baboon, but in the chimpanzee it is equally full and large as in the human being—a fact in full accordance with the high development of the lateral lobes of the cerebellum, for the olivary body keeps pace in its development throughout the animal kingdom with the development of the cerebellar hemisphere. The island of Reil, whose relation to the higher faculties is strongly upheld by the prevailing physiological belief that it is subservient to the faculty of speech, was also large and well developed.

Dr. Spitzka intends to make this brain the subject of a careful microscopic study. He is now engaged in a series of similar investigations on the brains of various rare species of animals, and believes he can demonstrate that the same plan of development exists, both in the vegetative organs and the skeletons of the ascending scale of vertebrate animals, as in the brain.

It may be interesting to observe that the similarity between the brain of the young chimpanzee and a young human child gradually diminishes with the age and growth of the respective specimens; for while the human brain grows progressively to beyond the age of puberty, at least in the Caucasian and Mongolian races, it becomes arrested in the case of the chimpanzee, on account (as Dr. Spitzka observes) of the closure and non-expansive growth of the brain-case. Thus, while the brain of an infantile chimpanzee and of a newly-born human child do not differ greatly in volume, the adult chimpanzee has a brain which is exceedingly small when compared with that of a grown man.

THE NEW MEDICAL BILL.

A NEW medical bill, emanating from the *Comitia Minora* of the Medical Society of the County of New York, has been presented to the Legislature. It provides for the registration of all persons now lawfully practising physic and surgery in this State, and prohibits any one from hereafter commencing practice in this State unless he shall have a degree of doctor of medicine. The act appears to be carefully drawn, and the provisions for its enforcement sufficient. According to the laws now in existence in this State, persons can be licensed to practise medicine by the censors of any of the county societies in the State. As there are now no less than sixty-four counties, and each county entitled to three societies, it will be seen that there are nearly two hundred licensing boards in this State. That grave abuses are inevitable under such a state of affairs is quite apparent, and any attempt to bring order out of the chaos should receive the hearty endorsement of the profession.

THE NEW PHARMACOPŒIA.

CONCERNING pulsatilla and other matters, Dr. Piffard's article in this issue is very much like a woman's letter—the most important part is in the *postscript*. His account of the drug is interesting, and will be new to many; his experiences with it must be controlled by the observations of others; but his addendum and postscript merit the careful attention of every reader.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON OBSTETRICS.

Stated Meeting, February 18, 1878.

DR. SALVATORE CARO, CHAIRMAN.

VICARIOUS MENSTRUATION.

THE CHAIRMAN read a brief paper upon the above subject, and gave the history of a case in which the hemorrhage occurred from the gums. The patient was 23 years of age; began to menstruate at the age of sixteen; had an attack of intermittent fever in September; menses disappeared, but did not return when the malarial fever was arrested. She soon began to suffer from toothache, which was accompanied by some hemorrhage from the gums. Relief not being obtained, in July following she had the tooth extracted at the time it was giving her great discomfort; blood came freely from the cavity, and the bleeding resisted all means, such as plugging etc., for its arrest, but finally ceased. In August bleeding from the gum returned; application was made to a dentist for

relief; none was obtained, but the bleeding again ceased at the end of four days. In September the bleeding from the gum returned; she applied to a physician; no special relief was obtained, but hemorrhage again ceased at the expiration of four days. In October the patient came under Dr. Caro's care. It was regarded as a case of vicarious menstruation, and the patient was placed under the following plan of treatment:

She belonged to a religious order that imposed protracted and severe religious duties; it was advised to abstain from all these; to take plenty of good food; to wash the mouth daily, for about ten days prior to the time for the occurrence of the hemorrhage from the gum, with tincture of myrrh and water; to take thirty drops of the fluid extract of ergot every four hours; and to apply mustard drafts to the popliteal region.

In October she bled a little from the gum and soiled one napkin. The treatment was repeated in November, but not with as favorable results, for no blood was discharged from the uterus, and the bleeding from the gum was more profuse than formerly.

In December the mouth-wash and mustard revulsives were repeated, and ten-drop doses of the tincture of iodine given in Spanish saffron tea; menstruation returned, without hemorrhage from the mouth, and lasted five days. In January the patient menstruated normally; duration, four days. In February the menstrual function was performed in a normal manner; her health seemed perfect; duration of discharge four days.

Dr. Isaac E. Taylor remarked that Dr. Caro's case was important as illustrating the effect produced in the female economy by malaria. Malaria exerted a powerful influence not only with regard to amenorrhœa, but also with regard to metrorrhagia, affections of the kidneys, stomach, intestines, etc., etc. Hence, the disturbances of the nervous system and the development of neuralgia, toothache, gastralgia, etc. The effect produced upon the system by malaria during pregnancy was much more marked than under other circumstances. Within the past year he had seen six cases of gastralgia dependent upon malaria, and all occurred in pregnant women. Now, when menstruation ceased because of the action of malaria in the system, as it seemed to in the case reported by Dr. Caro, hemorrhage might occur at any point where the blood-vessels were in a weakened condition, whether it was in the mouth, upon the arm, or upon the top of the head. Dr. Taylor referred to one case in which the vicarious hemorrhage occurred from a patch upon the arm; also to another, in which it occurred from a broken surface upon the top of the head. Mention was also made of a case in which hæmatemesis was substituted for menstruation. The uterus was measured and found to be 3½ inches in depth. A sound, having a large end, was introduced a few times prior to the time for the occurrence of menstruation; the uterus was increased in size to a little over four inches, owing to the normal ductility of the organ; menstruation came on, and then the uterus was very much reduced in size; a process of involution, as it were, was accomplished. At the end of two months the menstrual flow was fully established. If that plan of treatment was adopted, the sound must be used with the greatest gentleness and care.

Dr. Hubbard referred to a case in which the patient was supposed by her physicians to have hemorrhage from the lungs, because at each menstrual period she expectorated blood. The expectoration of the sanguineous fluid lasted three or four days; she was then entirely free from it until the next menstrual period, and the phenomenon continued until near the close of her menstrual life. The woman was in very good health, and no treatment was introduced except that directed to her hysteria.

Dr. Church mentioned a case in which hemorrhage occurred monthly from the umbilicus; but the history was incomplete, from the fact that circumstances were such as to forbid complete examination. There was no menstrual discharge per vaginam, and the doctor was unable to say whether or not a vagina existed.

Reference was made by several members to cases in which existing discharges, such as discharge from the ears, from ulcers, etc., etc., were aggravated at the menstrual period.

PLACENTA PRÆVIA WITHOUT HEMORRHAGE.

Dr. Isaac E. Taylor related the history of a case in which the placenta presented, yet delivery was accomplished without hemorrhage and almost without pain.

The woman was æt. 25, not very robust, and at nearly full term presented an appearance as if only in the fifth or sixth month of pregnancy. The doctor was called to decide whether or not the child was living. Neither placental murmur nor fœtal heart could be heard. By external manipulation the conclusion was reached that the head of the child was in the cavity of the pelvis, thus accounting for the apparently small size of the child. The doctor called again at about four o'clock, when, on examination, the neck of the uterus was found to be about one inch in length, and undilated; pains very slight and irregular; and the finger came in contact with a globular mass, which was quite soft as felt through the uterine wall.

At 6½ P.M. Dr. Taylor was summoned, and found the pains quite regular, the neck dilatable so as to permit the introduction of the finger, and a very soft substance was felt; the ordinary show was absent; there was quite an abundant secretion of mucus; and he was unable to determine the nature of the soft mass.

At about 7.20 P.M., with a single expulsive effort, the placenta came down, child and all, and the labor was completed without loss of blood. On examination the head of the child was found to be hydrocephalic; the placenta was 3½ inches in width and in a complete state of fatty degeneration.

Dr. O'Sullivan mentioned a case in which there was placenta prævia, but no hemorrhage, and when labor was completed the placenta was found to be the seat of complete fatty degeneration.

The Section then adjourned to the dining-hall, where the members and guests, on invitation by the Chairman, partook of a bountiful collation.

A Medical Black-Book.—The profession in Antwerp has a black-book, in which the names of all persons who neglect to pay the fees of their physicians are recorded. The laity is allowed from January to November in which to pay their doctor's bills, but any one still in arrears, without sufficient reason, on the 30th of November, is ruthlessly posted in the black-book. A revised edition of the book is published every year, and furnished to the members of the Medical Society.

Correspondence.

COMMITMENT OF THE INSANE.

To the Editor of The Medical Record.

Dear Sir:—I have read with much interest your articles on the Commitment of the Insane, in which you speak of the case of Miss Dickie. As a member of the Commission "*de Lunatico Inquirendo*" in the case, and being familiar with all its details, I desire to call your attention to several inaccuracies in your articles, and to state a few facts which you may have overlooked.

The most noticeable inaccuracy is the statement "that the very appointment of a guardian so effectually stultifies the ruling of the court that the case, as a leading one, must certainly have a short life." I am in a position to speak authoritatively upon this point, and would most respectfully state that no guardian has been appointed, such a procedure not being deemed necessary by the judge, and being only suggested by the sheriff's jury. In regard to the statement "that the patient was undoubtedly insane, and would have been deemed a proper object for asylum treatment," I would respectfully differ from you in opinion. I have watched the case carefully, and state that the weight of evidence was undoubtedly in favor of sanity, and in the language of the learned Judge Brady, "applying the tests which human ingenuity has devised, the declaration was legally and properly made that Miss Dickie is neither insane nor an imbecile." And I believe his Honor was fully justified in discharging the supposed lunatic from all custody and restraint.

You state "that one of the gentlemen who constituted the original commission had special facilities for the study of cases of insanity by an experience of several years as medical officer in an asylum." I believe this is inaccurate, neither of them having held any such position. If the testimony elicited on the trial is to be relied on, your statement, "that the treatment adopted in Miss Dickie's case was in all respects justifiable and orthodox," is also open to criticism.

You speak of the jury as "simply giving the benefit of the doubt to the plaintiff." On this point let me say that I feel confident the jury to a man gave the verdict unhesitatingly, and that none of them had doubts for a moment. The jury, having heard all the evidence, said Miss Dickie was not insane! The law gives them the power to say so, and they of course take the responsibility, which, in this instance, I beg to say, I do not consider misplaced.

Now, what are the facts? First, Miss Dickie is not insane. Second, she is not under guardianship at all; she is her own mistress, and a free agent. The fact that she is not, and has not been insane, shows error in the system relating to the commitment, care, and cure of suffering lunatics. All the logic from the north to the south pole would not change this.

In conclusion, let me state that there certainly does "seem to be enough obstacles standing between the patient and the medical superintendent of the institutions for the insane," yet they seem to be easily removed, else there would hardly have been such a case as Miss Dickie's, and the community would not be calling for further legislative enactments to protect them from a similar experience.

Respectfully yours,

E. Bradley, M.D.

1 West 24th Street.

[We are much obliged to Dr. Bradley for calling our attention to the above points. As far as the question of sanity is concerned, we of course accord to him the right of holding a different opinion from us. If his position is the proper one, then many collateral circumstances depending upon it are untenable from our standpoint. We are happy to be informed that no guardian was deemed necessary by the judge. The gentlemen to whom we referred as constituting the original examiners we presumed to be Drs. Alfred C. Post and C. W. Packard, and applied our remarks accordingly.—Ed.]

ON VACCINATION.

To the Editor of The Medical Record.

Sir:—The subject of vaccination is acquiring quite a prominent place in your pages; but still nothing beyond what it deserves. Permit me to make a few very brief remarks upon *humanized vaccine lymph*.

Seeing the inestimable benefit of vaccination to suffering humanity, it is surprising that any ignorance or prejudice regarding it should exist. Dr. Henry Austin Martin, in a candid and trenchant article in the Record for January 26th ult., refutes as well as exposes part at least of the ignorance which obtains, even in the minds of some medical men, and the carelessness with which vaccination is performed sometimes. To perform vaccination properly is a very simple and safe proceeding with those who thoroughly understand it; that it is at least, a highly dangerous operation in the hands of ignorant or careless persons is beyond question.

I know of no advantage which bovine lymph possesses over humanized, if due care be used in the selection of the latter. But as long as the present practice of buying and selling "crusts," the source, purity, and efficacy of which is, to say the very least, doubtful, prevails, so long must the preference be given to bovine lymph, although personally I am not in favor of its use. As yet I have only used humanized lymph, and so far have every reason to feel perfectly satisfied with its results.

The "dried crust" or scab from a vaccine sore may be considered a morbid product to be got rid of by the system as speedily as possible. It must be difficult, if not impossible, to obtain a "crust" free from blood-corpuscles, even though in a dried state. Lymph, fresh and fluid, from the vesicle from the fourth to the eighth day, might be looked upon as rather in the light of a *quasi*-physiological product. To my mind all the danger and difficulty with humanized virus lies in the use of the "dried crust" (dissolved just before use) instead of the fluid lymph. Why the "crust," which contains only a small percentage of dried lymph, should be employed in preference to the pure, fresh, and liquid variety, I cannot understand. This "crust" has been dried by the rupture of the vesicle and escape of the contents, together with the evaporation caused by the body heat and the action of the air. Its elements must be more or less decomposed. How partially decomposed blood-corpuscles, leucocytes, epithelial scales, etc., when introduced into the circulation of a child or adult, can be free from danger is a mystery to me. The wonder is, not that a few accidents have happened (perhaps all the accidents have not been reported), but that more do not occur.

Vaccination from arm to arm is, perhaps, the best of all methods. The only excuse for the use of the "dried crust" is the facility of preservation, when lymph must be kept longer than ten or fifteen days. But this is a paltry, even contemptible excuse, when it can be preserved in a fluid state for a much longer

time in hermetically sealed capillary tubes. Lymph so preserved retains its vitality and vigor unimpaired for almost any length of time. I have kept it for *seven and a half months*, at the end of which time it was pure, fresh, fluid, perfectly safe and active. I never use the crust, and never had one preserved for me, though offered seventy-five cents each for them. Their use, to my mind, is fraught with danger, and I order them thrown away or burned.

After vaccinating a patient, I am careful to wash the lancet thoroughly and immediately—always to keep it clean and free from any approach to rust. When the lymph is carried on "ivory points," I wash them carefully in warm water, and dry them thoroughly before setting them aside. I do not use a capillary tube more than once. They are too small to be properly cleaned. I always preserve my own lymph, taking my supply from a perfectly healthy child, between the ages of six weeks and six months, and can, therefore, always answer for the *quality of the lymph used*. I usually vaccinate between the ages of two and three months—before the process of dentition commences, and at an age when children suffer least from the constitutional effects of vaccination.

With these precautions faithfully adhered to during the last six years, I have not had a single bad symptom following vaccination, although I have practised it more freely during the winter than during the summer months; and that, too, when both scarlatina and diphtheria—especially the former—prevailed extensively in this city during the past four winters. In secondary vaccinations I make two sores, but in primary vaccinations I aim at securing three or four vesicles. Four insertions, each as large as a silver dime piece, on the front of an infant's arm, must be so close that the normal inflammatory areolæ merge into one another. Still, I never saw any approach to erysipelas. I never had any sloughing; never an abscess; never any untoward effect. On no single occasion has the vesicle been slow or delayed in forming (as sometimes happens, I understand, when "crust" is used), and from the fourth day was quite perceptible. The vesicles invariably matured on the ninth day, and began to subside on the twelfth day. Out of one hundred cases, of which a correct and careful register was preserved by me, there were only two failures to take. These were secondary vaccinations in grown-up children. In these one hundred cases the ages varied between six weeks and thirty-seven years. The majority were very young children, some of whom were weakly, delicate, or puny; some were even syphilitic. Each child had, on an average, three sores. In all, even in the syphilitic (congenital) cases, which I watched with increased interest, the vaccination pursued a perfectly normal course, the scabs falling off about the twenty-sixth day. My method of making the insertion is by numerous very fine vertical and horizontal scratches through the cuticle.

If medical gentlemen will preserve their own lymph in a fluid state, in hermetically sealed capillary glass tubes, allowing the lymph to flow directly from the punctured vesicle into the capillary tube, taking care that no sign whatever of blood shall be mixed with it, whenever they are obliged to keep a supply longer than fifteen days, they can always have reliable matter. They should take the lymph generally on the *eighth day*, and invariably see that the child supplying it is healthy and vigorous. By so doing the lymph cannot be impure, decomposed, nor purulent; they can avoid ninty-nine hundredths of the dangers which surround humanized lymph. If they would so act we should hear less of the accidents and even deaths which occur, while most, if not all, of the prejudice and doubt as to the reliability of vaccine lymph from the child would be removed.

P. O'CONNELL, M.D.

CHICAGO, February 9, 1878.

MATERIA MEDICA AMONG THE CHINESE.

IN July, 1872, M. M. Dabry de Theirsant, Consul of France in China, and Dr. Leon Soubeiran submitted to the French Academy of Medicine a compact little work, the simple title of which, "*Matière Médicale chez les Chinois*," was sufficient to excite a lively curiosity. We have taken the liberty of translating a few selections, made at intervals throughout the text, and from the accompanying report of the commission to whom it was referred by the Academy.

The authors, says the report, have united in common their efforts and the fruits of their labors, in order to make better known the therapeutic agents and indirectly some of the medical ideas of a people whose progress seems to have become arrested after it had advanced more than others in science, industry, and the arts, and who yet maintain a high standard of civilization, and are in possession of ideas and procedures (empiric or rational), the acquisition of which may be of some value to Western nations. It is not the first time that such an enterprise has attracted the attention of physicians and naturalists. Medical literature has been enriched within the past few years by the researches of Tartanov, Debeaux, Porter Smith, and Daniel Hanbury, whose valuable investigations have, however, been only more or less complete, by reason of difficulties inherent to such an inquiry.

Almost all the medicines employed by the Chinese are in a state of *mélange*, rendered unrecognizable by successive infusion in different liquids, or reduced to powder, or at least in so finely divided fragments as to be indistinguishable. But the authors seem to have sufficiently well informed themselves so as to be able to present, with some degree of precision, the therapeutic arsenal of the Orient. The list comprises nearly one thousand names, made up from the minerals, animals, and vegetables. For the latter two they have adopted, as far as obscurity of text will admit, the natural classification. Each group is subdivided into families, which are designated by their Chinese vulgar names, and also by proper scientific terms.

What surprises as we glance over the list, is that we see reproduced there, both in general and detail, the qualities we are accustomed to attribute to our own agents, and indeed a large number of those employed by us. And what is more a matter of surprise, they seemed to have established a similarity of indications, and up to a certain point an analogy of ideas and theories which govern their employment. Their science is of course by no means as complete as our own, but resembles more—indeed one seems to have before him—the materia medica of Geoffry, or the practice of Aretæus, in which an incipient science mingles some honest and reliable observations with the errors of charlatanism and the popular superstitions of the times. We are not disappointed, therefore, if we find a faith in specifics prevailing in their medicine, as it has often heretofore led us in ours.

Each substance is given a virtue essentially—anti-rheumatic, anti-spasmodic, or something else—and to mixtures of these single remedies is ascribed the power to heal immediately tubercular disease, or syphilis, or rabies, and so on *ad libitum*. Besides this, the Chinese

are persuaded, as were our ancestors during the middle ages, that Providence, little trusting our instinctive faculties, addresses directly the understanding, in order that the harmful may be at once distinguished from the useful substances. Under this belief they imagine a certain stigma to be placed upon the poisons, and some embellishment upon the remedies, so that the services expected from each may be immediately apparent to man. They term this "*la doctrine des Signatures;*" and a belief in this singular dogma reveals itself at every step in Chinese materia medica.

It is on account of this, doubtless, that madder (*Rubia munjista*), the root of which is *red*, is given to provoke the menstrual flow; that the *Polygonum tinctorum*, which furnishes indigo, is reputed efficacious in petechial fevers; that the reniform fruit of the *Kadsura chinensis* has aphrodisiac properties; and that ginseng, the bifurcated root of which resembles the human thighs, has the power to restore to invalids strength, and to libertines their waning virility. From considerations of the same sort is founded the reputation of the *Cordiceps sinensis*, as an excitant of the generative organs; of the *Bidens parvaflora*, as an infallible remedy to make the nails grow; or of the *Vitex incisa*, to increase the beard; also that the dried placenta is administered in pill form to facilitate accouchement, and favor the expulsion of the fœtus. From the same idea, probably, the horns of the buck are exposed for sale, elegantly adorned, and enjoy a high reputation among the crowd of surfeited or impotent lechers, who employ them as a remedy in order that they may not be deficient in the vigor and becoming ardor which that noble fellow displays at the period of his amours. These are curious illusions, but they merit indulgence on the part of us whose ancestors were not free from as quaint ideas of pharmacy.

In some instances, the Chinese give evidence of a really skilful judgment, and exhibit scientific tendencies which serve, at least, to make their errors the more absurd. For example, we see, in their materia medica, the astringents, both vegetable and mineral (galls, alum, acetate, and sulphate of iron, the salts of lead and silver), serve in their proper places: *Salix babylonica*, *Populus tremula*, *Dichroa febrifuga* arrest excessive perspiration, atonic diarrhœa, spermatorrhœa, and ague. The aromatics, essential oils, and balsams serve as diffusible stimulants, febrifuges, anti-spasmodics, to relieve catarrh, etc. Likewise the medicines furnished by the labiatæ, umbelliferæ, and aromatic compositæ, myrrh, storax, sandal, cubebs, and many others. Artimesia and saffron have their reputation as emmenagogues, and a confidence in the abortifacient power of the ergots of rye and maize is implicit. The healthy grains of the latter enter into the fabrication of a beverage identical with that obtained in a like manner and from a similar source in our own country. Chinese medicine has employed from time immemorial the mercurial preparations in syphilis, which they use both internally and by fumigation; arsenic in strumous and herpetic affections, and in certain intermittents; iron, under eight different forms, fills its place as a hæmatic restorative; borax is prescribed for aphthæ; nitrate of sodæ, as a diuretic; carbonate of lime, as an absorbent; and the oil and lime-water liniment, as an application to burns and scalds. The ancient authors recommend the ashes of seaweed for goitre. They use, as we, the sulphates of copper and zinc, castor oil, gamboge, colchicum, aloes, rhubarb, aconite, veratrum, camphor, musk, opium, and the poisonous solanaceæ.

The hæmostatic value of cold water is well known, and especially advised in uterine hemorrhage. They employ the cold bath in the treatment of fevers; cold compresses are used in the stupor of drunkenness and in asphyxia from carbonic dioxide. Their thermal, chalybeate, sulphurous, and alkaline springs have a high popularity. It is believed that those who receive and keep their drinking-water in leaden vessels enjoy an immunity from goitre, which suggests the possibility of preventing or removing that deformity by administering the saturnine preparations. According to them lead modifies greatly the specific effects of mercury. They have their sialagogues, anthelmintics, expectorants, and diuretics similar to ours, and they believe themselves to possess a great number of substances capable of preventing or dissipating intoxication (*Bretonica officinalis*, *Novenia dulcis*, *Chrysanthenum alba*, *Myristica*, *borax*, *etc.*). They fill out quite a list of galactophoræ and galactogogues. And what is more remarkable, is, that surgical *anæsthesia*, general and local, is of very ancient use. A Chinese surgeon (Houa-to), relates that he employs a species of *atropa*, (?) described in the *Pentsao*, which produces an insensibility sufficient to permit severe operations involving the lower portion of the body (*bas ventre*). *Datura alba* acts in the same way. It is said that insensibility is often maintained several days. The condition is probably narcosis. A mixture containing the powder of *Aconite rad.* is used to produce local anæsthesia for minor operations.

It is unnecessary to prolong the parallel. The examples cited are amply sufficient to exhibit the general similarity of their materia medica to that of other nations.

The theoretical ideas of our antipodes conform, likewise, somewhat to those which govern us. They are generally more rational and more advanced than we would suppose.

Along with the old doctrine of specificity appear physiological ideas evidently more modern; for example, we find in many passages an affirmation of the pathological conditions of the fluids. An undetermined *Bignonia* restores the impoverished blood. To rhubarb is ascribed the power not only to prevent its corruption, but also to render it fluid when once coagulated. But naturally it is the solids which are more often the seat of lesions; and as each of the more important remedies is assigned to one or more of the more important viscera, the different portions of the organism are treated by their appropriate remedies alone. Sometimes, it is true, an active remedy, like a certain *Carduus*, operates simultaneously by what Chinese medicine terms the *douze voies* (the twelve ways) and affects with one blow the entire economy, after the manner of a brilliant emetico-cathartic amplified by a generous excitation of all the eliminative and excretory functions.

The elimination of poisons, and consequently of medicine, is effected by special avenues, which permit, when fully mature, the morbific material to evacuate the body.

Hence the method they have of treating hydrophobia by the *Mylabris chicorii*, which contains rather more cantharidin than ordinary Spanish flies, or by grasshoppers, which provoke the abortion and expel the *canine fœtus*, with which the victim is supposed to have become impregnated at the occasion of the bite by the rabid animal. The strangury and hæmaturia induced by the irritating remedies encourage the delusion that delivery is accomplished through the urinary passages. The authors do not say whether the treatment is successful or otherwise.

The same means are used to abort the human fœtus,

although the laws against the crime are exceedingly severe.

According to them *arsenic* finds an efficient counter-poison in the *Phaseolus angulatus*, which makes it appear that a species belonging to an inert genus possesses exceptionally a pharmaco-dynamic activity comparable to that of calabar bean. The stings of scorpions and the bites of venomous reptiles are treated by the fumes of sulphur. Nitrate of soda comes in, not only as a diuretic, but also as a lotion in ophthalmia and opacity of the cornea.

It is hardly prudent to continue the recital. Only a tithe of the materials can, of course, be mentioned. While many are employed under superstition and ignorance, others really deserve the place they occupy, and some, without being heroic remedies, will certainly attract the attention of therapeutists, and well deserve to be submitted to the test of experiment and severe clinical observation. Such are the *Anemarrhena asphodeloides*, employed for the same purpose as squills; the *Pardanthus chinensis*, to which is attributed qualities more remarkable and varied; the *Pupalia geniculata*, the acrid root of which is sialagogue, and used in rheumatism; the *Passarina chamedaphne*, used as cordial, tonic, and febrifuge; the *Gynocordia odorata*, the seeds of which are prescribed in dermatoses, specific or other; the *Tournifortia argusina*, the *Trichosanthes dioïca*, and also the *Dichroa febrifuga*, the reputation of which is great in Cochin China, and which merits, without doubt, the right of succeeding cinchona.

Such are the salient points observed in looking over the work. They indicate something of the actual state of the Chinese medicine and its tendencies, and serve at least as curiosities, though it is probable they will attract more attention to the East, which will ultimately develop more important facts and questions bearing upon the medicines of this singular people.

GEO. O. WILLIAMS, M.D.

GREENE, CHENANGO CO., N. Y.,
Jan., 1878.

THE ULTIMATE RESULTS OF EXCISION OF HIP-JOINT.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—At a meeting of the Medical Journal Association, February 1, 1878, Dr. Sayre is reported (MEDICAL RECORD, No. 382, pp. 175, 176) as making the following remarkable statement: "Almost every case he [Dr. S.] had operated upon had been given up to die, yet of *eight* cases *which had been discharged from the Hospital for the Ruptured and Crippled as incurable, seven had made good recovery*" [my italics].

The doctor, I find, has been incorrectly informed as to the condition in which and circumstances under which the patients left the hospital; and I very much regret his incautious use of the term "incurable," based on such misinformation. Whether "good recovery" can be predicated of *seven* of the *eight* is one of the objects of this communication.

March 3, 1878, I called on Dr. Sayre, and, at my request, he and his son, Dr. Louis H. Sayre, very kindly gave me the names and numbers of the cases to which reference had been made.

CASE I., No. 37,* removed from the hospital March 25, 1872. On admission, the disease had already advanced into the second stage; six months later a small abscess appeared on the anterior surface of the thigh, and this alarming the mother, caused her to remove him, although urged to the contrary. The prognosis was good, and there was *no* sign or symptom present warranting his *discharge as* "*incurable*." Excised "Jan. 22, 1873"—ten months after leaving the hospital. This is the case presented the evening of Feb. 1st, and reported (RECORD, p. 175) as "formerly under treatment at the Hospital for the Ruptured and Crippled, in which there was enlargement of the liver, waxy casts in the urine, etc." The impression is left that such was his condition on removal—and yet in "Orthopedic Surgery," where the case is included in the table (No. 37), no allusion even to these amyloid changes is made. Such was *not* his condition while in the Hospital for Ruptured and Crippled.

CASE II., No. 46, was removed Sept. 2, 1873; general condition very good; disease in hip long since arrested; a little motion at the joint; limb, however, considerably deformed, and one inch short; no pain or tenderness or open sinuses; in fact, the boy was admitted for the relief of the deformity, and not left long enough to derive much benefit from the treatment. Excised "Dec. 10, 1873"—three months after removal—and his condition at this time is given, not as emaciated or suffering from exhaustion, but "leg flexed and adducted; several sinuses leading to dead bone on outer part of thigh." While in our hospital, there was *no* pretext for prognosticating incurability, and the case was *not discharged* "*incurable*." The result of the excision is given: "movable joint, can bear weight on limb, ¼ inch short"—nothing more. We are not told whether any sinuses remain open or whether any deformity exists. The whereabouts of the boy, I believe, is unknown.

CASE III., No. 47, was removed from the hospital Aug. 22, 1873, by the mother, who was offended because reprimanded for persistence in feeding the child all manner of indigestible articles. The patient had suffered much after the opening of a large abscess, but the drain was becoming less, and an improvement was observed a few days prior to removal, and so noted on the records. The case was *not discharged* "*incurable*." Excision "Jan. 21, 1874"—five months later—and death "from exhaustion, April 7, 1874."

CASE IV., No. 53, was first admitted to the hospital Feb. 13, 1872—first stage—and discharged cured, not a sign of disease to be detected, April 20, 1872. Readmitted Aug. 18, 1873, in second stage—abscess forming, limb deformed, and child unable to walk. Relapse reported as of two months' standing. The abscess opened, and another formed, producing much constitutional disturbance, but the danger was considered passed, when the mother, against our advice, removed him, and all further treatment was discontinued. He was *not discharged* "*incurable*." Excised "Feb. 6, 1875"—five months later. Through the courtesy of Dr. Sayre, I was enabled to see the boy, at 15 West Street, March 4, 1878, and found him in apparently good health, able to walk without support, though limping and incurving the spine by way of adaptation. The liver extends (I employed palpation, percussion, and measurement) 3½ inches below the free border of the ribs; the urine I did not examine; the thigh is anchylosed (?) at an angle of about 135° with the pelvis. A slight degree of motion is possible, I think, if great force be employed and pain be produced; the father himself attempted this by way of employing passive motion. The limb is 1½ in. short by careful measurement; two open sinuses in the track of the incision wound remain; the oakum dressing was well covered with sero pus, and the father and mother told me that the wound

* The numbers refer to the table of Exsection in "Orthopedic Surgery," by Dr. L. A. Sayre, pp. 314-326.

had never closed since the date of the operation, three years ago. They told me, unasked, that a second operation was soon to be performed for the removal of dead bone.

CASE V., No. 56, admitted to the hospital June 9, 1874, and the disease was so obscure that a diagnosis was made simply on the strength of a moderate *tenseness* of the adductors. Removed much against our will July 17, 1874—one month and eight days after admission—the disease being still enveloped in obscurity. It is useless for me to say of this case, "It was *not discharged 'incurable.'*" Excised "April 21, 1875" —nine months after removal. Result in table not given, though Dr. Sayre informed me March 3, 1875, that he had recently heard from the boy through a friend (medical, I believe), who reported, "Motion perfect, one inch short." This case I have not had an opportunity of observing, and I believe Dr. Sayre has not.

CASE VI., No. 60,* Chas. Pixlee, operated on subsequently to the publication of Dr. Sayre's book, and hence not included in the table. Removed from the hospital May 17, 1875, through an officious aunt. The boy was emaciated and had suffered much from an abscess which had opened one month previously. We insisted on his remaining, and did *not discharge him "incurable."* Excised "February 2, 1876," and "died April 19, 1876, from exhaustion."

CASE VII., "R. M. B. Potter, of Newport, R. I.,"† was never treated as an inpatient of the hospital, and I find no record of his case. Dr. Knight, the Resident Surgeon, has a distinct recollection of the case, and asserts that the child was brought to him, and seen as an out-door patient at long intervals during the spring and summer of 1875, from Newport; that he observed the advance of the disease, and insisted strongly on having the patient placed in the hospital, in order that the case might be under his control; that this advice was not taken; that the last time he saw the child there was no open sinus, no abscess, and no sign of an abscess; and that he *did not discharge* the case *as "incurable."* Excised "November 23, 1876," and Dr. Sayre tells me that he is cured, but is suffering from malarial poisoning, is in the south of France, and up to last accounts the mother was in search of certain baths, reported as beneficial to patients with *hip-disease.*

CASE VIII., No. 61, Chas. Smith,‡ was never in the hospital, and I have searched diligently for his name among the indexed out-door patients (all who were ever treated here are indexed) between the years 1872 and 1876 inclusive. I have failed to find the name of any such patient with hip-disease, and I have no recollection of ever having seen the case.

So that the eight become *seven;* the "eight discharged incurable" become *not one discharged incurable;* the *seven* "good recoveries" (excluding the last one as never having been under treatment in the hospital) correctly interpreted, as follows: *one* "good recovery," with a possible *three, i. e.*, if case No. 46 and the Potter case can be included, both of which, however, for the sake of Science, should be still *sub judice;* one doubtful (No. 56); one still uncured (No. 53), and probably incurable; and *two deaths* from exhaustion!

Respectfully submitted,

V. P. GIBNEY, M.D.,
Assistant Surgeon to Hospital for the Ruptured and Crippled.
135 E. 42D STREET, March 4, 1878.

* MEDICAL RECORD, vol. xi., p. 336.
† Ibid., vol. xii., p. 27.
‡ Ibid., vol. xi., p. 336.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from March 3 to March 9, 1878.

BACHE, D., Major and Surgeon. Granted leave of absence for one month. S. O. 31, Div. of the Pacific and Dept. of California, Feb. 18, 1878.

SMART, CHAS., Capt. and Asst. Surgeon. To report in person to the Commanding General, Div. of the Atlantic, for assignment to temporary duty. S. O. 48, A. G. O., March 6, 1878.

CRONKHITE, H. M., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Arizona, to proceed to New York City, and on arrival report by letter to the Surgeon-General. S. O. 48, C. S., A. G. O.

WINNE, C. K., 1st Lieut. and Asst. Surgeon. Leave of absence extended one month. S. O. 17, Div. of the Missouri, March 4, 1878.

HAVARD, V., 1st Lieut. and Asst. Surgeon. Relieved from duty in Dept. of Dakota, to proceed to New York City, and on arrival, report by letter to the Surgeon-General. S. O. 48, C. S., A. G. O.

TAYLOR, M. E., 1st Lieut. and Asst. Surgeon. Granted leave of absence for one month from March 3d. S. O. 29, Dept. of the Gulf, Feb. 27, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending March 9, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
March 2, 1878....	0	4	91	5	98	52	0
March 9, 1878....	0	3	89	3	77	73	1*

DR. JOHN S. BILLINGS AND THE NATIONAL MEDICAL LIBRARY.—Our attention has been called to an item on page 173, in which it is stated that to another gentleman than Dr. John S. Billings is due the credit of arranging and completing the index of the subjects of the National Medical Library. We are happy to correct such an error, and state that to Dr. Billings's rare knowledge of medical bibliography, to his wonderful patience and arduous labor, are due not only the present perfection of the catalogue, but the real value of the library itself. The item to which we refer came to us from an apparently responsible source, and its contents did not command such a scrutiny as to matters of fact as would otherwise have been the case. As it is, however, it carries its contradiction on its face.

CULTIVATION OF TEA IN INDIA.—The cultivation of the tea-plant was begun some time ago in the north-eastern provinces of India, and it has already assumed large proportions. In quality, the tea produced is equal to the better Chinese teas. The tea-plant has also been successfully introduced into certain favorable portions of the island of Ceylon; the results have surpassed the expectations of the introducers.

* This case came from Havana sick with the disease.

THE NATIONAL MEDICAL LIBRARY. — A memorial from the Committee of the Medical Society of the County of New York:

To the Senate and House of Representatives of the XLV. Congress of the United States of America:

The undersigned Committee of the Medical Society of the County of New York have been appointed specially for the purpose of respectfully submitting to the Honorable the Senate and House of Representatives of the United States, the following considerations:

That the European governments spend a large amount of public moneys on institutions of learning, such as universities, museums, and public libraries.

That particularly the medical departments of foreign universities are supported by public funds, for the reasons that their expenses are necessarily large to accomplish their ends; and that the governments have no interest of greater importance than that of securing by such means the best possible protection of the life and health of the people.

That the generosity of the Government of the United States, as shown in the publication of the "Medical and Surgical History of the War of the Rebellion," is gratefully appreciated by the profession, but with the exception of the benefits secured by such means—and which it is proper to say are incalculable—the present elevated standard of American medical learning and literature is almost exclusively due to the individual or corporate exertions of private citizens.

That the medical profession of the United States have good reasons to be satisfied with the accomplished results, and that in this petition they are not asking for anything more than needful aid in the promotion of medical progress, and for the consequent advancement of public interests.

The undersigned committee beg leave further to submit the following:

That the munificence of Congress and the unparalleled industry of the officers connected with the Surgeon-General's office, have succeeded in creating in Washington the National Medical Library, which has already been of very great utility in the very few years of its existence, and which, when increased and carried on in the same spirit, will prove invaluable for the development of American medical literature and the elevation of the standard of American medical education.

That its vast literary wealth, contained in nearly a hundred thousand volumes and pamphlets, is for the most part, however, inaccessible to literary men, who, in order to work progressively and advantageously, have to search for and utilize accumulated scientific material.

That the Surgeon-General of the United States, and particularly Dr. John S. Billings, have prepared a Subject Catalogue—a specimen fasciculus of which has been hailed with joy and enthusiasm, and with unprecedented praise, by the medical press of the United States and of all Europe, particularly of England and Germany.

That this Subject Catalogue, arranged in alphabetical order, and with the greatest accuracy, will, by its publication, place the buried wealth of the medical literature of all countries at the easy and ready disposal of scientific workers.

That, finally, the completion of this great work is a necessity for the medical profession of the United States, and for the healthy development of medical culture of this and all countries, and that it will rank amongst the most practical and beneficial publications of the present period, and that the government cannot possibly spend its funds on any publication of greater importance than that of the Subject Catalogue of the National Medical Library, as prepared by the present Librarian.

The undersigned committee, therefore, request the Honorable the Senate and the House of Representatives of the United States to appropriate the funds necessary for the completion of the Subject Catalogue of the National Medical Library of Washington. And your petitioners will ever pray:

Signed:—C. R. Agnew, Fordyce Barker, F. J. Bumstead, J. C. Dalton, J. T. Darby, W. H. Draper, F. Delafield, E. Eliot, T. A. Emmet, H. P. Farnham, A. Flint, F. H. Hamilton, J. B. Hunter, A. Jacobi, E. G. Janeway, J. R. Leaming, A. L. Loomis, W. T. Lusk, T. M. Markoe, J. T. Metcalfe, E. Noeggerath, H. D. Noyes, Willard Parker, G. A. Peters, J. C. Peters, A. C. Post, A. E. M. Purdy, D. B. St. J. Roosa, G. A. Sabine, H. B. Sands, L. A. Sayre, G. F. Shrady, S. Smith, I. E. Taylor, T. G. Thomas, W. H. Thomson, W. H. Van Buren, J. R. Wood.

DR. SETH SHOVE died at his residence in Katonah, this State, on the 24th ult. He was born in Warren, Litchfield County, Conn., August 8, 1805, and was the youngest but one of eleven children. The family were of English origin; his great-grandfather of the same name, the first minister of Danbury, Conn., died Oct. 3, 1735, in his sixty-eighth year.

The doctor received his medical degree from Yale College, March 4, 1829, and in the following August settled in his late residence, where his work, only twice interrupted to any extent by illness, was cheerfully and conscientiously performed almost to the very hour of his death.

He achieved an enviable reputation, both as a physician and surgeon, held many positions of honor in several medical societies, and was noted for his self-reliance, acute observation, ripe experience, and singular modesty.

PRESERVATION OF LEECHES.—In the country and in places where there are no apothecaries, it is often necessary to keep leeches for a length of time. It is stated that this can be readily done, if 80 drops of a solution of salicylic acid (3 : 100) be added to the water in which they are placed.

SMALL-POX IN ALGIERS.—Advices from Algiers to December 1st state that the epidemic of small-pox in that city has made alarming progress. The cases are most numerous in the outskirts of the city. The average daily number of deaths is from 20 to 25. The disease is most virulent among the Arabian population, which is crowded within the limits of the filthy Casbah. The entire foreign population has left the city. A small pox hospital has been established in the Jardin d'essai, which is situated a short distance out of the city between Hussein-Dey and the lower Mustapha.

A VETERAN DOCTOR.—Dr. A. Simon, of Berlin, celebrated last month the sixtieth anniversary of his graduation as a physician. He was born in 1797, and served as a volunteer during the campaign of 1815, in the 9th or "Colberg" regiment of infantry, a regiment which is still in existence. He subsequently studied medicine in Berlin, and received his degree on the 6th of January, 1818.

CONGENITAL DISPLACEMENT OF BOTH LENSES.—Mr. Wordsworth exhibited, at a late meeting of the Medical Society of London, six persons belonging to one family, who were all affected by congenital displacement of both crystalline lenses.

THE

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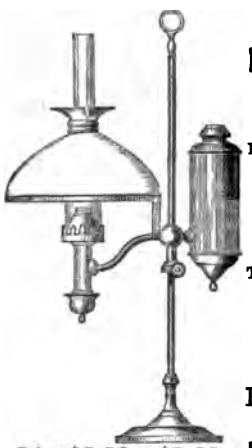
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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz.: Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours truly, SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,			**With Hops (Plain),**	**$1 00**
"	"	"	**Pyrophosphate of Iron (Ferrated),**	**1 00**
"	"	"	**Cod Liver Oil,**	**1 00**
"	"	"	**Cod Liver Oil and Iodide of Iron,**	**1 00**
"	"	"	**Cod Liver Oil and Phosphorus,**	**1 00**
"	"	"	**Hypophosphites,**	**1 50**
"	"	"	**Iodides,**	**1 50**
"	"	"	**Alteratives,**	**1 50**
"	"	"	**Citrate of Iron and Quinia,**	**1 50**
"	"	"	**Pepsin,**	**1 50**

MANUFACTURED BY

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

To Physicians—An ENTIRELY NEW and IMPORTANT REMEDY for CONSUMPTION.

PHILLIPS' "PALATABLE"

COD LIVER OIL

IN COMBINATION WITH

PHOSPHO-NUTRITINE

(A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES).

This article is offered to the Medical Profession as HAVING ESPECIAL ADVANTAGES OVER ANY AND ALL OF THE COD LIVER OIL PREPARATIONS for the cure of CONSUMPTION, EMACIATION, COUGHS and all PULMONARY COMPLAINTS. The vast importance of the PHOSPHO-NUTRITINE will be perceived in giving to this preparation the HIGHLY-NUTRITIOUS and TONIC properties of the PHOSPHATES exactly as nature provides them, greater NOURISHING, STIMULATING and BUILDING POWER being thereby added, and which not only renders it PALATABLE, LIMPID and EASY OF ASSIMILATION, but ENTIRELY REMOVES ALL NAUSEOUS TASTE AND SMELL, and, unlike any other Cod Liver Oil Compound, is miscible with, and should be taken in water. ITS TASTE IS ACCEPTABLE TO THE MOST SENSITIVE and DELICATE STOMACH.

Prepared only by CHAS. H. PHILLIPS, Manufacturing Chemist,

Explanatory Circular mailed on application.

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LOEFLUND'S EXTRACT OF MALT

Is recommended to physicians for its **purity** and **superiority** over all others. It is perfectly free from **Alcohol, Carbonic Acid and Empyreumatic Products**, which can only be attained by the **most careful manipulations** in its manufacture, **long experience**, and by means of **unexcelled apparatus.** Mr. Ed. Loeflund, of Stuttgart, Germany, manufactures only Malt preparations, devotes his whole time to these; and being a thorough Chemist, makes a preparation based upon **scientific principles.** For this reason his Preparations were awarded a **prize** at the **Centennial Exhibition. Loeflund's Concentrated Extract of Malt** is a **Resolvent Emollient** and most powerful **Nutrient.** It is used for diseases of the **respiratory organs, pulmonary complaints,** and for diseases originating in **imperfect digestion.** **Price per bottle, 75 cents.**

Loeflund's Extract of Malt with **Pyrophosphate Iron.**
" " " **Citrate Iron and Quinine.**
" " " **Iodide Iron.**
Loeflund's Extract of Malt with **Hypophosphite Lime.**
" " " **Pepsin.**
" " " **Hops.**

Each of these **$1.00 per bottle.**

Loeflund's Concentrated Leibig's Food for Infants (Leibig's Soup for infants in a concentrated form), **ready for use,** has been pronounced by the Judges of the Centennial Exhibition: **A perfect Substitute for Mother's Milk,** and therefore awarded a prize. Price, 75 cents per bottle.

Circulars giving full particulars will be mailed to all parts upon application.

CAUTION TO THE TRADE AND PUBLIC.—The labels on Loeflund's Preparations should be carefully examined. The signature of ED. LOEFLUND appears on the right lower corner of the genuine label; in the centre, the *Trade-Mark*; and on the *left lower corner*, the words: Sole Agent for America, ALBERT C. DUNG, Druggist, 61 Bowery, New York.

The genuineness of these only is guaranteed. All labels are printed in the *English Language.*

Loeflund's Extract of Malt Lozenges contain a large proportion of **Extract of Malt,** and are **very efficacious,** as well as highly agreeable **Cough Lozenges.** Price 25 cents per package.

All the above preparations are kept by the leading druggists. Orders by mail promptly filled by

ALBERT C. DUNG, 61 Bowery, New York.

TRADE MARK.

Please order PLANTEN'S Capsules, "the best of American manufacture."—See Prof. VAN BUREN & KEYES on Genito-Urinary Organs.

H. PLANTEN & SON,

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International Exhibition, N. Y., 1853.
International Exhibition, Phila., 1876,
Award for "GENERAL EXCELLENCE in MANUFACTURE."

GELATINE CAPSULES

OF ALL KINDS. Also,

JUJUBE PASTE (EMPTY) CAPSULES.

Five Sizes: No. 0, largest; No. 4, smallest.

Especially adapted and recommended for administering concentrated or nauseous medicines; free from taste or smell. Preventing irritation of mouth or throat, and injury to the teeth.

Our Capsules are not patented nor **FILLED** with any **SECRET PREPARATION,** but made strictly in accordance with officinal formulas, and contain **NONE** but authorized medicines of the U. S. Dispensatory; are entirely reliable and soluble, free from all **TASTE** or **SMELL;** remain perfect in any climate.

N.B.—Particular attention given to Capsuling **SPECIAL FORMULAS.**

DETAILED PRICE LISTS AND SAMPLES SENT ON APPLICATION.

Sole Agents in America for Blair's Gout and Rheumatic Pills.

Importers of Superior Norway Cod Liver Oil—put up in Pint Bottles; also by Barrel or Gallon, at the lowest market rates

NEW HYPODERMIC SYRINGES.

Fig. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston-rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

No. 3, Compact, has hollow piston-rod to receive one needle, also a protecting cover and fluid retainer; it may be carried in the Pocket Instrument or Vial Case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4; one only with No. 3. They are of refined steel, carefully tempered, and thoroughly plated with gold: they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

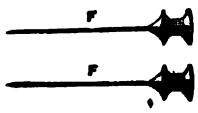
Prices: No. 1, **$4.00.** No. 2, **$4.50.** Postage, .03.
" No. 3, **3.00.** No. 4, **4.00.** " .02.

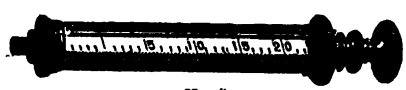
No. 3.

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction, they have no superior.

OTHER HYPODERMIC SYRINGES.

No. 7, glass-barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case, ... $3.00 *Postage.* .02

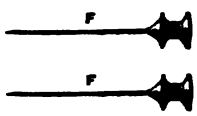




No. 9.

Postage.

No. 9, glass, graduation engraved and numbered on piston-rod, with screw nut, two best steel gilt needles, in neat case, $3.00 .02
No. 7 or No. 9, with two steel unplated needles, either, ... 2.50 .02
No. 10, glass, Luer's (French), graduation as No. 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case, ... 12.00 .02
No. 11, glass cylinder, fenestrated, nickel-plated metal mounting (see cut).



No. 11.

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its non-liability to breakage. Price, with two best steel gilt needles, in a neat case, ... $3.50 *Postage.* .02

☞ *Any of the above will be sent by return mail on receipt of price and postage.*

HYPODERMIC SYRINGES OF ALL KINDS PROMPTLY REPAIRED.

Our new **Illustrated Catalogue of Surgical Instruments,** also a new Pamphlet on Inhalation of Atomized Liquids, by distinguished medical authority, with many valuable formulas, will be forwarded, postpaid, on application.

Atomizers and articles for Antiseptic Surgery, Aspirators, Clinical Thermometers, Elastic Hose, Electrical Instruments, Invalids' Articles, Manikins, Models, Ophthalmoscopes; Dr. Paquelin's Thermo-Cautery; Pessaries, Rubber Urinals; Sayre's Splints, and apparatus for every kind of deformity; Skeletons, Sphygmographs, Splints, Transfusion Apparatus; Vaccine Virus from our own stables; Veterinary Instruments; Waldenburg's Pneumatic Apparatus, &c., &c.

☞ See our other Advertisements in successive numbers MEDICAL RECORD.

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Makers and Importers of Superior Surgical Instruments,

13 & 15 Tremont St., Boston, Mass.

TO THE MEDICAL PROFESSION.

MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION CONTAINS FROM THREE TO FIVE TIMES THE MEDICINAL AND NUTRITIVE ELEMENTS FOUND IN EXTRACT OF MALT.

MALTINE is a highly concentrated extract of malted *Barley*, *Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three* to *five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of ***MALTINE*** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity possessing little virtue aside from the saccharine matter which it contains.

SECOND: *Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium* and *Potassium* are essential elements in the food of man; and it is only in ***MALTINE***, containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: *Gluten* is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. ***MALTINE*** contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of ***MALTINE*** is that it contains larger proportions of mineral matters (bone pooducers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of ***MALTINE,*** *and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, Imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE:

***MALTINE* WITH HOPS.**

***MALTINE*, FERRATED:**
This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

***MALTINE* WITH PHOS. IRON AND QUINIA:**
A powerful general and nutritive tonic.

***MALTINE* WITH PHOS. IRON, QUINIA AND STRYCHNIA:**
A powerful nutritive, general and nervous tonic.

***MALTINE* WITH HYPOPHOSPHITES:**
This preparation is specially indicated in Phthisis, Rickets and deficient Ossification.

***MALTINE* WITH PEPSIN AND PANCREATINE:**
One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the ***MALTINE***. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

***MALTINE* WITH BEEF AND IRON:**
One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

***MALTINE* WITH COD LIVER OIL:**
The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

***MALTINE* WITH COD LIVER OIL AND PHOSPHORUS:**
In this combination the Phosphorus has no irritant effect upon the stomach.

***MALTINE* WITH COD LIVER OIL AND IODIDE OF IRON:**
This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

***MALTINE* WITH ALTERATIVES:**
In this preparation ***MALTINE*** is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.
Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, ¼ grain. Dose, One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only*.

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

REED & CARNRICK, Manufacturing Pharmacists,

196 and 198 Fulton Street, New York.

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CONCENTRATED

MEDICINES

Concentrated Tinctures, &c.

The powders are put up in bottles of one ounce, avoirdupois, and securely sealed to protect them from the action of the atmosphere.

We will furnish gratis, on application, a copy of our "*Revised and Enlarged Manual of the Active Principles of Indigenous and Foreign Medicinal Plants,*" containing short accounts of each preparation, with properties, uses, doses, etc., also price list. Address all communications to

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A Daily Clinic is held at this Hospital for diseases of the Eye, Ear, and Throat, at 2 o'clock P.M. Nervous diseases are also treated at 4 o'clock P.M., on Mondays, Wednesdays, and Fridays. These Clinics are free to the Profession and Students of Medicine.

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Monday, Wednesday, and Friday:—Drs. Agnew, Pomeroy, Smith, Seguin, Webster, Carey, Chamberlain, and Tansley.

Tuesday, Thursday, and Saturday:—Drs. Roosa, Pardee, Robinson, Ambrose, and Ely.

A course of Private Instruction in the use of the Ophthalmoscope and Otoscope, Errors of Refraction and Accommodation, Selection of Spectacles, etc., is carried on by Drs. Pomeroy, Webster, and Ely. Fee for this course of six weeks, $20.

Drs. Smith and Robinson will give a course in Laryngoscopy and Rhinoscopy to those who desire it.

For further particulars apply to Drs. Pomeroy, Smith, Robinson, Webster, or Ely, at the Hospital.

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By FRANCIS DELAFIELD, M.D.,

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IN ROYAL OCTAVO PARTS,

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Subscription Price, $5 a year, invariably in advance.

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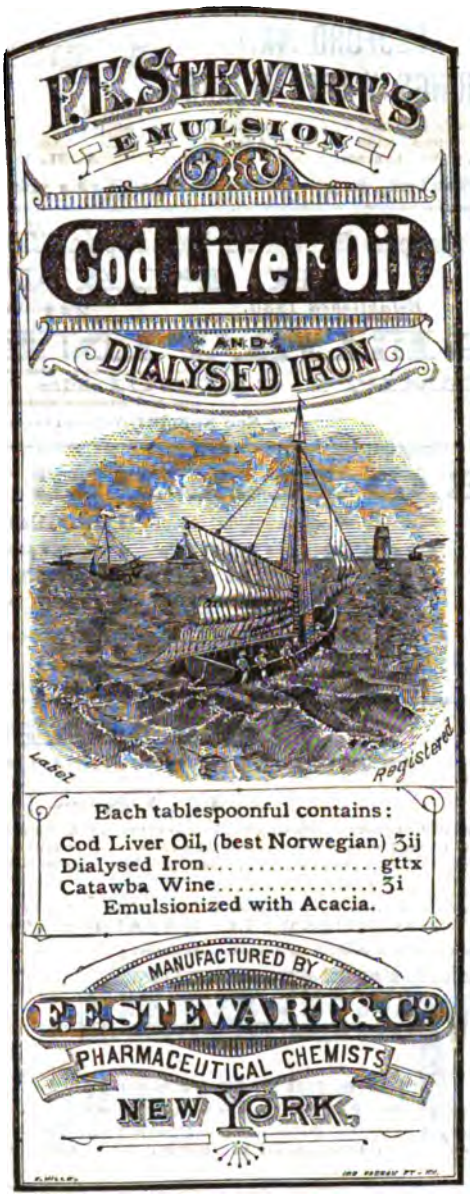

NOTICE.

To obviate, as far as possible, dispenser becoming prescriber, only formulæ will be given on labels.

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Fine Medicinal Preparations,

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Standard Natural Remedies endorsed by Medical profession for Throat, Skin, Stomach, Blood and Uterine Diseases. Efficiency attested by results in thousands of cases during the last 25 years. Full proof, with analysis and directions, sent with each package. Prices: Water, $4.00 case; Mass, $1.00 package, or $10.00 a dozen. Liberal terms to the trade. Special rates to physicians. "Successfully used for Dyspepsia, Diarrhœa and Female Complaints."—Prof. Sam'l Jackson, M.D., Univ. of Penn. "Invaluable for Neuralgia and Nervous Diseases."—Geo. T. Harrison, M.D., Woman's Hospital, N.Y. "Unequaled for diseases peculiar to females."—John P. Metteaer, M.D., LL.D., of Va. "Specific for Scrofulous and Cutaneous Affections."—J. M. Allen, M.D., of N. C. "Excellent Tonic Alterative and Diuretic—one of Nature's greatest remedies."—Medical Asso. of Va., Lynchburg. Address, **A. M. DAVIES, Prest. of the B. A. & I. S. Co., Lynchburg, Va.**

Sold by CASWELL & MASSEY, New York City.

International Exhibition, Philadelphia, 1876, Award for "General Excellence in Manufacture."

H. PLANTEN & SON,

Established 1836. **224 William Street,** *NEW YORK.*

GELATINE CAPSULES

OF ALL KINDS. ALSO,

EMPTY CAPSULES (5 sizes), for the easy administration of nauseous medicinal preparations. List and Samples sent on application. Sold by all Druggists.

See Special Advertisement, "Medical Record," Page 6.

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FOR DRESSING WOUNDS.

BORATED COTTON for TAMPONS.

"Its therapeutic value is quite decided."—NEW REMEDIES.

ANTISEPTIC GAUZE.

FOR SALE AT THE PRINCIPAL DRUG STORES AND MANUFACTURERS OF SURGICAL INSTRUMENTS.

For Samples, address **C. AM ENDE, Hoboken, N. J.**

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, Wool Exchange, Coleman Street, London, E. C., England.

To be had of **CASWELL, HAZARD & CO., New York,** and of all respectable Chemists throughout the world.

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CORRECT THING FOR DINNER AND WHIST PARTIES. A delicious Cigarette, of Perique and Vanity Fair. Samples 15 cents. Highest Award, Vienna, 1873, and Centennial, 1876.

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Always Uniform and Reliable. (5 Prize Medals.)

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Fever Thermometer, with new Contrivance, warranted to prevent union of the Register with the Mercury in the Bulb. Mailed Free on receipt of Price, $4.00.

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(Late of OTTO & REYNDERS),

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The only Whalebone Ring Pessary as used and recommended by *Dr. E. R. Peaslee.* Price 50 cts.

Dr. Page's Cotton Dumb-Bell Pessaries, 35 cts.; Rubber Covered, 75 cts.: All Rubber, Dr. Trask's Mod., $1.50.

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DIRECT IMPORTER OF THE CHOICEST AND PUREST

HUNGARIAN WINES

EVER BROUGHT TO THIS COUNTRY,

STRICTLY FOR MEDICINAL USE,

Respectfully informs the members of the Medical Profession that he has opened an office at

13 West 11th St., New York.

Those of the Medical Profession who may desire to avail themselves of the opportunity of procuring **STRICTLY FIRST-CLASS WINES,** which have received the endorsement of the most eminent Medical men of the country, as is evidenced from the following letters of commendation which have been received:

This is to Certify, that I have examined Mr. L. REICH'S TOKAYER AUSBRUCH, TOKAYER MASLAS, and BUDAI IMP. I take great pleasure in commending these Wines to the Medical Profession because of their purity.

R. OGDEN DOREMUS, M.D., LL.D.
Prof. of Chemistry and Toxicology in Bellevue Hospital Med. Col., and Prof. of Chemistry and Physics in Col. City of New York.

We have used in our practice the Hungarian Wines sold by Mr. LORENZ REICH, who puts them on the market unadulterated, just as they are imported. To this fact we attribute their great value as a medicine in diseases where such tonics are indicated, especially in those which are attended by defective digestion and imperfect assimilation. We cordially recommend Mr. Reich and his Wines to our professional brethren.

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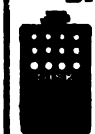

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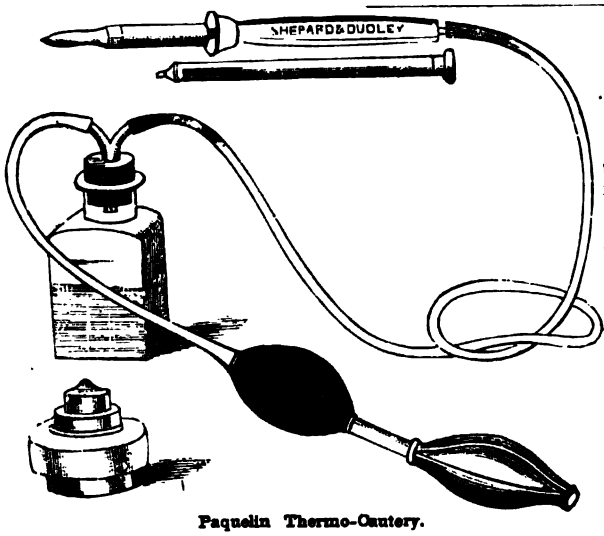

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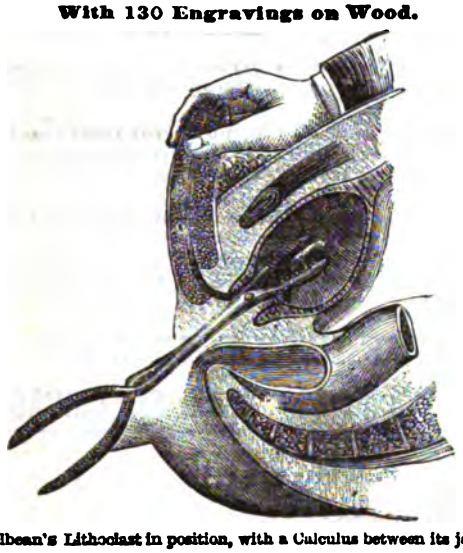

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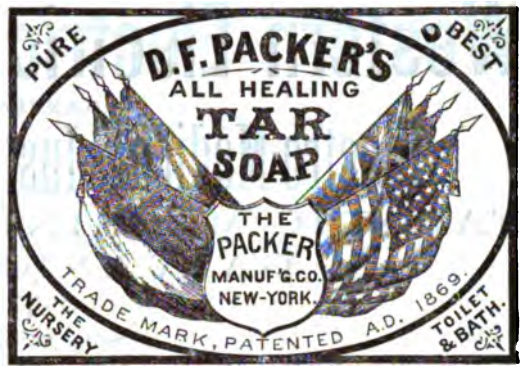

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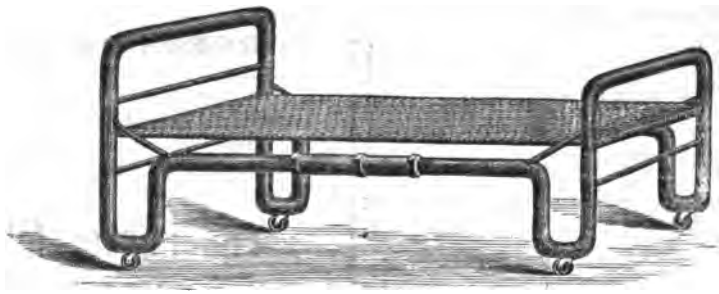

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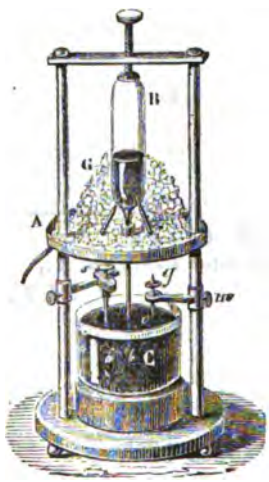

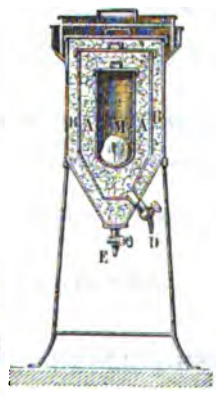

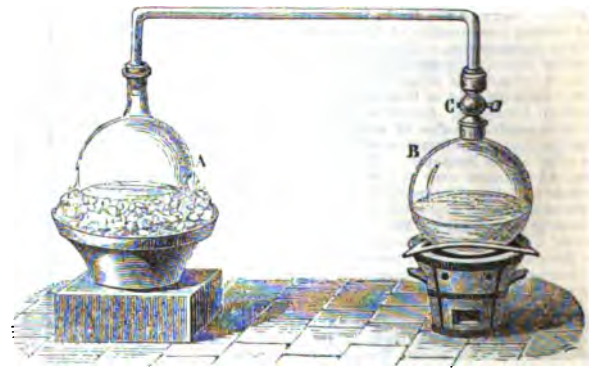

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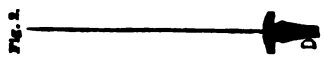

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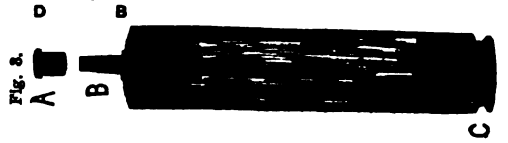

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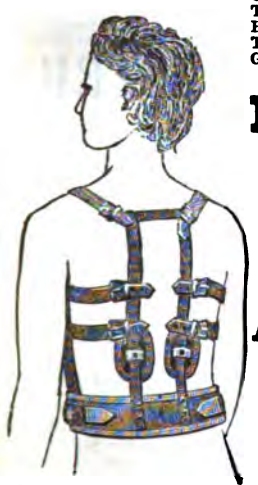

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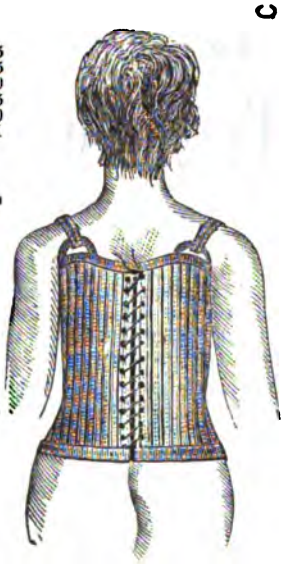

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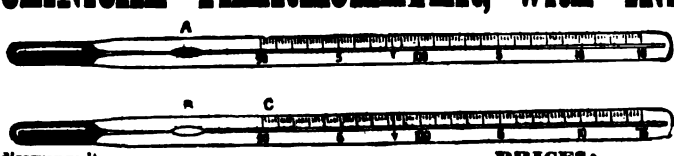

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Original Communications.

CLINICAL OBSERVATIONS ON THE EARLY STAGES OF SCARLET FEVER, WITH SUGGESTIONS AS TO PATHOLOGY.

By C. E. BILLINGTON, M.D.,

VISITING PHYSICIAN TO DEMILT DISPENSARY.

(Read before the New York Academy of Medicine, March 7, 1878.)

Part I.

A few special observations now to be presented were made by myself and my assistants on 102 cases of scarlatina, which were visited between January 1, 1877, and February 9, 1878, in the north district of Demilt Dispensary. The general remarks are based on a much larger number seen during a series of years in dispensary and private practice.

I shall also refer to the Demilt Dispensary clinical report of my friend, Dr. W. E. Bullard, visiting physician to the south district, in the *New York Medical Journal* for March, 1878, on 74 cases—it having been agreed between us to make observations on some of the same points.

The earliest fact in the clinical history of scarlatina is the contagion. While this is exceedingly subtile, permanent, and capable of being carried to great distances, it is at the same time known to be uncertain in its effect, even on those who are exposed to its greatest intensity. I availed myself of the facilities at my disposal to test what proportion, in a considerable number of children directly and constantly exposed to the disease, and unprotected by having had it, might yet escape it. This could not be done either in hospital or in private practice, because there the sick are usually at once isolated; but in the apartment of the dispensary patient, the sick and the well remain together, and often sleep in the same bed.

Going over the ground again towards the close of the last year, a census was taken of the children in all the families containing more than one unprotected child, in which cases had occurred during the eight months that followed May 1st, with the exception of one which had moved away and could not be traced. It was found impracticable to go back farther, on account of numerous removals. The numbers in each of twenty-six families, with the ages, are as follows:

No. Attacked.	Ages.	Escaped.	Ages.
1	3	7, 5, 2½	2	10, 16
2	1	14	3	8, 9, 17
3	2	2, 4	1	10 months.
4	1	11 months.	1	4
5	1	1½	1	8
6	2	1½, 2½	0	
7	3	4, 5½, 2½	0	
8	1	5	3	3, 6, 9
9	1	9 months.	2	9, 6
10	1	5	2	10, 3 months.
11	1	5	2	6, 8 months.
12	2	6, 4	4	9, 5, twins 2½
13	1	6	1	3 weeks
14	3	2½, 8, and another before.	0	
15	2	7, 3	5	1½, 5, 11, 13, 17
16	2	7, 10 months.	1	4
17	1	2	4	12, 10, 5, 6 months.
18	2	2, 5	3	14, 7, 3 months.
19	2	5, 3¼	1	6
20	2	4, 5½	0	
21	1	2	2	15, 12
22	1	5	3	10, 8½, 2½
23	1	7	1	5
24	3	7, 6, 3	0	
25	1	2	2	15, 12
26	2	5, 2½	3	8, 6, 2 months.

The totals show that while forty-three children in these families had the disease, forty-seven children who had not previously had it escaped. But, rejecting from the latter list four, aged three weeks, two months, and three months, ages which are usually exempt, leaves, curiously enough, the two totals exactly equal. Two points herein would naturally be challenged: First, had none of these children had the disease before? I reply that the parents were in each instance carefully questioned and cross-questioned, no second-hand statements having been accepted, and the list is probably in that respect nearly correct. Second, where only one or two had it out of a large family of children, as was stated in several instances, was the diagnosis of scarlatina correct? I answer that the disease was in every instance so well marked as to be unquestionable. It was, moreover, in some of them severe, and in one fatal, so that the exemptions were not due to the mildness of the contagion.

In none of these cases was any attempt made at prophylaxis beyond the ordinary use of disinfectants in the apartments. Indeed, this enumeration, which was no very light task, was not undertaken out of mere curiosity, but with reference to the question of prophylaxis. The enthusiastic advocates of belladonna and the sulphocarbolate of soda have published impressive statistics of their successful employment. These results, I believe, have usually been obtained in rural districts, or among the inhabitants of detached residences in cities. Suppose the exemption of fifty per cent. of unprotected children, after constant exposure in the closely crowded families above enumerated, had occurred in connection with the employment of some favorite prophylactic measure. Would it have been possible to deny that it might have had some utility? But had it at the same time been tested upon the other inhabitants of the teeming tenement-houses containing these cases, what an imposing statement of prevented disease might have been advanced! It is with no view to discredit efforts at prophylaxis that these facts and remarks are presented, but simply to suggest a criterion by which to test their results.

INCUBATION.

The interval between the reception of the contagion and the subsequent outbreak of the disease is usually denominated the period of incubation. The generally accepted theory with regard to this is that the contagium having by some route entered the blood, a specific general change, either from organic propagation or purely chemical action, is now taking place in that fluid, the effect of which change is in due time manifest in the occurrence of the characteristic local and general phenomena of the disease.

As this specific primary blood-change has never been demonstrated by microscope or chemical test, it is proper to inquire: Is its existence or its agency a logical necessity? or, on the other hand, may the phenomena of the earlier stages of scarlatina be rationally accounted for by local morbid processes acting on the constitution through the agency of the nervous system, and probably also of the blood considered simply or mainly as "common carrier" and distributor of a locally produced *materies morbi*?

The first symptom of an attack of scarlatina that ordinarily attracts attention, and the earliest that finds place in most clinical histories of the disease, is fever, with vomiting, etc. I have, however, been led to entertain the belief that there is an earlier symptom, and that mainly by the following observations: First, out of a large number seen in the stage of invasion, some of them very early, I do not remember one in which throat-inflammation was not present. This has, indeed, in some cases been slight, but it has always

been unmistakable. Second, in a considerable number examined at varying short periods before the invasion of the fever, either in families in which there were previous cases or otherwise, I have in not a few seen a mild but characteristic faucial affection already present.

The result of these concurring observations on so many cases seen in different epidemics in dispensary service since 1869, and elsewhere, has been the belief that the precedence of angina to every other symptom of scarlatina is probably not occasional or frequent, but invariable; that, in short, some degree of throat-inflammation is the one symptom that is never absent in scarlatina, and that it is always the initial symptom.

The observations of Dr. Bullard on these points have accorded with my own.

The length of time by which this symptom precedes the manifest outbreak of the fever is, like most things connected with scarlatina, very variable. I have in some cases seen the characteristic abnormal redness in the fauces for forty-eight hours before the invasion. In others it can have been there at most only two or three.

It must, however, be remembered that even an occasional absence of well-marked throat-inflammation at the time of first invasion does not invalidate the rule which has just been stated, for the primary local irritation that precedes inflammation may doubtless in some organizations occasion febrile disturbance before redness and swelling have had time to be fully developed.

Another suggestive fact, closely related to the preceding, has not escaped the notice of various observers, but has perhaps failed to receive the attention which its importance demands. It is that this throat-affection, which will presently be described, is not confined to those about to come down with the disease, but is often seen in those who are exposed to its contagion, but are protected by having had it, and those who, not being so protected, yet fail to take it.

I have made systematic observations with regard to the frequency of this phenomenon in about thirty consecutive families. This number may be too small to warrant a sweeping assertion. In those families, however, the occurrence of the faucial affection in both adults and children who were habitually in the room with the patients was the rule, and its absence the exception. In one instance, where the case terminated fatally after a three-days' illness, only two out of half a dozen persons present showed it. In two families, in each of which one very mild case occurred, there was a similar proportion of exemptions. But in every instance in which cases of some severity had been present for a week or more, the uniformity with which this appearance was observed was striking. Yet even here there were exceptions. In one family, for instance, in which two children were very ill with the disease, and the father and three other children presented a marked faucial redness, the mother, who was in constant attendance upon the patients, showed not the slightest trace of it.

The affection presented very various degrees of intensity, from a soreness that was voluntarily complained of to a slight and painless redness. The appetite and general health were usually very little, if at all affected. I took the temperature in several instances and found it normal. Dr. Bullard's observations upon this point are again in accordance with my own.

A physician who is a member of the Academy has informed me that he never attends a case of scarlatina without suffering from sore throat.

It appears from the foregoing observations that a very general effect of the scarlatinal contagion, when sufficiently intense and continuous in its action, is to excite throat-inflammation, and that this local inflammation is in a considerable percentage, even of the unprotected, its only effect; but in others is the herald, at least, if not the initial stage, of a malady which is by common consent a typical "essential fever."

It consists in a diffused redness, sometimes at first punctate, first seen in some cases on one or both of the faucial half-arches, then extending around them and involving the uvula, and extending also to the tonsils, which become reddened and more or less enlarged. The posterior wall of the pharynx is but little, if at all, affected. While this is the description of the typical and most usual form of this affection, as I have seen it, it must be added that some cases present little or nothing that is distinctive.

The fact that this throat-hyperæmia is so generally observed in those who are exposed to the scarlatinal contagion, and that it is observed on the very situations upon which the current of inspired air most directly impinges, cannot fail to suggest the query whether this contagion may not act primarily as an irritant to the sensitive mucous membrane of the fauces, and that what is commonly called the incubative stage of the disease may be a local rather than a general process.

In advancing, or, rather, reviving this suggestion, I am not unaware of the striking arguments by analogy which may be adduced *per contra* from the effect of various chemical poisons acting constitutionally upon certain selected localities. Nor do I forget the numerous and interesting throat-affections that occur in many other diseases, both general and local. The fact that some of these manifestations are secondary, like the faucial syphilides, does not exclude the possibility that others may be primary—as is most probably diphtheria. The question as to which of these classes the scarlatinal angina belongs, has, however, no material relation to the remarks and suggestions that are to follow.

DIPHTHERITIC COMPLICATION.

The frequent complication of diphtheria with scarlatina, which has seemed mysterious to many, admits, in accordance with the foregoing facts, of a simple and rational explanation. The primarily local disease, diphtheria, is actually invited, as is well known, when epidemic, by various forms of catarrhal throat-affection, any kind of sore throat being in this respect a source of danger. Now, it has been seen that the invasion of scarlatina is not only attended, but often preceded for hours, or even days, by a mild form of sore throat, and that a considerable proportion of persons in contact with the disease are similarly affected. Is it strange then, that we see scarlatina complicated by diphtheria at its earliest as well as at later stages, or that the two diseases not unfrequently attack simultaneously different persons in the same family?

THE STAGE OF INVASION.

It might be matter for curious inquiry what change takes place in the throat which has been the seat of redness for days, hours, or minutes before, when the fever actually begins. Might not this change be one from mere hyperæmia to actual inflammation, or from a mild and innocuous type or degree of inflammation to one that is severe and morbific? This is a region of hypothesis; for, as death never occurs from scarlatina

just at this point, pathology never has the opportunity to solve the problem, even if its present resources be equal to the task.

At all events, this change, whatever may be its nature, is usually quite sudden. The mild and prodromic angina has now given place to the disease scarlatina.

In essential corroboration of the statement that the first symptom of this stage is soreness of the throat, I quote from those excellent observers of this disease, Meigs and Pepper, the following: "Simultaneously with fever there is in nearly all cases more or less soreness of the throat. In all that we have examined, even those in which no pain was complained of, there has been redness, or redness with swelling of the fauces." In Reynolds' System of Medicine, sore throat is numbered first among the symptoms of the stage of invasion, with the remark that it is "the first symptom noticed by most adults."

It may be added that this angina, which ushers in scarlatina, continues throughout its course with an intensity which is, as a general rule, in direct proportion to the severity of the disease—though after the latter becomes complex it is only one of several important factors.

This symptom, then, is an interesting subject of study, and certain propositions concerning it may serve at least as bases for discussion.

The first of these is, that the scarlatinal angina is specific. It has a specific cause, specific appearances, a specific history, and possibly, at least, specific morbid products and constitutional effects.

Its appearance is characteristic. It may in typical cases be distinguished from ordinary catarrhal pharyngitis as well as from the sore throat that attends measles, small-pox, etc. Prof. Thomas, of Leipzig, in his excellent article on scarlatina in Ziemmsen's Cyclopædia, says, after a description of its various forms: "From these remarks it appears that the pharyngitis of scarlatina in the majority of cases and, at least, in those of moderate intensity, is not diffuse and general, but is confined to certain sections of the throat." He then quotes some observations of Härlin upon the cadaver, confirming the specific character of the scarlatinous angina.

This angina has, in its severe forms, a persistent intensity and an occasional malignity to which simple catarrhal pharyngitis rarely furnishes any parallel. It has, moreover, a special tendency to extend by continuity of surface into the nasal passages and into the Eustachian tubes.

A second proposition, and one which is perhaps worthy of especial consideration, is that *this angina is attended with a particularly potent peripheral nerve-irritation.* This is rendered probable by what has already been stated, and by the fact that it is so frequently accompanied by phenomena such as may be, and often are, the results of such irritation.

If these propositions are true, it follows as a corollary that its morbid products may be specific.

If it be objected that these specific morbid products are undemonstrated and hypothetical, it must be remembered that they are in this instance to be balanced against another hypothesis—that of a primary blood-change—which is as yet equally in need of positive demonstration. The supposition of their existence is favored by the analogy of what is seen in diphtheria, where a specific as well as a septic poison is produced locally, and penetrates the system.

It follows also that the constitutional effects of the scarlatinal angina may be specific, both by its peculiar nerve-irritation and by the absorption into the circulation of those morbid products.

Vomiting is a frequent, but not an uniform symptom. Out of 102 cases it occurred within the first twenty-four hours in 80. It was absent in some very grave cases.

This vomiting has been said by some authorities to be "projectile." I have failed to perceive that it differs in this or in any other respect from vomiting suddenly produced in children by a variety of other causes, and in various other diseases.

This vomiting is due to several circumstances. The chief of these is probably the reflex influence of the throat-irritation, as when the fauces are tickled; second, the effect upon the stomach and its ingesta of the sudden accession of fever; and third, the general nerve-disturbance.

Grave nerve-symptoms may occur, as is well known, during the period of invasion, but they are not so frequent, nor, as a rule, so intense, as they are at a later stage, which will presently be considered.

May not these initial nerve-symptoms be due simply to the angina? Such symptoms are not unknown as the attendants of simple pharyngitis, but are certainly less frequent in that connection. It has, however, already been remarked that there is probably an element of nerve-irritation in this scarlatinal angina that is not present to the same degree in other forms of sore throat. The peculiar bright redness that is so generally observed in it, varying in some bad forms to a dark and purplish hue, its rapid accession and increase, and its intensity in many cases, favor that supposition. Nor is it a valid counter-argument that in many of these cases there is no great local painfulness. The same is often true of the irritation of dentition, or of intestinal worms, when they excite convulsions and kindred reflex phenomena. Nor is it necessarily a valid counter-argument that, in some cases in which early nerve-symptoms are most pronounced, the angina is not seen to be severe. It is a well-known fact that some children are predisposed to suffer grave nerve-disturbances from causes that are apparently trivial, and which would produce no such effect upon the majority. In no connection are these idiosyncrasies of cerebro-spinal irritability more frequently and strikingly observed than in connection with the onset of scarlatina. And this is not merely true of individuals. It is no very unusual thing to see all the children of a family affected with severe forms of initial nerve-disturbance, even when the several attacks occur in different epidemics and at intervals of years.

But the nerve-disturbance at this stage of scarlatina is inseparably connected—probably both as cause and effect—with another important phenomenon, fever. This is usually sudden in its invasion, rapid in its rise, and often intense in character. May not this, too, be regarded simply as holding the same relation to the angina that symptomatic fever usually holds to local inflammations?

In fourteen recent cases the temperatures taken in this stage were as follows: 102¼°, 100°, 101¾°, 102°, 101¼°, 99½°, 101½°, 102°, 103⅝°, 101½°, 102¼°, 104°, 104¾°, 105°—the last having been taken on the third day in a malignant case, with intense angina and retarded eruption.

In two recently observed cases of ordinary follicular tonsillitis in children, the temperatures were 104¼° and 104 7/10°, the former accompanying violent and repeated convulsions.

WÜRZBURG.—The chair of surgery of the University of Würzburg, formerly held by the late Prof. von Linhart, will be filled by Prof. Bergmann.

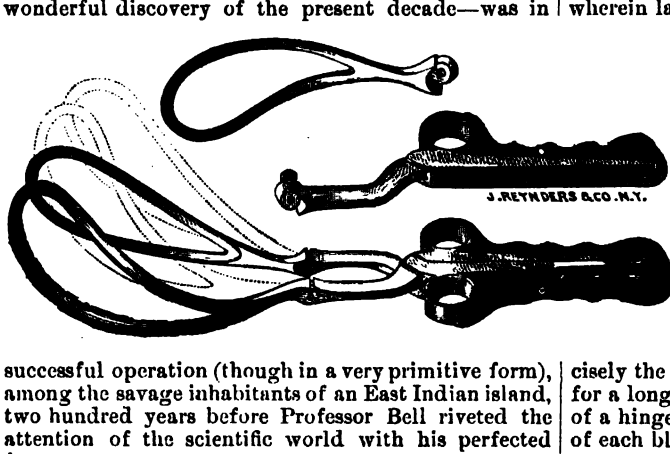
AN IMPROVEMENT IN THE OBSTETRICAL FORCEPS.

By MAUS R. VEDDER, M.D.,

NEW YORK.

In presenting to the notice of the profession my improved obstetrical forceps, it does not seem necessary that I should attempt to review the whole field of obstetrics, nor do I think it at all requisite to discuss, however briefly, the growth and development of the *armamentarium* of the obstetrician. I shall therefore confine myself to a few statements, which, I trust, will be sufficiently clear to enable my professional brethren to understand the improvement I have effected, as well as the course of reasoning in which it originated.

Of recent years the progress in medical science, particularly in the domain of surgery, has fully kept pace with the marvellous growth of science in general. As is well known, some of the really wonderful discoveries of modern times are but improvements on long existing forms, or the application of principles known from the remotest antiquity. Thales of Miletus described the phenomena and effects produced by the friction of amber, nearly twenty-five centuries before the same force was utilized by Morse in the electric telegraph. Even the telephone—the most wonderful discovery of the present decade—was in



successful operation (though in a very primitive form), among the savage inhabitants of an East Indian island, two hundred years before Professor Bell riveted the attention of the scientific world with his perfected instrument.

The common sewing-needle had been in use fully four thousand years before Howe conceived the idea of moving the eye towards the point; yet this simple change may be said to have revolutionized the art of sewing.

It has frequently occurred to me, during my practice, that the obstetrical forceps—even in its present perfection—was deficient in some principles, which, if discovered, would greatly increase its utility or convenience of employment.

Smellie, in his admirable "Treatise on Midwifery," aptly likens the forceps to a pair of artificial hands; and, indeed, so far as the mere grasping, or rather clasping of the child's head is concerned, the *simile* is a perfect one. It was Galen who said that man had hands given him because he was the wisest creature; but Anaxagoras had declared that the superiority of man was owing to his hand. With whichever we agree, it is indisputable that the superiority of the obstetrician is due in a large degree to the intelligent employment of the hands in practice.

As there are times, however, when the circumstances of the case limit the employment of the hands or call for other aids, recourse is had to the obstetrical forceps. These, as previously stated, are but artificial hands, and supplementary, as it were, to those of the obstetrician.

The forceps or pincers, it is well known, has been in use as a substitute for the finger and thumb from remote antiquity; and the obstetrical forceps as a substitute for the hands, since towards the close of the seventeenth century. While the former clasps or holds between the ends of the blades placed in apposition, the latter, acting in the same manner, clasps or holds between the inner surface of the blades themselves—the motion being purely prehensile, as in the case of the thumb and finger. Instead, then, of likening the obstetrical forceps to the hands, would it not be nearer the truth to compare it with a very large, broad, and strong finger and thumb.

The task of reducing a mechanical appliance to the absolute perfection of the human hand must be considered impossible, as the most perfect instrument can neither be endowed with the sense of touch, nor placed *en rapport* with the human brain.

Such being the case, the present obstetrical forceps may be considered as very nearly perfect. Still, while representing the human hand, the instrument has not the capabilities of that organ; and this fact early impressing itself upon my mind, I have devoted much thought to the subject, hoping to discover wherein lay the deficiency.

Chancing one day to place my wrists in juxtaposition, and curving the palms and fingers of the hands to resemble the fenestrated blades, I discovered that the forceps in common use resembled a pair of hands with limited motion at the wrists. The only motion, in fact, of which it was capable, was prehension, while the human hand possessed also the power of pronation, supination, and, when placed in the position I have just described, of a limited motion upward and downward.

Pronation and supination are seemingly of no avail in the forceps; but this other wrist-motion, I saw at a glance, was precisely the principle lacking, and the one which I had for a long time sought to discover. The introduction of a hinge or joint, with limited action in the shank of each blade of the forceps, was all that was necessary to effect this improvement; and the instrument thus constructed, by approximating more nearly to the human hand, could not fail to prove more serviceable in practice than those ordinarily employed.

Desirous of testing my theory on the subject, I laid my design before Messrs. John Reynders & Co. (New York city), who, in June, 1877, constructed to my order an obstetrical forceps of Simpson's pattern, which contained a hinge or joint of limited action in each shank, close to the fenestrated blade. This improved forceps I have tested on several occasions in actual practice, and have found it to possess in the utmost degree all the advantages I had hoped would follow its employment. My object, it should be understood, was not to overcome any particular, special, or single difficulty, but to supply to the existing forceps an element of usefulness which would be of avail in every case in which the instrument was employed.

Last September I showed my improved forceps to Dr. Fred. A. Castle, and, on the first of November following, to Professor Fordyce Barker. Both of these gentlemen expressed themselves as highly pleased with the improvement, and the latter commended it to Professor William T. Lusk, who presented it before

the Obstetrical Society on the sixth of November, 1877.

The great desideratum in the obstetrical forceps is an improvement which will enable the instrument to adapt itself to the curves of the pelvic straits. This, I claim, is perfectly accomplished by the improvement which I have effected—it being, in point of fact, the first which has advanced the obstetrical forceps beyond the grade of pincers or common forceps, capable of prehension alone. The improvement here presented also admits of a better adjustment of the blades; furthermore, it can be applied to forceps of any pattern, and cannot possibly interfere with traction.

It is in reality the bestowing of a wrist upon the rigid arm of the instrument. An ordinary hinge or joint over which the operator could exercise no control would be no more effective, as an adjunct to the forceps, than would be a nerveless wrist to the human hand. The peculiarity of the joint or hinge introduced in my improvement is that it is self-acting, and allows of the blades becoming movable, or fixed, at the will of the operator.

When traction is made, the self-adjusting mechanism of the joint fixes the handles in the position or at the angle in which they have been placed by the operator, thus preventing the fenestrated portion of the blades from moving either upward or downward. The instant traction ceases, the handles become free, and may be readjusted to suit the exigencies or requirements of the case, and without any more trouble than would attend a similar motion of the human wrist. The wood-cut here given does not, unfortunately, show the simple mechanism by which this fixation is effected; it is sufficiently explanatory, however, to enable any member of the profession to comprehend at a glance, both the nature of the improved forceps and the advantages which must result from its employment.

A decided objection to the employment of the forceps in common use, as applied to the head at or above the superior strait, is the impossibility of making traction in the line of that strait, the perineum opposing itself to the direction of the handles of the instrument. This difficulty is entirely obviated by the joint in the shank, which enables the operator to flex the handles, and thus guard against injurious pressure upon the perineum. Furthermore, the instrument is at all times perfectly free to obey the manual intelligence which guides it—a matter of no slight importance.

Thus the maximum of traction may be exerted when necessary, and without danger to the soft parts.

Should there appear to be a limit to the amount of traction possible (which I have not yet discovered), the independent traction-rods recently devised by M. Tarnier, and designed by him to enable the operator to make powerful traction, might be added to the improved instrument here presented.

To guard against the possibility of the mucous membrane being caught in the joints, the edges are bevelled; should further protection be desired, the joints may be surrounded by a piece of flexible rubber tubing.

The improved forceps here presented and described controverts no accepted theory, disputes no established fact, and interferes with no existing improvement. It is merely the addition of another element of usefulness to a useful instrument; and as it follows out the mechanism of one of Nature's most perfect constructions—the human hand, it cannot be assailed as a chimera, nor condemned as the idle fancy of an overwrought imagination.

Confident of its value, I unhesitatingly commit it to the profession, knowing from actual experience, that when tried, it will not disappoint the operator.

135 EAST 57TH ST.

ASTHENOPIA FROM ABNORMAL INTEROCULAR DISTANCE.

BY M. J. DE ROSSETT, M.D.,

NEW YORK.

I HAVE recorded in private practice, during the past four years, six cases of asthenopia which could not be traced to errors of refraction, or to muscular insufficiency. In two of these cases the eyes were emmetropic, failing to discover H greater than $\frac{1}{8}$ after a vigorous use of atropia; in one case there was no Hm, but Hl $\frac{1}{30}$; in one, Hm $\frac{1}{36}$ and Ht $\frac{1}{30}$; in two, compound astigmatism, respectively H $\frac{1}{40}$ + Ah $\frac{1}{40}$ and H $\frac{1}{20}$ + Ah $\frac{1}{18}$. The following table exhibits at a glance the several conditions, and obviates the necessity of giving the cases in detail:

Case.	Age.	Occupation.	Refraction.	Interoc. Dist.
1	21	Clerk.	E.	77 mm.
2	27	Farmer.	E.	78 "
3	18	Student.	Hl $\frac{1}{40}$	76 "
4	34	Minister.	Ht $\frac{1}{30}$	79 "
5	29	Clerk.	H $\frac{1}{40}$ + Ah $\frac{1}{40}$	75 "
6	33	Tailor.	H $\frac{1}{20}$ + Ah $\frac{1}{18}$	76 "

There was no insufficiency of recti muscles, as determined by prisms at ten feet and at eight inches. In every case the face was broad and flat, and presented the characteristic expression imparted by eyes widely separated, as if there were a slight divergent strabismus; but there was no diplopia, and vision was binocular. In all there was marked marginal blepharitis of the lower lids, which were red and thickened, and strongly curved, having the maximum of curvature near the outer canthus, thus exposing much of the sclerotic at the outer and lower side of the cornea. The other symptoms of asthenopia were as usual: pain in the ball and brow, fatigue, blurring of letters after prolonged reading. The ophthalmoscopic measurements corresponded closely with the results from the test-types, and the fundus was normal in appearance in every case.

Cases I. and II. were entirely and permanently relieved by prisms of three degrees for each eye, bases inwards, used for reading and other near work.

Case III. first received for near work + $\frac{1}{36}$, but without benefit; then + $\frac{1}{30}$ decentred inwards, with temporary relief of some of the symptoms; afterwards + $\frac{1}{40}$ and a prism of two degrees, base inwards, which combination has sufficed to maintain perfect comfort for more than two years.

Case IV., after careful trial with + $\frac{1}{36}$, and the same decentred inwards, without success, was permanen relieved by $\frac{1}{36}$ and a prism of three degrees.

Cases V. and VI., instances of compound astigmasism. Tried several combinations; those indicated in the table suiting best, but not perfectly. Prisms were not ordered for these, for the reasons which the complexity of such combinations render obvious.

It is manifest at the outset that a pair of eyes having an interocular interval greater by from nine to thirteen millimetres than is normal must have two conditions entailed upon them, viz., a greater arc to be passed

over in sweeping to a given convergence, and a greater angle at all points of intersection of the visual lines. Therefore, even should there be no ametropia, the enforced disturbance in the correlated actions of the recti and ciliary systems offers conditions sufficient for the production of symptoms of asthenopia And it only becomes a question of the amount of independent action which may be cultivated between these two systems, since upon that will depend the severity of the asthenopia, which, in any event, would be small, unless the eyes are much used at near distances.

An interocular interval of seventy-six millimetres involves, for convergence at fourteen inches, an angle of convergence of about fourteen degrees as compared with ten degrees for eyes sixty-six millimetres apart, and *ipso facto* in its rotation the apex of the cornea must describe a larger arc. But the stronger central impulse necessary for this greater movement is synchronously imparted to the ciliary muscle, producing an excess of accommodation, so that with convergence at fourteen inches there would be accommodation for a nearer point. The desire for clear vision rebels against this, and although the relative accommodation may be considerable it will not prove equal to long-sustained effort without entailing fatigue. Changing the convergence to say ten inches, the object being at fourteen inches, would produce diplopia, besides a further effect upon the ciliary muscle; and relaxing accommodation to fourteen inches can only take place with removal of convergence to a yet more distant point; so that there arises a struggle to render these functions mutually independent, which for a time may succeed, finally, however, to end in asthenopia.

The indication which was followed in the treatment of Cases I., II., III., and IV. was to alter the convergence by means of prisms with a minimum effect upon accommodation. From Donder's brief and positive statement upon this point it might be inferred that this were possible to any extent, but experience does not warrant such a view, since strong prisms always affect accommodation as well as convergence, though in a less degree. Nevertheless there was a margin sufficient for the exigencies of these cases.

In Case I., which serves as a type for the others, the impulse for convergence at fourteen inches produced accommodation for ten inches approximately. The reading distance being maintained at fourteen inches, prisms of three degrees, base inwards, for each eye, made the page appear as if held at about nineteen inches, while the accommodation was adjusted for the true distance. Thus the physiological correlation of the two sets of muscles was re-established, and relief obtained from all asthenopic symptoms.

The treatment of all the cases was based upon like considerations, and it is to be observed that the combinations ordered for the hypermetrophies were as nearly orthoscopic as practicable, and afforded complete relief, which had not been obtained from the positive glasses alone.

It seems to me that such combinations of lens and prisms would prove likewise useful for cases in which it could be demonstrated that the visual angle was small, say less than two degrees. As to the possibility of asthenopia having its source in abnormal interocular distance, I think these cases and the results obtained leave no room for doubt.

I would remark in closing that it is to be inferred *a priori* that individuals who possess the peculiar developments of the facial and cranial bones which these presented would also have some abnormality in shape or size of the globe of the eye; and if the experience covered a much larger number of such variations than have fallen to my lot, doubtless the great majority would exhibit hypermetropic or astigmatic errors.

15 West 26th Street.

A CASE OF FACIAL PARALYSIS.

THE LESION MOST PROBABLY IN THE AQUEDUCTUS FALLOPII, BETWEEN THE ORIGIN OF THE PETROSAL AND CHORDA TYMPANI NERVES.

By W. H. COMEGYS, M.D.,

LATE INTERNE CINCINNATI HOSPITAL, CINCINNATI, OHIO.

F. L., æt. 16, cornice-maker and joiner, of average size and general good health, while engaged at work fell from the cornice of a house to the ground, a distance of thirty feet, striking first the right side of his head and shoulder. He remained unconscious for fifteen minutes. I saw him about four hours after the accident, and found a large swelling over the right parietal bone, and extending forwards to the orbit. I could detect no fracture, and he did not complain of any pain in the head. His right shoulder and forearm were painful, but no fracture existed. Otherwise the motor and sensory nerves were normal. Pupils normal; pulse 76; temp. $98\frac{4}{10}°$. I continued to visit him from day to day for seven days, and no untoward symptom revealed itself. My treatment consisted of cold applications to the head, and saline purgatives. The swelling subsided, and he had so far recovered from the shock of the injury that he began to go about the city.

September 14th, nine days after the injury, I was called to see him, and found him paralyzed on the right side. He stated that on the 12th he had walked about one mile, and came home feeling very much fatigued. On the following morning, on rising from his bed and attempting to walk into the next room, he was seized with a numbness in the right hand, which rapidly extended to his shoulder and downwards through the right leg to the toes; he would have fallen, but was caught.

When I arrived I found him suffering to some extent with pain in the right side of his head; the face was drawn to the left; he could not close the right eye, neither could he elevate the right eyebrow, nor frown on that side, nor whistle, and the food collected between the jaws and cheek on the same side. The pupils were normal, and the movements of the eye were under self-control. A paresis existed of the right arm and leg, and sensibility was somewhat diminished. He could walk, but inclined to the right side. No alteration of vision or smell, but his taste was lessened on the right side, and the tongue turned to the right. The palatine muscles were intact. No electro-muscular contractility of the right facial muscles.

Thus my patient now presented a state of complete facial paralysis, and a degree of right hemiplegia. The fact that he could not shut the right eye, and that there was no electro-muscular contractility in any muscle of expression of the right face, was conclusive evidence of an eccentric or peripheral affection of the right portia dura. In attempting to localize it I found that while the palatine and uvula muscles were intact, there was a marked diminution of his taste on the right side. It is known that the portia dura while in the Fallopian duct gives off, first, the petrosal nerves which animate the palatine muscles, and, second, the chorda tympani, which ministers to taste. I inferred, therefore, that the lesion of the portia dura was between the giving off of the petrosal and chorda tympani nerves. The taste on the right side of the mouth

has improved, but the facial paralysis has remained with but little change. He has also been given large doses of the iodide of potassium daily.

CINCINNATI, O.

A NEW GLYCOSURIC REAGENT.

BY HENRY G. PIFFARD, M.D.

EVERY one knows the uncertainty of Trommer's test and the bother of Fehling's solution. The following will be found a convenient substitute:

Take of

Sulphate of copper (ch. pure)..	1 part.
Crystallized tartrate of soda and potassa.....	5 parts.
Sodic hydrate (ch. pure).....	2 "

Mix thoroughly in a mortar; the more labor spent on this, the better the product. The result will be a pasty mass, which can be transferred to a wide-mouthed bottle, and kept till wanted. To use it, take of the mass a piece about the size of a co. cath. pill, put it in a test-tube, and add about two fluid drachms of water; boil till the mass is dissolved, and the solution has a uniform pale and rather dirty blue color; then add two or three drops of the suspected urine and boil again for a moment. If sugar be present, the usual reaction will be manifest. Mr. F. A. Reichardt has succeeded in making the mass into pills of proper size, one pill being sufficient for a test. A vial of these will be handy in the office, and less troublesome to manage than the usual tests. Trommer's test, unless performed with more than usual care, I do not consider reliable; Fehling's solution is reliable, but troublesome. The appreciation of these facts led me to the formula here given, which some one will probably still further improve.

10 WEST 35TH STREET.

Progress of Medical Science.

LYMPHADENOMA MALIGNUM.—The following case is reported by Dr. Englisch from the *Rudolph-Stiftung* in Vienna. Johann Koracs, shoemaker, aged 19, noticed an enlargement of a few glands in the left side of the neck, in December, 1875. The enlargement rapidly increased, and soon involved all the glands in that side of the neck, and some of those in the right side. He had previously always been in good health, and had never suffered from glandular swellings. He ascribed the affection to a damp dwelling-place. When he was admitted to the hospital in April, 1876, there was a hard, fixed mass filling the left side of the neck from the jaw to the clavicle. On the right side there were a few hard glands as large as a nut. The internal organs were normal; the morning temperature was normal as a rule, the evening slightly increased. The patient was put on the internal use of Fowler's solution, but it had no effect. The glands in the right axilla, and then those in the left, after a time became affected, and the spleen increased in size. The white blood-corpuscles were not increased. In August a pleurisy of the left side set in, and two small abscesses formed in the neck. Death in collapse on September 5th. At the *autopsy*, all the cervical and submaxillary glands, and also the axillary, bronchial, and right inguinal glands were found to be enlarged. The left pleural sac was about half filled with sero-fibrinous exudation. The spleen was double its usual size, pulp soft. The liver contained several small nodules composed of masses of lymph corpuscles and lymphoid cells; kidneys fatty.

Another case, which was observed in the Birmingham General Hospital, is reported by Dr. Russell. The patient, a woman 40 years of age, noticed a glandular enlargement in the right armpit in October, 1876. The enlargement extended slowly to the glands in the neck, arms, the other axilla, the front of the chest, and the groins, and was attended by pain. The spleen also became enlarged and was painful. The extension of the disease was attended by emaciation. In March, when she entered the hospital, she was anæmic and slightly emaciated. The blood showed diminution of the red, but no increase of the white corpuscles. The patient died somewhat suddenly of asthenia, on May 16th. After she entered the hospital there was some increase in the number of enlarged glands, and those beneath the left angle of the jaw suppurated. A week before death, a general and decided diminution in the size of the enlarged glands took place. Dr. Greenfield records a similar occurrence in one of his cases, taking place also towards the close of life. The temperature varied between 98° and 105°. There was a troublesome, almost incessant cough, and nearly half a pint of semi-transparent non-albuminous mucus was expectorated daily, but there were no physical signs. The cough and expectoration subsided after excision of the uvula, which was somewhat long.

Autopsy.—The glands in the neck, chest, abdomen, axillæ, arms, and front of thorax were enlarged, varying in size from that of a pea to that of a large walnut. On section, they presented the ordinary appearances of gland-tissue, without any creamy juice. The spleen was hypertrophied, and presented several irregular, dense, pale spots. Portions of the lungs seemed to be collapsed, and in some of these portions, and also in other places, there were irregular, sharply defined white spots. The microscopical examination of the enlarged glands showed the appearances of irritative hypertrophy; the stroma was broad and distinct, and contained in many places large, nucleated, and branching fibre-cells; the gland-cells had large, round nuclei and a delicate, highly refracting protoplasm. They measured as a rule about $\frac{1}{3\,\frac{1}{0\,0\,0}}$ of an inch. The white portions in the spleen showed in the periphery increase of the reticulum; in the centre the cells were indistinct and granular. In the condensed portions of the lungs the appearances resembled those of chronic phthisis.—*Bericht der k. k. Krankenanstalt Rudolph-Stiftung in Wien*, 1876, and *The British Medical Journal*, September 1st.

OVARIOTOMY AT THE SAMARITAN HOSPITAL. — In one of his last lectures in the Samaritan Hospital, before retiring from the active work of the institution, Mr. Spencer Wells gave a brief, but interesting review of the twenty years of his connection with the hospital. This includes the history of ovariotomy in England, from the first unsuccessful cases of Baker Brown, to the records of the Samaritan for the last two years, which show sixty-eight cases and sixty-one recoveries. During the first five years, about one case in three died at the Samaritan; during the second and third five years, about one in four; in the fourth five years, about one in five, but in the last two years only about one in ten died. The antiseptic system is now on trial, and Mr. Wells is more hopeful of favorable results since thymol has been introduced as a substitute for carbolic acid. Thymol has a pleasant odor, and has no poisonous properties, and, according to Dr.

Burdon Sanderson, is a hundred times more effective as a germicide than carbolic acid. Volkmann has had encouraging results even with so weak a solution as one part in two thousand of water. The surgery of the hospital, however, has not been confined to ovariotomy, and a long list of operations is mentioned, the latest and most interesting of which are nephrotomy and the draining of a renal cyst, under strict antiseptic precautions. Mr. Wells proposes to hold public consultations at the hospital one day in the week, on a similar plan to the one followed at St. Bartholomew's Hospital, not wishing to sever himself entirely from the scenes of his labors and successes.—*British Medical Journal*, Dec. 15, 1877.

Treatment of Pleuritic Effusion.—This has lately been the subject of much discussion, and the prominent names ranged on either side of the question show that the profession is by no means agreed on the proper method to be pursued. Dr. T. Clifford Allbutt divides the effusive pleurisies into:—1. Acute effusive. 2. Quiet effusive. 3. Empyemata. 4. Pleuritic dropsy. In the first class of cases the effusion has a tendency to become absorbed, and Dr. Allbutt deprecates operative interference. But if the effusion is so great as to cause great dyspnœa, or to interfere with the entrance of blood into the right heart, then tapping is indicated. Quiet effusive pleurisies are always dangerous; if the pleura is full, there is danger of sudden syncope, from the direct effect of pressure on the heart; if it is but partially full, there is danger of sudden increase, producing a similar effect. These effusions are difficult of absorption. Medicine has but little effect on them, the best treatment being repeated blistering stopping just short of vesication. If, however, the pleura be filled with fluid, the risk of injury to the lung, of empyema, and even of sudden death, is so great as to warrant the resort to tapping, which, in Dr. Allbutt's hands, has been followed by very favorable results. In empyema, operation of some sort is inevitable, and the doctor strongly recommends free drainage as the only method not followed by fever, adding that in private practice he had never lost a reasonably favorable case. Pleural dropsies seldom need puncture. Dr. George Johnson, in a clinical lecture presented a patient, to show the good effects of aspiration in copious effusion of long standing. The case was of traumatic origin, of seven weeks' duration, and the fluid consisted of serum, with a large admixture of blood. Seventy-seven ounces were withdrawn, giving immediate relief, and the patient was going rapidly on to complete recovery. After a careful analysis of three hundred and fifty-two cases, Dr. Goodhart, of Guy's Hospital, says: "I do not think there is any sufficient evidence in favor of the necessity or utility of paracentesis as a remedial agent in any large number of cases of simple pleuritic effusion," and he does not yet feel disposed to agree with Dr. Anstie in his doctrine that paracentesis "must become an every-day remedy for cases where an effusion, purulent *or not*, lingers for more than a very limited period." The results in empyema are not encouraging. Spontaneous recovery is possible. In twenty-six cases not operated upon, there were fifteen recoveries and eleven deaths; in fifty-one cases operated on, there were twenty-eight recoveries and twenty-three deaths. Dr. Wilson Fox has tabulated nearly 15,000 cases from hospital reports, and estimates the mean total mortality at from 10 to 17 per cent. "If we turn from these data," he continues, "to the mortality of pleurisy after paracentesis, no one can help being struck with the high mortality which has attended the cases operated upon, reaching, as a mean of recent observations, to 27 per cent., and only falling to or below 10 per cent. in the hands of observers the large proportion of whose operations have been confined to serous effusions in the early stage; while in others it has ranged as high as 45 to 52 per cent." He adds, however, that this high mortality is due in many instances to the nature and to the severity of the cases and of their complications. Dr. Lee recommends the maintenance of a vacuum in the pleural cavity after paracentesis; this he accomplishes by means of a cup placed over the opening; from this the air is exhausted by means of a modified Davidson's syringe.—*British Medical Journal*, Nov. 24, Dec. 8 and 15; *Lancet*, Dec. 8. Dr. Baum, of Dantzig, reports two cases of empyema in which he operated early by incision. Perfect recovery followed in both cases. The operations were performed antiseptically, and, at first, the cavities were washed out with a solution of salicylic acid, but this practice was early discontinued, because it was invariably followed by rise of temperature. He advises, in such cases, early operation and use of drainage-tube. The latter he secures in a peculiar manner. It is stitched to the skin in such a manner as to project about an inch; wads of carbolized cotton are then packed between the tube and threads; these wads are renewed at every dressing. He approves of exsection of a portion of a rib in cases where the lung has lost its electricity.—*Berliner klinische Wochenschrift*, No. 48.

Ano-pelvic Version—a Method applicable to Difficult Cases.—This is the name given by M. Guéniot to a method of version which, though not original with him, has not hitherto been described in detail. He has employed it for a number of years, and believes it to be applicable to difficult cases, such as shoulder-presentation, with tetanic contraction of the uterus, where evisceration of the fœtus is decided to be impracticable or inefficacious. It consists essentially in employing the weight of the body to assist the hand in penetrating to the fundus of the uterus, and in making traction on the pubic arch or the sacrum of the fœtus by means of the finger introduced into its rectum, and curved in the form of the crotchet. The hand being introduced into the vagina, the accoucheur presses his body forwards until it rests against the operating elbow, and then brings his weight to bear with more or less force on the point of the olecranon and the posterior surface of the arm. The forearm being thus pushed forwards, carries the hand, as it were mechanically, into the uterus, and forces it along towards the breech almost without fatigue or exertion. When the breech is found, the forefinger should be introduced into the rectum and traction made on the pubis or the sacrum, so as to draw the pelvis of the child into the excavation. It is usually much less difficult to find the breech than to seize a foot or a knee. The method also possesses other advantages: the pubis or the sacrum of the child affords a firm hold to the finger, and, the traction being direct, the force employed is completely utilized. The method may also be resorted to after podalic version has been tried and failed.—*Gazette Méd. de Paris*, Oct. 6, 1877.

Cystic Adenoma of the Lower Jaw Developed from Embryonic Mucous Glands.—Dr. Kolaczek reports the case of a peasant woman, aged 28 years, who had suffered for eight years from a gradually developing tumor in the left half of the lower jaw. It was removed along with the affected half of the jaw. The

tumor measured six and a quarter inches in length, four and three-quarters in width, and fifteen in circumference over the thickest part. It was separated from the surrounding tissues by a capsule. The tumor itself was firm and elastic, and contained cysts of different sizes. Imbedded in the stroma were numerous fragments of bone, some of which were nearly half an inch in thickness. The cysts, the largest of which was about the size of a walnut, contained thick, grayish-yellow mucus. The microscopical examination showed that the tumor was an adenoma with cystic degeneration. Its structure was exquisitely acinose, the acini being lined with a single layer of cylindrical cells. Dr. Kolaczek is of the opinion that this tumor sprang not from pre-existing normal glands, but from a glandular tissue that was developed during fœtal life, and failed to undergo the usual physiological destruction. He regards the tumor consequently as a congenital growth which remained latent for a certain time. —*Centralblatt für Chirurgie*, No. 38, 1877.

Pathology of the Granular Kidney.—In the September and October numbers of Virchow's *Archiv*, Dr. Richard Thoma, of Heidelberg, has communicated a series of observations upon the changes in the circulatory apparatus of granular or contracted kidneys, which are very welcome in the present state of the question. His first experiments were made to ascertain the relative permeability, under constant pressure, of the renal vessels in this disease, as estimated from the outflow from the renal vein, comparing this with the same as observed in healthy organs, the comparison being made under equal conditions of age. The result is to show that not only is the actual quantity which can be passed through the organ in a given time very largely reduced, as the smaller size of the organ might make us expect, but the proportion of the amount passing out by the renal vein, to that introduced by the renal artery, is much less than in healthy organs. He asks, is this due to the compression on the vessels by the new growth, or is it to be explained by the greater outflow through the walls of the vessels into the tubules? His next observations were to make very careful estimations of the weight of the kidneys at each period of life, and to measure with great accuracy the sectional area of the renal artery. He also calculated the volume of fluid which can pass through the kidney in a given time at different ages from three to twenty-seven years, showing that it increases with the growth of the organ. The sectional area of the renal artery in granular kidney is very slightly smaller than in healthy subjects of the same age, but relatively to the weight of the organ, it is from a fifth larger to twice as large. The intertubular arteries, the vasa afferentia, and the glomeruli are all absolutely larger. By another series of experiments, he found that the rapidity of the flow of fluid in the renal artery of granular kidney was not half, often not a fourth, of what it is in the renal artery of a healthy kidney. He also shows by a very large number of observations, that the transverse section of the renal artery grows wider as the organ undergoes development, and proportionately to the weight of the kidney; and, further, that the peripheral resistance to the entering fluid grows relatively less, so that a greater quantity of blood passes in a given time through the organ.

By a careful comparison of the effects of colored injections on sound and on granular kidneys, he found that the latter permitted the fluid to pass through the walls of the blood-vessels with much greater ease; and not fluid only, but gelatine, prussian blue, chloride of sodium, and even solid grains of cinnabar, and this without rupture of the coats of the vessels. This happened, not on those parts which showed most connective tissue growth, but in the vessels still otherwise apparently healthy. Careful injections proved, too, that the capillary net-work in granular kidneys was very scanty, and that in many cases the vasa afferentia anastomosed directly with the efferent vessels, being cut off from the glomerulus by the growth of fibrous tissue. On the changes in the walls of the vessels, he remarks that, as a rule, in spite of the fibroid growth of the intima, the lumina of the vessels are not smaller than normal; only exceptionally, when the endarteritis has reached a high grade, does this take place. He regards these changes as connected with the endarterial processes—described by Köster, Friedländer, Trompetter, and others—as taking place in almost all new formations of connective tissue, as they bear a distinct relation to the amount of interstitial growth. These facts are especially opposed to Gull and Sutton's theory that the narrowing of the lumina of the vessels by the new growth causes the obstruction to the circulation; they agree with independent observations that, as a rule, the vessels of granular kidneys are certainly not of less calibre than normal; they prove that the anatomical condition of the organ itself, independent of any vital changes, such as arterial contraction, causes a great increase in the resistance to the circulation through it: they explain the clinical phenomena of polyuria, and albuminuria by the increased permeability of the vascular walls.—*British Medical Journal*, December 24, 1877.

Abscess of the Heart.—Abscess of the heart is not a very rare termination of myocarditis, and pyæmic abscess has been noted by Schroetter, Klob, Stanley, Latham, Bennett, etc. The following case, however, reported by Drs. Creveling and Button, of Auburn, is somewhat unique: Thomas Brennan, aged 63, entered the State prison, June 6, 1877. On the 9th, 12th, 22d, and 29th of the same month, he complained of cardiac pains, which were sometimes relieved by anodynes, and sometimes passed off without treatment. July 15th he was again attacked, the pains grew rapidly more severe, and did not leave him until his death, Nov. 30th. At the autopsy the pericardium was found closely adherent over the entire surface of the heart; the endocardium was normal, showing no signs of inflammatory changes. A hard mass was discovered in the wall of the right ventricle, extending from about the middle of this cavity to near the top of the auricle, and encroaching somewhat upon both these cavities. On opening into the tumor, an ounce or more of good laudable pus escaped, the greater portion of which lay opposite the upper half of the right ventricle. The abscess had not pointed or given any other sign of spontaneous rupture. The external wall was about a quarter of an inch thick, the internal a trifle less. The whole amount of pus was situated in the muscular structure of the right side of the heart, which was still firm, giving no evidence of softening or degeneration; nor was there any endocarditis or valvular disease.

A Centenarian.—Anton Miktancic, the oldest inhabitant of Trieste, Austria, died on January 10th, at the ripe age of one hundred and thirteen years and nine months.

Dr. Fleischmann, of Vienna, a well-known authority on diseases of children, is dead.

THE MEDICAL RECORD:

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GEORGE F. SHRADY, A.M., M.D., Editor.

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COSTLY INSANE ASYLUMS.

UNDER ordinary circumstances the report of the superintendent of an insane asylum is not very interesting to the general practitioner, nor are such documents always intelligible in their statements or exact in their statistics. In some respects Dr. Kirkbride's report of the Pennsylvania Hospital for the Insane, for the year 1877, has a relevancy of its own to the important questions as to the best method of building and providing for the insane, which commends it to the careful attention of medical readers. The tables show the sex, age, and occupation of the 7,663 patients who have been admitted into the hospital since 1841, thus furnishing pretty reliable data as to the prevalence of insanity in the various departments of human activity. Of the whole number, 458 were farmers, 401 tradesmen, 444 clerks, 93 physicians, 98 lawyers, and 48 clergymen. The onset of the disease appears to be most probable between the ages of 20 and 30—1,360 of the whole number having been entered between the ages of 20 and 25; 1.326 between the ages of 25 and 30; and, consequently, 2,686 out of 7,663, or thirty-five per cent. of the whole admissions, between the ages of 20 and 30. Of this extraordinary percentage 1,430 were males and 1,256 females; showing a pretty even balance of the probabilities between the two sexes. A slight decrease in the probabilities appears to take effect between 30 and 35, and only 974 were admitted between those ages, against 895 between 35 and 40; 702 between 40 and 45; 295 between 45 and 50; 200 between 50 and 55; and 144 between 55 and 60. But although the percentage of admissions to an asylum is so great between 20 and 30, as compared with more advanced lustra, it must not be concluded that the probabilities, when measured by the whole number between those ages, are really so excessive as appears at first glance. Life is a process by which the unsound in body or mind are pretty carefully winnowed from the mass by diseases of various types during the first ten years of self-support and self-dependence. Taking any circle of society as an example, the number who are between 20 and 30 years of age will always be found largely in excess of the number between 30 and 40, and still more largely in excess of that between 40 and 50. It may be stated that, for the most part, in the struggle for existence, those who live beyond the age of 35 or 40 must be regarded as the soundest and fittest, both mentally and physically, for survival. The weak and unsound are usually driven to the wall, and die of privation and disease, or are reduced to insanity and pauperism, during the first ten or fifteen years of their self-dependence.

The percentage of cures urged by Dr. Kirkbride need not here be discussed, since he has raised more practical questions that directly concern the cost of asylums for the insane.

It may as well be premised here that, if the Association of Medical Superintendents of American Institutions for the Insane, for whom, in view of recent criticisms, Dr. Kirkbride evidently speaks, has no better justification to offer for the extravagant expenditures of the last ten or twelve years, then that Association has outlived its utility, and should be at once dissolved to make room for some organization and policy embodying a clearer perception of what the rights of the tax-payers are. As Dr. Kirkbride affirms, the propositions which have been unanimously adopted by that Association have been tested everywhere throughout the land by men of the highest ability, and with the most varied fields of observation. The question is not whether hospitals with a high class of accommodations have or have not advantages over those of less elaborate construction, nor whether counties can or cannot make good and reliable provision for their own lunatics; they can, if they will, of course; it is not likely that they will in the majority of instances. On the contrary, the question is whether a State can afford to provide shelter for its insane at $3,500 per capita, and food and medical attendance at from $7 to $8 a week, as the State of New York is now doing. It has been shown in these columns, by the testimony of experts of undoubted competence, that hospitals that furnish all the accommodations essential to the largest percentage of recoveries can be erected at a per capita cost of $1,000, and, by the reports of the Northampton (Mass.) asylum, that $3.50 a week is a sum amply sufficient to provide for maintenance. Now, while deprecation of any unwarranted attempt on the part of outsiders to undervalue the experience of experts is very natural and proper in the medical superintendent of an asylum, he is bound, nevertheless, to furnish a specific answer to specific allegations; and the specific allegation here is that extravagant expenditures have been the rule for the last twelve years, under the influence of the Association, and that such expenditures have never even called

out a resolution to the contrary. Under such circumstances the presumption is that the Association takes the responsibility not merely of fostering the erection of asylums at $3,500 per capita, but of Dr. John P. Gray's established figures of $7.96 per week for the maintenance of pauper insane. Possibly, indeed, the distinction between ordinary expenditures and current expenses adopted by Dr. Gray has received the sanction of the Association of Medical Superintendents. The truth is—and it may as well be owned first as last—there is no department of medicine in which so large an amount of vapid theorizing passes current for sound science as in this department, nor any department which it is the duty of the medical press more thoroughly and decidedly to overhaul. Read this passage, page 25, of Dr. Kirkbride's report, for example, in juxtaposition with the recent editorial in THE MEDICAL RECORD on "Asylum Building for the Insane in the United States":

"In addition to liberal appropriations for the improvement of the original State hospital buildings at Harrisburg, and for the extension of the work on those of Danville and Warren, the year has been specially distinguished by an act providing for a new hospital, for seven or eight hundred patients, in the south-eastern district of Pennsylvania."

In other words, although Pennsylvania has just expended some millions at Danville and Warren, she must expend two and a half millions more in the south-eastern district before her jails and poor-houses can be even theoretically emptied of the pauper insane now consigned to them; and it is quite unnecessary to remind Dr. Kirkbride that, were this new asylum, with a capacity for 800, to be completed and occupied to-morrow, a considerable percentage of the insane poor of the State would have to be left where they are, or another asylum of equal capacity would have to be erected for their accommodation. Nothing can be more unpleasant than the public duty that compels us to press these facts upon the attention of the profession. But the time has come for medical men at large to disavow a system that involves such extravagant expenditure of the public money to provide for insane paupers, and then provides for but a small proportion of them; and to express their disavowal in unmistakable terms.

SPONTANEOUS GENERATION — BASTIAN'S REPLY TO TYNDALL.

THE great problem of spontaneous generation again attracts the attention of scientists by the publication of fresh manifestoes by those who take the lead in advancing the rival theories. The side-issues involved in these investigations bear so strongly upon many of the most advanced views of eminent physicians, that the train of reasoning developed by this question should be followed by all who would study accurately the genesis and pathology of infective diseases.

Without referring to Redi, Needham, Spallanzani, Pasteur, and others, with whose works the student of the subject is doubtless familiar, it may be sufficient for the present purpose to state that Prof. Tyndall, as the result of recent and elaborate experiments, has drawn the inference that the cause of infection is in the air, and that the dust-particle is the cause of putrefactive life. He has also presented a number of instances which tend to disprove the argument of Bastian, that bacteria and their germs being destroyed at 140°, their presence after such exposure must be due to spontaneous generation.

In the last number of *The Nineteenth Century*, Dr. Bastian returns to the charge in support of his theory, and the following is an abstract of his reply to Prof. Tyndall: He states that he "commenced the examination of the subject in 1869, when a scrutiny of the evidence in favor of the germ theory and against spontaneous generation, as embodied in the writings of M. Pasteur, did not by any means convince him of the irreproachable nature of this evidence, and notwithstanding all the skill and care with which the experiments had been conducted." He says, "It was not indeed the experiments themselves, so far as they went, with which I was dissatisfied, but rather that I could not assent to the validity of the inferences which Pasteur had drawn from them."

Dr. Bastian further claims that the cardinal deductions and inferences of M. Pasteur, which he challenged in 1870 and 1871, have now (as he recently showed in Vol. XIV. of the Zoological Section of the Journal of the Linnean Society) been finally overturned. Whether or not M. Pasteur's germ theory may ultimately be established on other grounds, it is now perfectly obvious that it was not tenable on the ground alleged in 1870.

After defending himself from charges of vagueness, and deprecating the personal attacks made upon him from all directions, Dr. Bastian thus sums up his opinion of the recent elaborate experiments of Prof. Tyndall: "All this discussion about the nature of the atmospheric dust, visible and invisible, together with elaborate and ingenious experiments to prove its infective nature, so far as fermentations are concerned, has not really advanced the main question one iota."

"It is, as we have seen, impossible for Prof. Tyndall, by all the refinements which he has introduced into the study of this part of the subject, to get beyond the simple conclusion of Schwann, long anterior to the labors of Pasteur, that the air contains a "*something*" which is infective, but we are no more able to say now than Schwann was in 1837, what is the precise nature of this something."

In this view, he states, "I am supported by high authority."

"My more simple experiments, with glass vessels, from which most of the air had been expelled by

boiling, and in which heat was relied upon as the scourge of all antecedent life, had, moreover, thoroughly shown that the essential question does not lie in the direction of Prof. Tyndall's experiments."

The verdict in connection with spontaneous generation essentially depends on the answer which can be given to another problem. As the late Prof. Jeffries Wyman said: "The issue between the advocates and the opponents of the doctrine in question clearly turns on the extent to which it can be proved that living things resist the action of water at a high temperature."

In regard to the appearance of organisms in liquids previously boiled and guarded, Dr. Bastian says only two interpretations are possible.

There must have been a survival of organisms or germs, or else a new and independent birth of living particles. Yet, if we look at them merely in the light of previous experience, each of these interpretations seems alike at variance with our actual knowledge.

Should it be asked what warrant there is for supposing that living particles could come into independent birth from fluids, he replies, "that the general kinship between living and non-living matter is freely admitted by men of science at the present day," in support of which he quotes a passage from Huxley's "Evolution, and the Origin of Life." And further, he states our most profound thinkers and foremost men of science believe that such a process *did* take place in the early history of our planet. Among those who have expressed such a belief reference is made to Spencer, Lewis, Darwin, and Huxley; finally Virchow, whom he quotes as follows: "Nevertheless I admit that if we indeed want to form an idea how the first organic being could have originated by itself, nothing remains but to go back to spontaneous generation. This is clear. If I do not want to suppose a creation theory; if I do not want to believe that a special creation existed, who took the clod of clay, and blew his living breath into it; if I want to form some conception in my own way, *then* I must form it in the sense of '*generatio æquivoca.*'"

On the all-important question of the death-point of living matter, and the degree to which a power of resisting prolonged and higher temperature is conferred upon bacteria or their germs, by virtue of their previous desiccation, Dr. Bastian is quite unable to accept Prof. Tyndall's "assumptions." He says: "I go no further than to say that in the present state of the evidence bearing upon the subject, I regard the hypothesis of spontaneous generation as the most logical and consistent interpretation of the facts which are at present known. I am far from asserting that further experiment *may* not shift the balance of evidence in the opposite direction; but, in order that this may be brought about, something more than assumption must be forthcoming."

The foregoing is the substance of Dr. Bastian's reply contained in a long article in the last number of *The Nineteenth Century.*

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, January 23, 1878.

DR. JOHN C. PETERS, PRESIDENT, IN THE CHAIR.

DR. BEVERLEY ROBINSON presented a patient upon whom he had performed tracheotomy for spasm of the glottis. The points of interest in the case were, first, the apparent absence of a cause for the spasm, and secondly, the admirable adaptation to the requirements of the case of Durham's tracheotomy-tube. The history was as follows:

A CASE OF SPASM OF THE GLOTTIS WITHOUT RECOGNIZED CAUSE. TRACHEOTOMY.

A. S., married, 54 years of age, basket-maker, came under my care Dec. 11, 1877. He has always been delicate, but has had no special diseases during many years. About 1857, patient had an attack of whooping-cough, from which he suffered severely. Seven years ago he commenced to have paroxysms of dyspnœa, which came on at intervals of six months. Two weeks before seeing me, the attacks of difficult breathing became much more frequent, but did not notably increase in severity. He had during this time two or three attacks each day, and on Dec. 10th had as many as eight. Formerly the attacks came on while at meals; latterly the dyspnœa has attacked him both day and night, and at irregular intervals. Five or six years ago he was troubled with lumbricoids. Since then he has not noticed any appearance of them. His nose, however, itches excessively, and has for years. No itching around anus. Pupils normal. Appetite generally good. Bowels regular. Occasionally patient has attacks of vertigo. He lost consciousness on several occasions some years ago, but not latterly. In these attacks he did not foam at the mouth, bite his tongue, or have convulsions. His vision is normal. There is no difficulty of deglutition. All the muscles of the face contract by an effort of will; no numbness or queer sensations in any part of the body; walks as well as ever; strength of grasp normal; memory always poor since boyhood; breathing good, except during paroxysms, until two weeks ago, when patient commenced to have a hacking cough and tickling in the throat. The cough, he believes, is the cause of greater frequency of his attacks of dyspnœa. Patient is a dyspeptic.

Physical examination reveals congestion of fauces and considerable elongation of uvula; epiglottis and arytenoid cartilages reddened; vocal cords dirty-white color. While examining patient's larynx, he was suddenly taken with an attack of very intense dyspnœa, and sank upon the floor. There were stridulous inspirations, and during expirations a sort of wailing cry. This attack lasted about five minutes, and patient was in greatest anxiety; it was relieved by striking him in the back with a book, and with all my strength. Inhalation of ether did not appear to help him (doubtless on account of approximation of the vocal cords during inspiration). The examination of the chest, after the termination of the attack, was almost negative; a few medium-sized bronchial râles only were disseminated in the left lung; heart normal.

℞. Potass. bromidi..... 3 j.
Tinct. belladonnæ..... ♏ x. at bedtime.

Dec. 13th.—Attacks not relieved; excision of uvula; an application of tincture of iron and glycerine to the larynx brought on a new attack of dyspnœa.

℞. Potass. bromidi, ʒj. every hour.

I saw patient after he had taken five doses; they had little or no effect.

℞. Chloral, 10 grs. every hour, from 11 P.M. till 6 A.M.

Dec. 14th.—Had no attack during the night; one attack this morning. Supposing patient might have worms, I ordered a purge with Hunyadi Jänos, to be followed by santonine, gr. iij.

Repet. chloral less frequently.

Dec. 15th.—No worms were discovered; two spasmodic attacks. Repet. chloral, 10 grs. t. in d. sumend. and grs. xx. at bedtime. ℞. Inhal. conii; bowels to be kept loose; light meals; none after 5 o'clock P.M.

Dec. 21st., 10 A.M.—Came to my office in a carriage; very weak, breathing with great difficulty, and considerably cyanosed; sent him to hospital, and ordered moderate inhalations of chloroform.

3 P.M.—Tracheotomy performed, with the assistance of Dr. A. H. Smith.

Dec. 22d.—Coughed tube out of trachea; reintroduced with great difficulty, on account of false passage made by efforts of others to replace it.

Dec. 23d.—Patient breathing quietly; eats fairly; moderate expectoration.

℞. Mist. expect. (ammonii chlorid., etc., potass. bromidi).

Dec. 31st.—Patient has not had for three days the stridulous breathing and spasm of the bronchial tubes which he had at times for several days after the operation; walking about the room.

Jan. 3, 1878.—Wound around canula healed; no pain from wearing tube; expectoration very slight.

Jan. 11th.—Patient left hospital, wearing a permanent tube.

Jan. 13th.—Had a very severe attack of dyspnœa while I was examining fauces; during attack air was passing freely through tube.

℞. Potass. iodidi (gr. v.) and sp. æth. comp. ♏ xxx. t. d. s.

Jan. 17th.—No more spasms. Repet. mist.

DR. FLINT remarked that the symptoms in the case were suggestive of thoracic aneurism.

DR. ROBINSON replied that a very careful examination failed to detect any signs of the disease.

DR. BRIDDON did not think that one tracheotomy-tube was any better than another, as it was important that each should fit the patient for which it was intended. The longest period which any patient of his had worn a tube was six months. The case was one of syphilitic necrosis of the thyroid cartilage. He had never had much difficulty in introducing the tube.

DR. ROBINSON asked whether an essential asthmatic condition could give rise to the dyspnœa in this case.

DR. FLINT thought that such cases were very rare. In the case in question he did not hear the earlier part of the history. His supposition was, however, in the direction of aneurism.

DR. ROBINSON remarked that the disease had continued for seven years.

DR. FLINT admitted that such an element of time was a strong one against his supposition.

PROF. WM. OSLER, of Montreal, then read, by invitation, an elaborate and interesting paper on Hog Cholera.

ULCER OF DUODENUM DIAGNOSTICATED BEFORE DEATH.

Dr. Osler then presented a specimen of ulcer of the duodenum removed from a patient of Montreal, who had been seen in consultation by Dr. Flint. The patient had suffered for ten years with attacks of pain in the stomach, accompanied by occasional vomiting. During this period he had four or five attacks of hematemesis. The man died of exhaustion and Dr. Osler made the autopsy. An ulcer was found in the duodenum three-quarters of an inch in length and half an inch in breadth, just outside the pylorus and involving the gastro-epiploica dextra. Dr. Osler remarked that the case was of interest in reference to the different opinions which were entertained regarding its nature, and especially in connection with the diagnosis of duodenal ulcer made by the physician in attendance and previous to the death of the patient.

DR. FLINT remarked that cases of that sort were very rare, and that the diagnostic points which distinguished them from ulcer of the stomach were not well established. The history as related by Dr. Osler was correct. The patient had suffered for ten years with pains referable to the region of the stomach. They occurred mostly in the spring and autumn, and as a rule continued about a month. At first they were slight, so that pressure and stimulants relieved them, but in the course of years they became very severe. In the intervals of these attacks his health was good. The symptom of vomiting was duly considered, as was also the hematemesis. Dr. Flint was inclined, however, to look upon the affection as of a neuralgic character, the length of time which the symptoms had existed ruling out the possibility of organic disease. Although the possibility of the existence of an ulcer was suggested to his mind, there were not enough symptoms to establish a diagnosis.

DR. PETERS asked if there were any evidences of healed ulcers in the stomach.

DR. OSLER replied in the negative. He stated that the diagnosis of duodenal ulcer was made by the attending physician from the fact that the patient had extreme stenosis of pulmonary orifice, a large bloody stool, and had no hematemesis at the time. This circumstance was sufficient to convince the gentleman in question that the source of the blood was outside of the stomach.

DR. PETERS believed that there were twelve cases of duodenal ulcer in the records of the Society.

EXTREME STENOSIS OF PULMONARY ORIFICE.

DR. OSLER presented a second specimen, which consisted of a heart removed from a child four months old. The patient had suffered since birth with symptoms of cyanosis; otherwise there were no evidences of any trouble either about the heart or the lungs. He had never seen the child during life, but was merely called in to make the autopsy. When the pericardium was opened, the first thing which presented itself was an enormous right auricle, nearly the size of a small orange, which was distended with blood. The tricuspid orifice was very much contracted, as the result of previous endocarditis. There was extreme stenosis of the orifice of the pulmonary artery, so that a Bowman's probe nine-tenths of a millimetre could scarcely enter. The artery beyond the orifice was of fair size, and there were no signs of degeneration in it. He was of the opinion that the affection originated in an intra-uterine endocarditis.

On motion of Dr. Dalton, the Society tendered a vote of thanks to Prof. Osler for his able and instructive paper; also for the interesting specimens exhibited by him.

The Society then went into Executive Session.

Stated Meeting February 13, 1878.

DR. J. C. PETERS, PRESIDENT. IN THE CHAIR.

INAUGURAL ADDRESS.

AFTER the reading of the minutes, the President, Dr. JOHN C. PETERS, made the following remarks:

Such a strange and moving topic was introduced at the last meeting by a stranger, and so many strange faces were seen here, and the whole proceedings had such an unhomelike aspect, that I did not feel justified in "throwing pearls before swine," and reserved the expression of those feelings of gratitude which I feel for the high honor you have paid me.

It is a very high honor to be presiding officer of this Society, for this chair has been filled successively by John A. Swett, Willard Parker, James R. Wood, T. M. Markoe, Wm. H. Van Buren, C. E. Isaacs, John T. Metcalfe, Robert Watts, Edmund R. Peaslee, John C. Dalton, Alfred C. Post, T. C. Finnell, Abraham Jacobi, Gurdon Buck, Henry B. Sands, Wm. B. Bibbins, Lewis A. Sayre, Joseph Hutchinson, Alfred L. Loomis, Erskine Mason, Herman Knapp, Francis Delafield, Charles K. Briddon, and last, but not least, Edward G. Janeway. The Society was founded in 1844 and '45, by Middleton Goldsmith. John C. Peters, Lewis A. Sayre, Gustavus A. Sabine, Wm. C. Roberts, Wm. H. Macnevin, James Crane, Robert Tomes, John A. Swett, Willard Parker, Robert Watts, Thomas M. Markoe, Alonzo Clark, John Forry, James R. Wood, Isaac E. Taylor, W. W. Jones, Wm. H. Van Buren, Thaddeus Halstead, C. E. Isaacs, John T. Metcalfe, Edward Hall, H. D. Bulkley, George Wilkes, C. R. Gilman, R. McCready, and others of like stamp. A society founded by men of such experience and ability had necessarily to prosper. Its workings have always been of the most practical kind, but science was largely represented in its very beginning, and steadily have been trained up within its ranks men who have no superiors at the bedside, in the lecture-room, and in the highest walks of science, and who have so far outstripped the busy and experienced general practitioner, with whom deaths are few and *post-mortems* something extraordinary, that something may well be done to entice these worthy men to our meetings.

It is already becoming a general complaint of those who were educated thirty years ago, that the proceedings of many of our societies are becoming too erudite and scientific for the average general practitioner, who, as some one has said, will neither die nor be born again, and hence must be aided in every possible way, or left to perish slowly by the way-side. A pathological society is not an assemblage especially of tender-hearted men; but I submit the question to it.

Of the 23 physicians who founded this Society 34 years ago, 13 are still alive and 9 are still active members, viz.: Drs. Alonzo Clark, Willard Parker, Thomas M. Markoe, Gustavus A. Sabine, Isaac E. Taylor, James R. Wood, Lewis A. Sayre, John T. Metcalfe, and John C. Peters.

GLIOMA OF THE CEREBELLUM.

DR. T. E. SATTERTHWAITE presented a specimen of the above with the following history:

G. B., 24, Germany, single, was admitted into the Presbyterian Hospital, Aug. 3, 1877.

His previous health had been good, and he denied having had venereal disease. In the preceding June he awoke one morning with a severe pain in the back of his neck, at about the junction of the last cervical with the first dorsal vertebræ. The pain soon disappeared, but was brought on again by leaning over to wash his face. Afterwards it would leave him, to return when he again bent his head over. On July 3d the pain left the neck and appeared in the back of the head. Soon after this the attacks of pain in his head became more frequent and without apparent cause. When he was admitted to the hospital, pain was located in the occipital and supraorbital regions, and was so severe that he would at times scream out. The attacks came on four or five times a day, and usually lasted about half an hour. The pain was much more severe when he was lying down. He had little rest at night. Appetite was good. He received a variety of medicines: croton-chloral-hydrate first, in 5 gr., and later in 25 gr. doses, but without benefit; ergot in ʒ i. doses, with counter-irritation to the back of the neck, was also resorted to; also bromide of potassium. At one time iodide of potassium was employed, and he took 100 grs. a day, so the fd. ext. of conium in 7 m. doses. Under this latter the pains lessened, but soon returned, and with them vomiting. This attack, however, passed away, and with it the pains; they, however, soon returned, and the same treatment was resorted to without success. About the 25th of September he was given morphia for the pains. The most effective remedy, however, was iced cloths to the head. He now said "he felt as if there was a chopping-machine in the back of his head," and he had a burning, cutting feeling in the supraorbital region, extending upward 2½ inches. At times he would feel perfectly well. On Oct. 1d he took phosphorus in minute doses, $\frac{1}{100}$ of a grain every four hours. On the 23d of October he went out on a pass, saying he felt perfectly well. On the following day, however, he commenced to vomit, and the pains returned as severely as ever. On the 26th he had suppression of urine. He was now taking morphia in large doses. On November 1st he had another attack of pain, and a seton was passed through the back of the neck. The pain diminished at the back, but increased in front. A seton was then introduced in the supraorbital region.

On November 12th, the patient was noticed to stagger a good deal in walking. On November 15th he could sleep but little. On November 19th he felt stronger and went out on a pass. He staggered but felt better. On November 20th, at 9 A.M., he was found in a cyanotic condition—breathless. Artificial respiration was kept up for an hour and a half, but without avail.

At the autopsy, twenty-four hours after death, the pupils were found evenly and semi-dilated. The heart and sac were normal, and the lungs were also, except that they showed slight adhesions at both apices. The stomach was abnormally small, but otherwise showed no points of interest. The spleen was congested and weighed 10½ ounces. Liver and kidneys were practically normal.

Brain.—On the posterior and upper portions of the cerebellum, between the henrispheres and on the middle line was found a tumor about two inches in diameter, encroaching on both hemispheres, but not distinctly separated from them. The tissue of the brain was found abnormally anæmic, œdematous, and softened. The sinuses, however, were free; the lateral ventricles were dilated, containing an excess of fluid; the foramen of Monro easily admitted a No. 10 English sound. As an interesting point in this connection, the pituitary body was dilated with fluid, and formed a little sac three-quarters of an inch in diameter, and the probe passed from the third ventricle, traversed the infundibulum, and entered the pituitary body.

The tumor was not observed at first, owing to the fact that its color and consistence were about that of the brain. When cut into, however, it was found to be unusually soft, and in consequence was difficult to preserve. He had the occipital neuralgia, the pain, the staggering, and the vomiting of tumor of the cerebellum, but he had no disturbances of speech, sight, or hearing. His pulse was about 90°, weak. His temperature was 96 or 97, but rarely 98° F.

The accumulation of serum in the ventricles, and their distension, might, I presume, be explained by the pressure of the growth upon the tentorium, and so upon the straight sinus, thus retarding the venous flow from the interior of the brain; but how account for the supra-orbital pain?

Dr. Gibney inquired whether the supra-orbital pain was due to the fact that the tumor involved any nerves arising in that region of the brain, or whether it might not be due to some disturbance of the function of the sympathetic ganglia?

Dr. Satterthwaite replied that the supra-orbital pain was one of the interesting features of the case.

On examination of the root of the fifth pair, no noticeable change was detected. The location of tumor also was not sufficiently near the pons to produce pressure upon the roots of the fifth pair. He thought, therefore, that pressure produced by the tumor must be eliminated, as a cause for the supra-orbital pain.

It was possible that the pressure produced by the enlarged and distended central cavities of the brain might have been a factor in the production of the pain, and it was also possible that the explanation suggested by Dr. Gibney was correct.

TAPE-WORM AND ANOMALOUS SYMPTOMS.

Dr. Robinson presented a tape-worm that had been discharged from a gentleman who consulted him for supposed organic disease of the heart, pain in the precordia, and attacks of vertigo. On examination there was found a systolic murmur confined to the apex. Keeping track of the case and somewhat doubtful of the diagnosis, the fact was elicited that some years before the patient had discharged a flattened worm. This circumstance was the more curious from the fact that there was nothing in the man's history that pointed to the existence of such a parasite. However, a drachm dose of the ethereal extract of male fern was given on an empty stomach, followed by a purge. This was sufficient to discharge a large portion of a tænia. The head could not be found, but Dr. R. thought it was not always necessary that such should be discharged to insure the disappearance of the worm. Sixteen months ago he had presented a tænia, minus the head, discharged from a female cook, and stated at the time the probability that there would be no return of the disease. That patient had been perfectly well since then, and had presented none of her former symptoms referable to the presence of the worm.

Dr. Van Geisen asked if the heart-symptoms ceased in the case presented, after the discharge of the tape-worm.

Dr. Robinson had not examined the patient's heart since that time, but all the subjective symptoms had disappeared.

Dr. Van Geisen believed that a murmur in that locality would indicate organic disease, and as such could not be affected by the special treatment employed.

Dr. Robinson did not think it was necessarily an organic murmur, but, on the contrary, believed it to be functional, producing reflex insufficiency of the tricuspid valves.

Dr. Carpenter asked if there was any venous pulsation in the neck indicating such insufficiency.

Dr. Robinson said that no such condition was noted. But there might be tricuspid insufficiency without it. The pulsation was not shown sometimes until serious embarrassment of the breathing occurred in consequence of lung complications.

The Society then went into Executive Session.

Stated Meeting, February 27, 1878.

Dr. John C. Peters, President, in the Chair.

CONGENITAL TALIPES CALCANEUS, WITH ARREST OF DEVELOPMENT.

Dr. Gibney presented a patient having congenital talipes calcaneus, with arrest of development.

The history was as follows:

On the 14th of January, 1878, there was presented at the out-door department of the Hospital for the Ruptured and Crippled, a female child æt. 2 years, presenting the following points of interest: The right leg was seemingly shorter than the left, curving anteriorly, and giving a marked fulness on its anterior aspect middle third; a small, dimple-like depression at the summit of this fulness, in which, the father asserts, the great toe lay imbedded at birth, the foot in *complete* dorso-flexion, making thus a case of talipes calcaneus extremis; a talipes equino-valgus now existing, the foot being one-half inch shorter than its fellow, and minus the second toe, as well as the corresponding metatarsal bone; a subluxation outward, amounting almost to a luxation at the tibio-tarsal joint, reducible on flexing the foot, and inverting without causing any pain. No special loss of power in the muscles, and no loss of faradic or galvanic reactions, although this examination was not perfectly satisfactory, on account of the crossness of the child; a marked genu-valgum, with a moderate degree of subluxation inward at the knee (a grating or slipping is distinctly felt here on flexion).

The labor was natural (head-presentation), and complete in one hour. No history of any fright during utero-gestation. Wife reported as delicate, while the father is a stout, healthy man.

The depression was never in a state of ulceration, so far as I can learn. I bring the case to afford a possible explanation for these dimples or depressions observed in cases of club-foot and other congenital deformities. The case recently presented by Dr. Putnam-Jacobi called forth some discussion on this subject, and no adequate explanation seemed to be offered.

In the one I now present, a clear history has been obtained, and hence the interest attached.

CARCINOMA UTERI.

Dr. Post presented a specimen of carcinoma of the uterus, bladder, and rectum.

Dr. Post also exhibited specimens of diseased lymphatic glands removed from a boy aged nine years. The patient had been operated upon for the same trouble two years ago, since which time the enlargements had recurred. The point of interest in the case was the situation of the glands, entirely behind the sterno-cleido-mastoid muscle, and which, in consequence of the proximity of important vessels, required extraordinary care in the operation.

DOES CANCER EVER COMMENCE IN THE VAGINA?

DR. VAN GEISEN asked, in regard to Dr. Post's case of carcinoma uteri, whether the disease ever commenced in the vagina. He had a case in point which seemed to prove such a possibility.

Dr. Post thought that such a state of things must be very rare.

DR. BRIDDON had met with one such case in which the cancerous growth was entirely confined to the posterior wall of the vagina. The case was seen in consultation by Dr. Van Beuren. Dr. Briddon removed the growth by simply peeling it from the subjacent tissue, showing that the disease was quite superficial. It returned, however, in the course of three years afterwards, and involved the bladder, rectum, and uterus.

DR. BEVERLEY ROBINSON presented a specimen of acute miliary tuberculosis.

SPASM OF THE GLOTTIS, DUE TO PRESSURE ON THE RIGHT RECURRENT LARYNGEAL NERVE, CAUSING DEATH FROM ASPHYXIA.

DR. W. T. BULL presented a specimen with the following history:

C. O'C., æt. 25, was brought to the Chambers Street Hospital, Feb. 16th, at 11.45 A.M. When first seen, he was walking with difficulty, supported by two men, coughing frequently, expectorating very offensive bloody mucus, and gasping for breath. There was considerable cyanosis of the face; the surface was cool, the pulse 100 and moderately full. The passage of air through the glottis or trachea was interfered with both in inspiration and expiration. The struggles of the patient prevented satisfactory auscultation, and percussion gave no marked dulness in any part of the chest. There was a trifling swelling of the neck externally, and pain on pressure over the larynx. The lower jaw was so firmly held that a screw-gag was necessary, in order to introduce the finger to the base of the tongue. No swelling could be felt there. The epiglottis could not be reached. The voice was clear on entering the wards, but soon became hoarse and inaudible.

The only information to be obtained from his friends was that for five days past he had had a cold, with pain in the back and chest, and during twenty-four hours previously to admission a cough with brownish expectoration.

It was resolved to use antispasmodics, and, if they proved insufficient, to perform tracheotomy, although the exact condition was very obscure. Fifteen minims of Magendie's solution of sulphate of morphia were given hypodermically, and ten minutes later chloroform inhalations. The struggles of the patient ceased, but the obstruction to the passage of air was unrelieved, and while instruments were being brought, respiration stopped entirely. Artificial respiration was resorted to, the tongue being drawn forward by a string passed through its tip. This was followed by gradual improvement. The air passed freely into the chest; respiration was regular, but shallow; the cyanosis disappeared; pupils were contracted. Tinct. belladonnæ, ℥v., were given hypodermically and repeated after fifteen minutes. Respiration became deeper, the surface of the body warm, the pulse 100 and of good volume. It was thought that the danger of asphyxia was past. Fifteen minutes elapsed without change in the condition, when there was a sudden interruption to inspiration. The breathing stopped at once, and the heart a minute later.

Autopsy twenty-four hours after death: Body of well-nourished muscular man, with thick layer of subcutaneous fat; heart normal; left ventricle empty and contracted, right containing a small soft clot; lungs exhibited marked congestion, with slight œdema, and on both sides old pleuritic adhesions; mucous membrane of the larynx, trachea, and bronchial tubes deeply congested, without exudation; in the groove between the trachea and œsophagus, on the right side of the neck and beneath the common carotid and subclavian arteries, an abscess apparently originating in the lymphatic glands; it formed a tumor three inches in length by one inch in diameter, extending upward as far as the middle of the right lobe of the thyroid, and downward to a point just below the bifurcation of the innominate artery. Its cavity contained healthy-looking, but offensive pus. No encroachment on the walls of the trachea or œsophagus, but thickening and infiltration of the tissues surrounding it, especially towards the trachea. The pneumogastric nerve and large vessels were normal; the recurrent laryngeal nerve, after winding round the subclavian artery, was imbedded in the dense tissue forming the tracheal wall of the abscess for a distance of two and a half inches. To the eye it presented nothing abnormal; other organs were healthy.

Dr. Bull said furthermore, that, while in view of the history and post-mortem appearances the case was clear enough, it had puzzled him very much. He regretted that tracheotomy was not performed at the outset. He had never heard of a similar case, and Dr. Peabody, who had made a careful dissection of the preparation, after a rapid search through pathological literature had been unable to find one. It seemed rational to consider it analogous to fatal cases of spasm of the glottis produced by the pressure of small aneurisms on one recurrent laryngeal nerve, which are recorded by standard authors.

POST-TRACHEAL ABSCESS AND THREATENED SUFFOCATION.

DR. BRIDDON related a case of a somewhat similar character, which at the time of its occurrence caused him no little anxiety. About sixteen years ago he was called to see a man in Dover street, who was reported to him as choking to death. When Dr. B. arrived he found the patient in extreme apnœa, with neck very much swollen, face purple, eyes gorged, pupils dilated, and altogether in a very alarming condition. In the act of depressing the tongue with a spoon a gush of pus apparently filled the windpipe, the man stopped breathing, and slid from his chair to the floor. The situation was critical, inasmuch as the means hardly justified the result. As no time was to be lost, and as the patient's brother, a policeman, who was present, was developing his interest in the case, Dr. Briddon plunged a knife in the windpipe. Coincident with this there was an escape of pus from the wound and a gasp from the patient, which was promptly and cheerfully responded to by the operator. In this instance Dr. B. supposed that an abscess, which had been somewhere in the same location as in Dr. Bull's case, had burst in the trachea. The patient made a tedious, although perfect, recovery.

DR. SAYRE asked Dr. Bull what was the probable origin of the abscess.

DR. BULL replied that in all probability the origin was a lymphatic gland in the neighborhood, as it was distinctly circumscribed and unconnected with any diseased bone.

DR. SAYRE stated that some time since he had been called to a prominent politician in Washington, who for

four or five days had been suffering from obstruction of breathing. Two or three incisions had been made in the neck with a view of giving exit to pus, but none was found. When Dr. S. arrived the man was suffering intensely, was cyanozed and breathing with extreme difficulty. The jaws were pried open and an abscess which pointed alongside the jaw was opened. The relief was marked and immediate. Dr. S. thought that in this case the abscess started in caries of the jaw, burrowed its way underneath the fascia, and pressed backward upon the trachea.

Dr. Peters stated that in retro-pharyngeal abscess a certain number of cases arose in connection with diseases of the lymphatic glands, but in such the glands are more abundant than normal.

(To be continued.)

Correspondence.

THE CURE OF HIP-DISEASE BY OPERATION.

To the Editor of The Medical Record.

Sir:—I observe in your issue of this date an article from Dr. V. P. Gibney on "The Ultimate Results in Excision of Hip-joint," which contains so many inaccuracies and misrepresentations that I feel bound, in the interest of science, to notice it.

All of the cases to which I referred had been under the charge of Drs. Knight or Gibney, at the Hospital for Ruptured and Crippled, for a longer or shorter period, and left the hospital because the disease was progressing, and they were considered incurable, according to the statements made by the parents or physicians who brought them to me.

I have no other authority for my statement that they were discharged from the hospital as incurable, than the testimony of the patients themselves and their friends.

That they were incurable without an operation at the time I saw them and advised it, is evident from the fact that such accomplished surgeons as Drs. Jas. R. Wood, Stephen Smith, J. W. S. Gouley, Alfred C. Post, and others, who saw the cases with me, approved of the operations, and assisted me in them, or were present when I performed them.

The case of Potter, he says, "was never treated as an in-patient of the hospital, *and I can find no record of his case.*" (The italics are mine.) He says, however, "Dr. Knight, the Resident Physician, has a distinct recollection of the case," and that he was under his treatment in the spring and summer of 1875, and he observed that the disease was progressing.

In Case VIII. of Chas. Smith, Dr. Gibney says he "was never in the hospital, and I have searched diligently for his name among the indexed out-door patients [*all* who were ever here are *indexed*] between the years 1872 and 1876 *inclusive.*" (The italics are mine.)

Yet in the case of Potter he says: "*I find no record of his case;*" and yet in the next sentence states that Dr. Knight has a distinct recollection of it as being under treatment in the "spring and summer of 1875," the very period in which he declares that *all cases* were indexed. If Potter was omitted, why not Smith? I leave for Dr. Gibney to explain this contradiction.

In regard to Potter's present condition, he says: "Dr. Sayre tells me that he is cured, but is suffering from malarial poisoning, is in the south of France, and, up to the last accounts, the mother was in search of certain baths reported as beneficial to patients with *hip-disease.*"

I am very much surprised that Dr. Gibney, who professed to be in search of facts "for the sake of science," should so misrepresent the truth. Instead of my telling him that Potter was cured, I allowed him to read a letter from his mother, dated France, Jan. 21, 1878, in which she states, among other things: "Dick proved an admirable sailor; *he was never ill a moment* (the italics are mine); was up on deck nearly every day. He rides out sometimes in an open carriage, and sometimes goes on a donkey, which he enjoys very much." And she concludes the letter by "Dick bids me give you his love, and tell you that he is very well."

I have just received this letter, and I do not find the word malaria in it, or that he was suffering from any "malarial poisoning;" and from the fact that he rides upon a donkey, I presume that his hip is in good condition, or his mother would certainly refer to it.

I send these hurried notes, that the profession may suspend their judgment until I have time to note the other inaccuracies contained in Dr. Gibney's paper.

Respectfully,

Lewis A. Sayre.

285 Fifth Av., March 16, 1878.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from March 10 *to March* 16, 1878.

Smart, Charles, Capt. and Asst. Surgeon. Assigned to temporary duty at Fort Preble, Me. S. O. 19, Div. of the Atlantic, March 11, 1878.

Carvallo, C., Capt. and Asst. Surgeon. Leave of absence extended two months. S. O. 51, A. G. O., March 9, 1878.

Porter, J. Y., 1st Lieut. and Asst. Surgeon. Granted leave of absence for 20 days, on condition that he furnish satisfactory medical attendance. S. O. 29, Dept. of the South, March 12, 1878.

Beall, G. T., Capt. and Medical Storekeeper. Granted leave of absence for two months on surgeon's certificate of disability. S. O. 51, C. S., A. G. O.

The following named asst. surgeons have been ordered to report in person to the President of the Army Medical Board for examination for promotion, and, upon completion of examination, to return to their proper stations:—S. S. Jessop, Peter Moffatt, Charles Styer, J. K. Corson, and Wm. R. Steinmetz.

Twins in France.—The relative frequency of twins in France has been made the subject of a statistical memoir to the Academy of Sciences, in which the statistics of the town of Nîmes from 1790 to 1875 are collated. During this period, 1262 deliveries of twins have been registered in a total number of about 130,000 births. Of the women thus distinguished, forty-eight had been twice delivered of twins; two, three times, and one, four times. M. Hermann, in his "Travaux Statistiques de la Russie," records, apropos of the foregoing, the case of a peasant at Moscow, one Fedor Vassilet, who had had, by two wives, 87 children. His first wife was confined 27 times, in 16 of which she bore twins; in 7, triplets; in 4, quadruplets. The second wife gave birth to 18 children in eight pregnancies. Vassilet was 75 years old in 1782, and 90 years later (1872) 83 of the 87 were still living.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending March 16, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
March 9, 1878...	0	3	89	3	77	73	1
March 16, 1878...	0	5	94	0	98	81	0

MEDICAL WOMEN.—Thirty-five women have studied medicine in Paris since 1865. Of these, nine have received diplomas.

GERMAN UNIVERSITIES.—Germany has a university for every two millions of inhabitants.

DR. JOHN E. TYLER.—Dr. John E. Tyler died at his residence in Boston, March 9th, aged fifty-eight years.

NEW YORK STATE WOMAN'S HOSPITAL.—Dr. Nathan Bozeman has been elected surgeon to the New York State Woman's Hospital, to fill the vacancy caused by the death of Dr. Edmund R. Peaslee.

LARGE INFANTS.—Dr. Wm. C. Wile, of Sandy Hook, Conn., writes: "I desire, through the medium of the RECORD, to put on record the following singular cases of large children following one another in the same mother. Works on midwifery generally depreciate the accounts of large births, but the following can be amply substantiated, as I weighed them myself. Mrs. B., about twenty-three, very muscular, large-boned woman, was delivered of a living child by myself with the aid of the forceps, August 1, 1874, which weighed before dressed fifteen pounds and two ounces. She was delivered May 12, 1876, by the same means, of another child (living) which weighed fifteen pounds before being dressed. The two foregoing children were girls. May 13, 1877, she was delivered again in the same way of a living boy which weighed undressed fourteen pounds and fourteen ounces. Thus making three children, living when born, and perfect in point of development, which averaged *fifteen pounds a piece.* Both parents were Irish. I also delivered Mrs. L., last week, of a living child (boy) which weighed fifteen pounds and one half an ounce. I also delivered Mrs. H., April 14, 1874, assisted by Dr. Wm. Buntt, of Danbury, of a dead child (having exhausted every other means, we had to perform craniotomy) which weighed, without the brains, *twenty pounds.* This child was perfectly formed in every respect, and it was with the utmost difficulty that we could deliver the body after the head had been born.

"These seem to me remarkable cases, and the more so when we read in works on obstetrics of the extremes in weights. These cases occurred in about three hundred confinements."

SHALL PATIENTS WITH SPERMATORRHŒA MARRY?—Dr. Samuel W. Roberts, of Wakefield, N. H., in remarking upon the value of Dr. Howe's lectures on masturbation, writes:

"I would agree with the writer in everything except one: I believe it should be the exception, and not the rule, that such patients should marry, whether male or female. And why? Because such patients, as a rule, if they marry at all, do it from the advice of some physician, and not from any affection they may have for any female, for they very generally have none. Now it is very rare that a female marries for the sole object of sexual intercourse; and if, when married, she finds her husband had no other, or that this was the leading object, and that he has no real affection for her, and especially if she finds out—as she most surely will—that she has a husband who is not like other men, it will pretty surely make trouble in the family, and, so far as the diseased party is concerned, make a bad matter worse. If, however, the bargain can be made so that both parties can understand beforehand just how things stand—perhaps don't stand—or otherwise, and then both parties are willing to have married life take its natural course, then it would undoubtedly be—if the patient, by previous treatment, is in a condition to marry—the best thing that could be done. But if this is not the case, then married life is but a continuance of masturbation, and works the ruin not only of one but of a whole family. But I alluded to this subject more to see if something could not be done to have this matter brought before the community in some form by the medical profession, so that some good might be done to arrest the tide of evil which every medical man knows now exists from the not only private abuse of the reproductive organs, but from the abuse in sexual intercourse, not illicit wholly, but in married life. For we believe that this is at the bottom of more disease, and is more destructive to the human, more especially Yankee race, than all other causes combined."

PHILADELPHIA MEDICAL COMMENCEMENTS—JEFFERSON MEDICAL SCHOOL.—The Alumni Association of the Jefferson Medical College held its annual meeting on Monday, March 11th, in the college building. Dr. S. D. Gross was in the chair. The executive committee reported the deaths for the year as being those of Dr. J. M. Foltz, U. S. N.; Dr. Ralph M. Townsend, of Philadelphia; Prof. Nathan Smith, of Baltimore; Dr. R. V. Wilson, of Clearfield, N. J.; and Drs. J. Gordon Maxwell and H. L. Knight, of Philadelphia. Dr. Edward T. Casswell was elected orator for 1879. It was announced that fifty-three new members had been admitted during the year. At the election for officers Prof. S. D. Gross was re-elected president. In the evening the annual address before the alumni was delivered by Prof. D. S. Connor, of Cincinnati, his subject being "Medical Charities."

The fifty-third annual commencement of the college took place at noon of Tuesday, March 12, at the American Academy of Music. E. B. Gardette, M. D., President of the Board of Trustees, conferred the degree of Doctor of Medicine upon the 203 members of the graduating class.

Prof. John Biddle, Dean of the Faculty, awarded the following prizes: to Henry Morris, of Philadelphia, the H. C. Lea prize of $100, for the best thesis; to Daniel E. Hughes, of Penn., the prize of $50, for the best thesis on a physiological subject; the prize of $50 for the best surgical essay was divided between D. D. Smith, of Penn., and Wickliffe K. Curtis, of West Va.; the prize of $50 for the best essay on an obstetrical subject was given to Joseph R. Hamer, of Missouri; the prize of $50 for the best essay on a chemical subject, to Clement Biddle, the son of the Dean. A gold medal was awarded by the Demonstrator of Surgery to H. M. McClanahan, of Illinois. A gold medal by R. J. Levis, M.D., for the best report of his clinic at the Pennsylvania Hospital,

was given to Walter E. Hall, of N. J. The valedictory address to the graduating class was spoken by Ellerslie Wallace, M.D., Professor of Obstetrics and Diseases of Women and Children. The total number of matriculates the past session was 598.

UNIVERSITY OF PENNSYLVANIA MEDICAL SCHOOL.—The introductory address to the Spring Course of Lectures was delivered in the Medical Hall on Monday, March 11, by Joseph G. Richardson, M.D., Professor of Hygiene. His subject was "Medical Scepticism and Medical Superstitions."

At the meeting of the Board of Trustees of the University of Pennsylvania on Tuesday, March 12, Professors Charles J. Essig and Edwin T. Darby, of the Pennsylvania School of Dentistry, were elected to fill chairs of Operative Dentistry and Dental Histology, and of Mechanical Dentistry and Metallurgy. The professors in the new school of dentistry thus created in the University will be the two above mentioned, and those of Anatomy, Physiology, Chemistry, Materia Medica, and Morbid Anatomy, in the Medical School. Prof. Tyson, of the Medical School, has resigned his chair of Physiology in the Pennsylvania Dental College. The donors of the guarantee fund of $60,000, which was raised last fall to protect the Medical School against pecuniary loss during its first year under the new plan, and which has not been touched thus far (*about* $42,000 *have been received in fees from students during the past five months; enough not only to pay all salaries and all the running expenses of the school, but also to fit up all the laboratories, and leave a small surplus over and above all expenses*), have turned it over to the proper authorities, to be used for the construction and equipment of a new laboratory building and dental department. The trustees seem to incline favorably towards the inauguration of a school of Veterinary Medicine in connection with the Medical School. The annual supper to the graduating class was given in the Medical Hall on Wednesday evening, March 13.

On Thursday morning the Annual Address before the Alumni was delivered by W. B. Norcom, M.D., of Edenton, S. C., at the Hall of the College of Physicians and Surgeons.

On Thursday evening the Alumni Supper was served at the Medical Hall.

The Commencement Exercises of the 113th term of the Medical School began at noon on Friday, March 15th, at the Academy of Music. Prayer was offered by Rt. Rev. Bishop Stevens. Charles J. Stillé, Provost of the University, delivered diplomas to a graduating class of 127. Prof. D. Hayes Agnew, LL.D., made an address commemorative of the Endowment of the John Rhea Barton Chair of Surgery and Clinical Surgery. The Degree of Doctor of Laws was conferred upon Hon. John Welsh, our present Minister to England. The Valedictory Address was delivered by Dr. William Goodell, Professor of Clinical Gynæcology.

James W. Walk, of the class of 1878, presented a portrait of Emeritus Prof. Francis G. Smith to the Medical Department. The picture was received by Prof. Alfred Stillé.

The first prize of $100 for the best essay upon a medical subject was awarded to John Marshall, of Pa. The second prize of $100 was divided between J. A. Foulkrod, of Pa., and C. C. Seabrook, of Pa. The Gold Medal for the best Dissection was given to Onan B. Gross, of N. J. The second prize for Dissections, to Franklin B. Smith, of Md. The prize for the best record of anomalies, to J. R. Taylor, of Pa.

During the past year there have been 376 matriculates at the Medical School. The first-year men were 136 in number.

THE WOMAN'S MEDICAL COLLEGE Philadelphia graduated 19 female doctors on Thursday, March 14th.

Within the past two weeks there have been 616 graduates of the Philadelphia colleges of pharmacy, medicine, and dentistry. The graduates were divided as follows: Philadelphia Dental College, 41; Pennsylvania Dental College, 78; Hahnemann Medical College, 53; University of Pennsylvania (Medical Department), 127; Jefferson Medical College, 203; College of Pharmacy, 97; Woman's Medical College, 17.

INFANT MORTALITY.—The *Lancet* for February 23 takes notice of a startling statement recently made by Dr. O'Hanlon, at an inquest on the bodies of two children at Durham, England, which is susceptible of a very sinister interpretation. The witness stated that there had been a great advance in the percentage of mortality among children, owing, he intimated, to the fact that the children were always insured, the surgeon having generally to give three or four certificates to insurance companies for every child's death. "The waste of infant life," adds the *Lancet*, "in some of the midland counties has before now been observed, and appears greater than can be accounted for by disease, bad management, and errors of diet," and deems it highly desirable that where there is even the faintest doubt as to the cause of death, the medical attendant should decline to give a certificate without first resorting to a post mortem examination.

NECROLOGY.—The French *Académie des Sciences* has recently lost two of its most distinguished members, Drs. Brequerel, Sr., and Regnault. The first, after a long life of labor and scientific activity, succumbed in his ninetieth year. The second was the father of the artist, Henri Regnault, whose glorious death at Buzenval during the late war was mourned by all lovers of France and the fine arts. The father died on the anniversary of the day on which the son met his untimely end. The last meeting of the *Académie* was adjourned as a mark of sorrow and esteem for the departed members. During the year 1877, the medical profession had to mourn the loss of the following celebrated men: Adams, Barth, Böck, Cazenave, Dietz, Erlenmayer, Fergusson, Fleischer, Gairdner, Gerlach, Girschtoft, Harvey, Heine, Hoffmann, Kergaradec, Landerer, Max Langenbeek, Lederle, Linhart, Londlob, Marx, Mayerhofer, Oesterben, Schuhmacher, Schultze, Skobell, Spazenegger, Valentiner, Volkmann, Wunderlich, Zeller.

HOSPITAL FOR YOUNG EPILEPTICS.—M. Lapryère, formerly editor of the *France Médicale*, has founded at Boulogne-sur-Seine a private hospital especially destined for the reception of young epileptics, but in which rachitic and paralytic children are also received. The hospital has been established less than six months, but its success seems already assured. In the cases of several epileptic children, the results obtained have been very satisfactory.

THE GENERAL HOSPITAL IN VIENNA.—A new bath-room, which contains seven continuous water-beds or baths, has recently been added to this hospital. The continuous water-bath has proved exceedingly valuable in the treatment of certain diseases of the skin, and still more of desperate surgical cases, such as severe burns, and phagedenic ulcers, etc. The patients find themselves very comfortable in the bath, which usually relieves pain rapidly even when severe. The baths are so arranged that the patients can sleep com-

fortably, and move about in them without difficulty—a very essential point when the sufferers are obliged to remain constantly in them for months at a time. The additional facilities afforded by the new bath-room for the administration of these baths, are a valuable addition to the therapeutic resources of the hospital, and deserve the careful consideration of all hospital authorities and practical surgeons.

Sanitary Protection Association.—A sanitary protection association has been started in Edinburgh. It has for its objects the following: "1. To provide its members at moderate cost with such advice and supervision as shall insure the proper sanitary condition of their own dwellings. 2. To enable members to procure practical advice on moderate terms as to the best means of remedying defects in houses of the poorer classes, in which they are interested. 3. To aid in improving the sanitary condition of the city by following such course as in the opinion of the council may seem calculated to promote this object."

Medical Affairs in Montenegro.—Dr. Studitzki, in a letter to the *St. Petersburg med. Wochenschr.*, makes some astounding statements concerning the state of medical affairs in Montenegro. According to him, all the educated surgeons in the Montenegrin army are foreigners, the greater number of them being Russians. There are absolutely no native, educated physicians, the entire medical practice of the country being in the hands of the Jlitschkowitsch family, whose scanty knowledge of the healing art has been handed down from father to son for generations. At the present time ten members of this family are engaged in the practice of military surgery, and they follow in every respect the methods and rules of treatment prescribed by their forefathers. These consist principally in the use of splints for fractures, in frequent cauterizations of fresh wounds with lapis, and in drainage of gunshot wounds with "cotton wick." They are very weak in anatomy, and for fear of hemorrhage avoid all extensive and delicate operations. The only operations which they perform are extirpation of hypertrophied cervical glands, extraction of foreign bodies and trepanation. This last operation is very frequently performed, because every trifling injury to the head is regarded as an indication for trepanning. Sometimes four or five trepanations are performed on the same individual. The court-physician of Nicolas is a Frenchman, but his services are never employed by the people.

Air as a Cause of Disease.—Two addresses of allied import, one by Prof. Donaldson, of the University of Maryland, on "House Air as the Cause and Promoter of Disease," and the other by Dr. W. H. Byford, of Indiana, on "The Hygienic Conditions of the Present Condition of Society," are curious illustrations of a habit that should not be much indulged in medical literature—that of talking when one has very little to say. Prof. Donaldson, whose paper is reprinted from the report for 1877 of the Maryland State Board of Health, gives, however, one of those lucid and excellent *résumés* of the subject which are almost as valuable as original work, and concludes with suggestions of a practical bearing as respects the ventilation and sanitary inspection of houses. He says truly that neither diphtheria, scarlet fever, nor any other zymotic disease could make headway, if householders would only let plenty of fresh air and sunlight into their houses, and attend to their sewerage. He forgets, however, to tell where in crowded cities plenty of fresh air is to be found, particularly in a condition of the streets such as is not uncommon in the leading centres of population in this country. Of course, efficient drainage, street cleaning, and sewerage systems may reduce the external impurity to a minimum; but there are many things in a large city, and one of them is the apathy of the public, that prevent efficiency in these respects, and render it difficult for a board of health to enforce even the most essential precautions. So that, after all, the question finally becomes one of legislation—of medical jurisprudence.

Dr. Byford's pamphlet is scarcely as moderate in its terms as Prof. Donaldson's, and consists, for the most part, of a very sweeping criticism upon our habits of living. It seems scarcely possible that the former can be in earnest when he says that "the busy men—the men who perform the intellectual work that contributes to and makes the present state of civilization what it is—the authors, editors, divines, doctors, lawyers, inventors, manufacturers, traders, and other business men, are so stimulated by the ambitious spirit of the times, that they are worn out while yet young, and die the victims of apoplexy, paralysis, softening of the brain, or some other of the manifestations of an over-worked brain." This is certainly an explicit statement, and yet, when the statistics of longevity are studied, it will be found that the classes named by Dr. Byford are the long-lived classes of modern society rather than the short. Dr. Byford's criticism on the use of stimulants, narcotics, and sedatives, is, however, one that can be commended to the attention of readers, although even here he overstates the matter a little.

Preventing Cremation.—A bill has been introduced in the Pennsylvania legislature for the prevention of cremation. At the same time another bill was offered making it a penal offence for one man to ask another to take a drink of any intoxicating liquor. Both propositions seem to be on a par as to absurdity.

Dr. W. A. Hammond.—The bill to reinstate Dr. Hammond as Surgeon-General and place him upon the retired list has passed the Senate and the House of Representatives. It now merely awaits the approval of the President.

The Late Dr. E. R. Peaslee.—The Board of Governors of the Woman's Hospital in the State of New York, at their meeting held 12th inst., unanimously adopted the following minute for record and transmission to the family of Dr. Peaslee:

"Edmund Randolph Peaslee was a man of rare acquirements, of untiring industry, of great clearness of perception, and of singular purity of life. As a medical writer and practitioner none stood higher, and few were his equal in the various departments of medicine and surgery which bound him to the Woman's Hospital.

"In the midst of his busy professional life, Dr. Peaslee found time to interest himself in literature, the advance of science, and the moral and religious efforts of the age. A character thus broadened and filled out made its possessor a leader among his professional associates, and a wise and valued citizen.

"This institution has lost in his death an eminent and conscientious officer, a kind friend and adviser."

Diphtheria and Lactic Acid Spray.—Dr. H. Beyer, of Long Island City, L. I., reports two successful cases of severe diphtheria cured by the local application of dilute lactic acid in the form of a spray. He recommends its adoption in all desperate cases.

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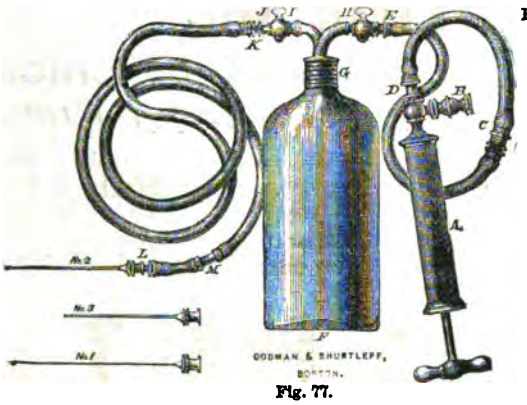
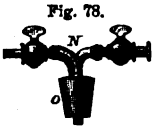


Fig. 77.

Fig. 78.



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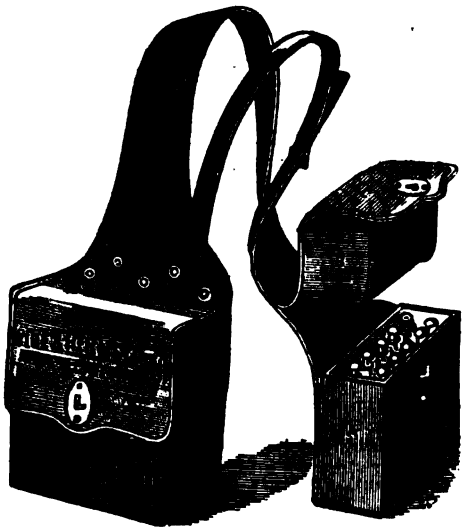

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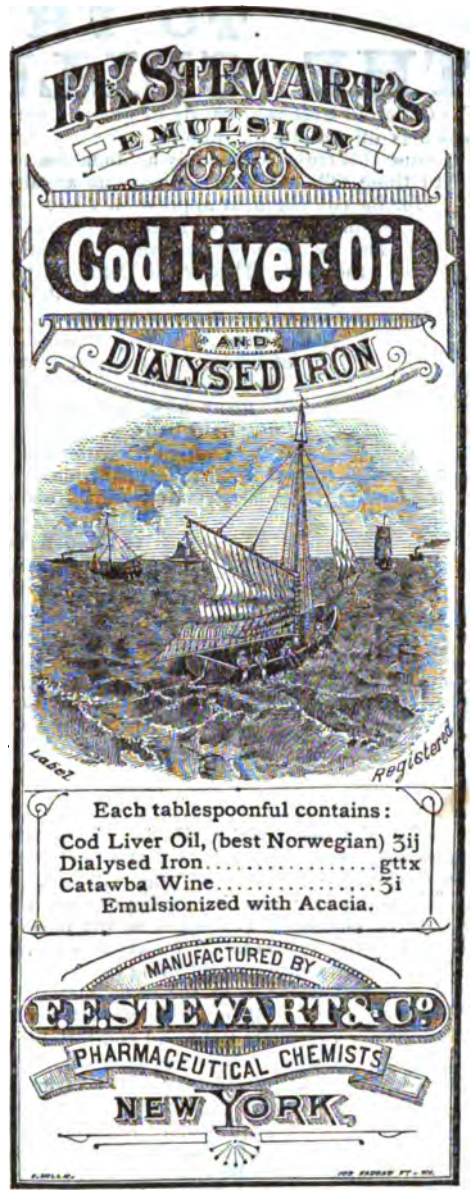

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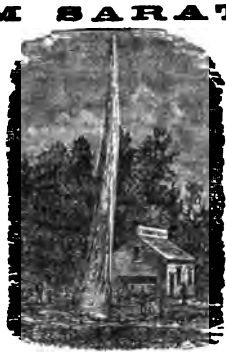

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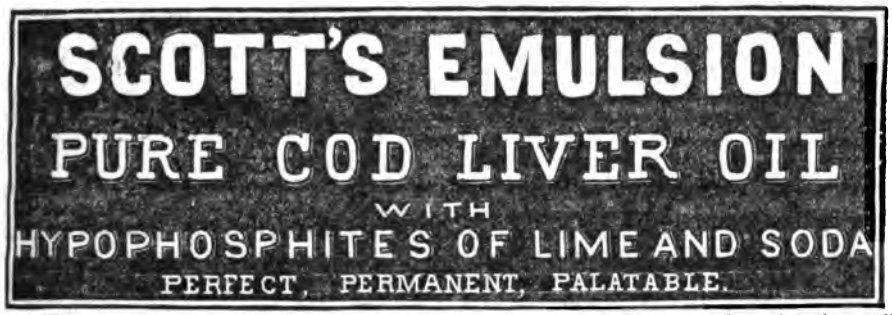

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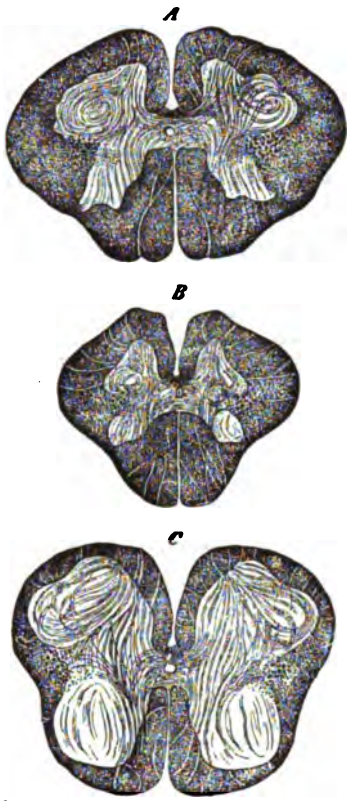

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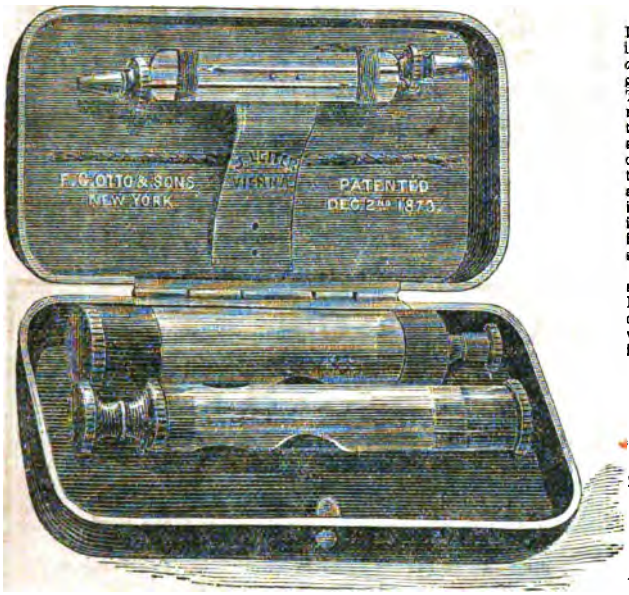

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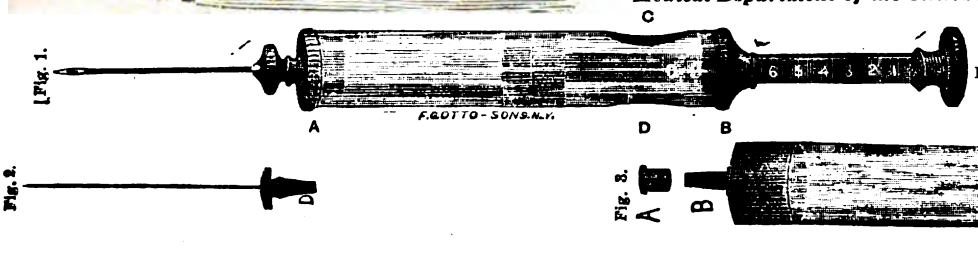

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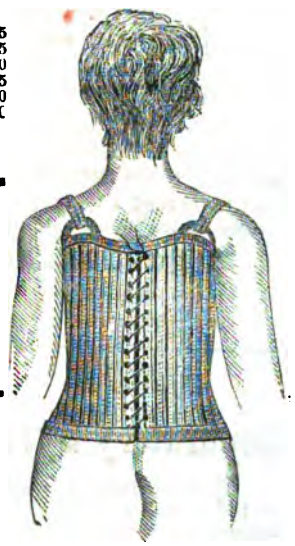

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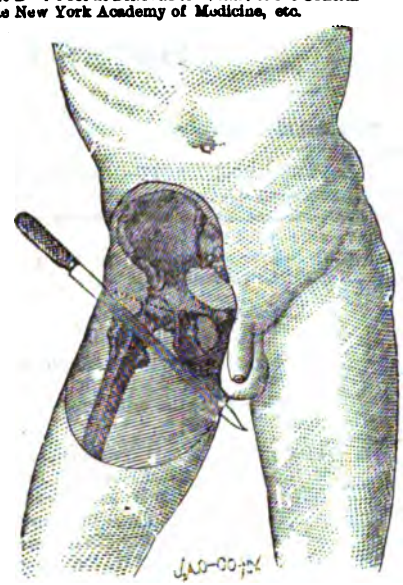

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Original Communications.

IS THERE AN "AMERICAN METHOD" OF TREATING FRACTURES OF THE THIGH?

By W. H. VAN BUREN, M.D.,

PROFESSOR OF SURGERY, BELLEVUE HOSPITAL MEDICAL COLLEGE, CONSULTING SURGEON TO NEW YORK HOSPITAL, BELLEVUE HOSPITAL, ETC.

The above question is suggested by the selection of this term by one of our hospital surgeons—himself a high authority on the subject of fractures—for the "improved extension apparatus" exhibited by the late Dr. Gurdon Buck at the *Exposition Universelle* of Paris in 1867. This method of treatment was described by its projector, at that time, in the pages of the Record (March 15, 1867, p. 49), and has since been familiarly known to surgeons as "Buck's Extension." As several important improvements in the treatment of thigh fractures originally brought into effective use in America are not included in this apparatus, the propriety of adopting the proposed suggestion seems to me open to question. It seems very desirable, also, that what are clearly American improvements should be recognized and specified as such, if this be possible, before they are absorbed and appropriated beyond recall. As a contribution to this object, I offer the following facts and considerations.

Whilst seeking evidence as to the value of Lister's antiseptic dressing in the wards of Guy's Hospital, London, in the summer of 1876, Mr. Howse incidentally called my attention to some thigh cases under successful treatment by what he styled the "American method," and of which he spoke favorably. I found, on examination, that the apparatus was Prof. Hodgen's modification of the late Nathan R. Smith's anterior splint, slung from a pulley at the end of a pole which projected five or six feet from the foot of the bed at an angle of nearly 45°. The limb, below the fracture, was fixed to the foot-piece of the splint by means of lateral strips of adhesive plaster, and the extension, which (as a consequence of the position and remoteness of the point of suspension) was effected entirely by the weight of the limb, acted in the direction of the broken bone, whilst the weight of the patient's body was all-sufficient for counter-extension. There was no pulley or weight employed. This apparatus is pictured and highly praised by Mr. Bryant, at p. 403, vol. ii., of his "Manual of the Practice of Surgery," London, 1876, where he refers to a large number of excellent results obtained by it.

Subsequently, in a hospital in Holland, cases of fracture of the thigh were pointed out to me as under treatment by the "American method," and the title here was justified by the use of adhesive plaster in adapting the extending force (weight and pulley) to the limb.

In a paper by Le Gros and Th. Anger, "*Des tractions continues et de leur application en chirurgie*" (*Archives générales*, Jan., 1868), a case is related of a boy with an oblique simple fracture of the thigh, treated in Nélaton's service at the *Hôpital des Cliniques*, in April, 1866, by what the authors designate as the "*appareil Américain*." It is described as consisting of "a long splint, provided at its lower extremity with a screw, so arranged as to effect traction upon the lower portion of the broken limb by means of strips of adhesive plaster applied upon its surface." "The only modification of this apparatus made by us," say the authors of the article, "was to introduce some tubes of caoutchouc into the extending cord between the loops of plaster and the screw." The object of this article is to set forth the value of India-rubber, in surgical extension, as a source and equalizer of power, and its especial quality of rapidly tiring out muscular contractility. The late Dr. Suckley (U. S. Vols.), after serving at the New York Hospital as house-surgeon, made a visit to Paris in 1855, and took with him a specimen of the thigh apparatus in use at that time in the hospital, which he presented to Nélaton. It is this, no doubt, which is styled the "American apparatus" in the above quotation. But it is to be noted that "elastic rubber webbing" formed a feature in the "Buck's Improved Extension Apparatus" exhibited in Paris in 1867 (*v.* Record *ut supra*), and the above paper was not published until 1868. I have Buck's own authority for the fact that he borrowed the idea of elastic extension from Dr. H. G. Davis, of this city, who was using it in connection with weight and pulley extension in the treatment of joint diseases.

The important improvement of adapting the elastic tension of India-rubber as a source of power for surgical purposes, claimed by the French surgeons whose paper I have quoted, seems, in fact, to have originated with Davis, who states that "his principle" of "continuous elastic extension" was inaugurated in 1856. (*American Medical Monthly*, N. Y., May, 1856, p. 330.) Barwell, writing in October, 1861, says that the idea of using it for "artificial muscles" had occurred to him "about a year ago." (*Med. Chir. Trans.*, vol. xlv., p. 25.)

Dr. W. Stokes (in the *Dublin Medical Journal*, May 9, 1870) has a case in which the thigh, already twice fractured, was treated on this third occasion by the "American permanent extension splint." The New York Hospital apparatus of 1855 had been introduced in Dublin, in that year, by Dr. C. R. Agnew, who had recently completed his service as hospital surgeon.

Finally, Prof. Spence, of Edinburgh, reproduces a wood-cut from Erichsen of Buck's apparatus (as pictured in the pamphlet "taken from The Medical Record") in the last edition of his "Lectures on Surgery" (Edinburgh, 1875, vol. i., p. 345), but does not mention Buck's name, nor indicate in any way its American origin, confining himself to establishing its identity in principle with a "weight with circle and strap for hanging from the ankle," and a fracture-bed with a "horse-girth perineal band," which he also pictures, from Hildanus. Having in this manner disposed of the question of originality, Prof. Spence goes on to describe all the details of Buck's apparatus, with short splints, adhesive plaster strips, and weight and pulley extension, adding also the later device of lifting the foot of the bed, so as to do away with the perineal band for counter-extension—as he, Prof. Spence, says he has employed them. His only allusion to America is contained in the following quotation (from p. 346): "I prefer deep sand-bags, to prevent rolling of the limb outward in fractures of the thigh, to a long lateral splint, as used in America." He elsewhere speaks of this as "the simplest, least irksome, and most perfect method I know of treating fractures of the thigh" (p. 345), and uses the same or even higher terms of commendation in his address before the British Medical Association, at Manchester, in August, 1875 (*Med. Times and Gaz.*, August, 1875, p. 205), without, however, recognizing that the value of the improvements which give this method its superiority had been ori-

ginally demonstrated in the New York Hospital ten years before.

Even from this scanty show of facts, it seems fair to draw two inferences: first, that devices regarded (by most of those who employ them), as American in origin, and by all as improvements, have secured a foothold abroad; and, second, that the designation of "American method," or "apparatus," is already applied abroad to several distinct modes of treating fractures of the thigh—modes as different, in fact, as Hodgen's modification of Nathan R. Smith's anterior splint and the old long splint with screw extension in use at the New York Hospital in 1855. The term, therefore, is applied to certain recognized improvements which have come from our country, and not to any special method or apparatus.

These improvements are:

1. The use of adhesive plaster to connect the extending power with the limb. This is the most important of all these devices, as it does away with the great pain and the danger of eschar and ulceration which attended all the contrivances previously employed for this purpose. Buck first employed it in the New York Hospital, about 1852, and demonstrated on a large field of practice its entire efficiency. He ascribed the merit of originating it to Dr. Josiah Crosby, of Manchester, Vermont. But Dr. Crosby was probably anticipated, without his knowledge, by Dr. Wallace, of Philadelphia (*v.* review of *Sargent's Bandaging and Minor Surgery* in the *New Hampshire Jour. of Med.*, August, 1850, vol. i., p. 27), and there is also "a tradition of its use in this way by more than one generation of 'country doctors' in a remote corner of Pennsylvania" (*v.* Sargent's work, *ut supra*, Philadelphia, 1862, pp. 177–8), and Benjamin Gooch employed it in the last century to retain the foot and leg in position after rupture of the tendo Achillis, and in fracture of the patella. (*Chirurgical Works*, London, 1792, vol. iii., p. 130.) Buck certainly took a large part in popularizing the use of the adhesive plaster in treating thigh fracture, and it constituted the principal claim to superiority of the New York Hospital apparatus which was introduced abroad in 1855.

2. Next in importance is the device of elevating the foot of the bed, in order to secure the benefit of the weight of the patient's body as a counter-extending force. After a long period of trial, this measure has secured the confidence of practical surgeons, and the inestimable advantage of being able to give up that instrument of torture, the perineal band, is only now beginning to be universally recognized. Buck's original method did not include this device, but in a copy of his pamphlet of 1867 which he sent me in 1875, whilst considering the propriety of exhibiting a model of his apparatus at the Centennial Exhibition, in answer to my question as to what he considered essential features of his method, the following note is appended in his handwriting: "The counter-extending band has gone into disuse. Experience has shown that the weight of the body, aided by elevation of the foot of the bed, affords sufficient resistance to the extension in almost all cases. G. B." It was only after many years of patient trial that this conclusion was reached, for the original suggestion seems to have been derived from Dr. Van Ingen, of Schenectady, N. Y. (*v. Trans. Am. Med. Association*, vol. x., p. 436, New York, 1857—in an appendix to a *Report on deformities after fractures*, by F. H. Hamilton, M.D.). The foot of the bed is represented here in a woodcut as elevated from twelve to twenty inches, the patient's foot being attached firmly to its footboard. Erichsen, who praises the "American method"—applying this title to Buck's apparatus—in a clinical lecture in 1868 (*London Lancet*, May 9th), makes no mention of this device, nor yet of the use of the elastic element in extension. In his last edition (1878) Buck's picture is reproduced with the perineal band still in place. This picture is also copied by Spence. I will mention here that I learned from Dr. Buck, shortly before his death, that an army surgeon, who had employed this device with success, in connection with his (Buck's) extension apparatus, in the Lincoln Hospital, during the war, had since visited Edinburgh, and introduced the improvement there. He was unable to recall the surgeon's name.

3. The introduction of the *elastic element* in connection with the extending force ranks next in importance amongst the improvements in the treatment of thigh fractures which have originated in our country, and I doubt whether we even yet properly estimate the advantages which India-rubber offers in this direction to the surgeon. The gentle, but unyielding force exerted by this curious substance when put upon the stretch or when subjected to compression, has no rival as an antagonist to muscular contractility; it follows up without the slightest remission the successively contracting and relaxing fasciculi which make up the masses of muscular tissue in such a manner as to exhaust their contractile capacity, and tire out the muscle in less time and with less exertion of force than any other form of power. This quality, it may be remembered, was claimed for the weight and pulley, when this form of power replaced the screw. One of Nélaton's cases witnessed by an American student may be mentioned in illustration. Whilst lecturing one day at his Clinique, a new case of luxation at the shoulder was brought in. Nélaton seated the man so that his trunk was supported, called for a few feet of India-rubber tubing, which he doubled and attached by one end to the abducted humerus just above the elbow, stretching it slightly, passed the other end over a hook in the wall. He then resumed his lecture. In less than ten minutes the man exclaimed that his shoulder had gone into place. Bryant relates that in a neglected dislocation of the shoulder of twenty-five days' standing, Mr. Cook, of Guy's Hospital, placed a vulcanized India-rubber air-pad in the axilla, and bandaged the arm firmly to the chest. On the third day the head of the bone was found to have returned to its natural position. It is capable of demonstration that a much smaller weight is efficient in thigh extension by weight and pulley when transmitted through an elastic medium. India-rubber is employed in connection with several forms of thigh splint in the London hospitals as an "accumulator" of the extending force. Mr. Erichsen mentions in his last edition an "elastic catch," recently devised by one of his house-surgeons. A force so gently continuous, and yet so powerful, cannot fail to meet many wants of the surgeon; and, as far as I can learn, it was first used in our country.

4. The weight and pulley is a form of power which has been long used in surgery. It claims notice here in consequence of its revival in this country in a new and more efficient combination, which has been demonstrated to possess merit enough to displace the screw. It has been employed in the treatment of fractures of the thigh, in this country, by Dugas, and, as early as 1819, by Daniell; and in Europe, as Malgaigne tells us, by Seutin, Guy de Chanliac, and Fabricius Hildanus in the sixteenth century. Like the short splints, with which Buck has proved that good results can be procured with diminished pain and constraint to the patient, the weight and pulley con-

stitute a part of his apparatus—the form of power which his large experience led him to prefer.

5. The "anterior splint" is justly entitled to the designation of an "American method." I see it stated recently (in the *North Carolina Med. Journ.*, Jan., 1878, p. 45) that in our "Southern States, the home of the invention, the weight and pulley extension is less employed than the suspensory anterior splint of Prof. Nathan R. Smith." In the language of Prof. Hodgen, of St. Louis, who is the best known exponent of its merits, "to Nathan R. Smith, of Baltimore, is due, I believe, the credit of indicating the best principle for the management of fractures of the thigh—by suspending the limb, semi-flexed, from some remote point, and allowing the weight of the limb, with the obliquity of the suspending cord, to accomplish the required extension" (*St. Louis Med. Jour.*, vol. viii., N. S., May 10, 1871); and it does effect the necessary degree of extension, without any pulley and weight, or any additional force beside the weight of the limb, the weight of the patient's body affording all sufficient counter-extension without any perineal band whatever, or any tilting of the foot of the bed. Prof. Hodgen, who has improved the apparatus in many important details, demonstrated these facts during the late war, and they are confirmed by the success of his improved splint at Guy's Hospital, London, at the Marine Hospital, Greenwich, England (*v. Guy's Gazette*, December 11, 1875, and Bryant, *ut supra*), and by Dr. Hewson, of the Pennsylvania Hospital, who is said to give it the preference (*Medical News and Library*, Phil., Feb., 1877, p. 26).

Prof. Hodgen expresses his surprise that this method has not been more generally adopted by surgeons. Is it because its merits are not generally understood? In the woodcut in Erichsen's last edition the point of suspension is figured immediately above the patient's knee, *i. e.*, in a vertical direction; whereas, to secure the power of extension which the apparatus possesses, it should be located in an oblique direction, *i. e.*, at a "remote point"—over the patient's ankle, or at the end of a pole as at Guy's—although a study of the parallelogram of forces will show the latter to be too remote to be advantageous.

If we apply the term "American" to Buck's "improved extension," what designation will remain for the Smith-Hodgen method?—or for the outcome of these several American improvements, viz., the great gain of being able to command a good result in thigh fractures *without a perineal band*, which (with the adequate and painless extension afforded by either Buck's or the Smith-Hodgen apparatus) will be recognized by the practical surgeon, hereafter, as the most important of them all?

I am forced to the conclusion that we should continue to use for Buck's "improved extension apparatus" the designation which he originally gave it—with his name prefixed in grateful recognition of a lifetime of patient, practical investigation, through which we are the gainers; and, also, as a means of distinguishing it from the eminently American method of Smith and Hodgen, in which, besides other advantages, extension and counter-extension are secured by a most ingenious and, as far as I know, a most original device.

NEW YORK MEDICAL REGISTER.—Dr. W. T. White has been elected, by the New York Medico-Historical Society, editor of the New York *Medical Register*, vice Dr. A. E. M. Purdy, resigned.

CLINICAL OBSERVATIONS ON THE EARLY STAGES OF SCARLET FEVER, WITH SUGGESTIONS AS TO PATHOLOGY.

BY C. E. BILLINGTON, M.D.,

VISITING PHYSICIAN TO DEMILT DISPENSARY, N. Y.

(Read before the New York Academy of Medicine, March 7, 1878.)

PART II.

THE phenomena of the stage of invasion, then, are: primarily, angina, which is specific and probably peculiarly irritating in character; secondarily in order of time, and possibly also in that of causation, varying degrees of nerve-disturbance and fever.

The duration of this stage, as is well known, varies greatly. Such observations as I have made upon this point would tend to fix its average at about eighteen hours.

THE STAGE OF ERUPTION.

The disease, which has hitherto been simple in the sense of presenting but one manifest lesion, the angina, now becomes complicated by the addition of a second—the well-known eruption—a hyperæmia with exudation; in other words, an inflammation of a mild type of the more superficial cutaneous structures.* With its appearance occur characteristic changes in the mucous membrane of the tongue, and perhaps of other mucous surfaces.

The view which has been frequently advanced, that the angina and the rash are simply parts of a contemporaneous or continuous eruptive process of all the cutaneous and mucous surfaces, is perhaps not fully supported by facts. They are in typical cases neither contemporaneous nor continuous, but, as has been seen, are separated by a distinct and not inconsiderable interval. Prof. Thomas, in the article from which I have already quoted, says: "There is found in scarlatina no constant or characteristic condition of the mucous membrane of the organs of digestion, as was found to be true also of that of the air-passages. The mucous membrane of the stomach and intestines, in cases which have been most carefully and microscopically examined, has been found perfectly normal, or only affected with some incidental lesion. A permanent hyperæmia of the mucous membrane does not denote, as was formerly erroneously thought, an exanthem of the mucous membrane, but denotes in severe cases, as in other acute exanthemata, the presence of a catarrh."

That the eruption may be a sequel in order of causation, as it is a sequence in order of time, of the angina, cannot, I think, be pronounced impossible. When we see urticaria produced in some persons by the irritation caused by eating a single strawberry, erythema a not infrequent attendant on various inflammatory affections, and eczema and other eruptions often produced or aggravated in children by the irritation of each advancing tooth, can we deny that a specific and peculiar nerve-irritation may have the constant effect of producing a specific eruption? But when we further consider that this specific angina may, as has already been suggested, have its specific morbid and morbific products, which may be absorbed into and distributed by the blood, we have an-

* That the eruption does not depend upon the agency of the sweat-glands or perspiratory ducts, as was suggested in the discussion by Dr. Andrew H. Smith, seems conclusively shown by a case, reported in Ziemssen's Cyclopædia, of its occurrence over a large cicatricial surface where the skin had been entirely destroyed by a burn.

other mode of causation by which it and the eruption may be connected.

While the remarkable irregularities in time and manner of the appearance of the eruption are suggestive of the former of these modes of origin, its probable agency in the contagion of the disease and its inoculability as strongly favor the latter.

There is in some cases at this stage the pulse of arterial tension, which condition may, as was pointed out by Dr. Broadbent, be due either to a toxæmic or a neurotic cause.

Whatever may be its etiology, the eruption becomes a new and not unimportant source of nerve-irritation and febrile excitement. No wonder that these phenomena, if marked before, now become greatly intensified, and that in many cases they now for the first time assume prominence.

In estimating the disturbing effect of the eruption upon the general economy, its interference with the normal functions of the skin must also, of course, be remembered.

MALIGNANT SCARLATINA.

But it may be objected that this theory of primary peripheral nerve-irritation fails to furnish an adequate explanation of that intense fever and those appalling nerve-disturbances that early characterize malignant cases, for the reason that the angina is not always seen in such cases to be severe. Indeed, statements of its occasional supposed absence in such instances are not wanting, and may be adduced in opposition to the foregoing argument.

To these I reply: First, that the throat-affection has not always been very carefully studied in this disease, even by some who are otherwise excellent observers. I have in several instances been told by physicians who were intelligent and had seen not a little of scarlatina, that the angina in a given case was slight, but, on going with them to it, have been able to convince them by ocular demonstration, on a second observation, of their error. In malignant cases the urgent general symptoms often divert attention from the throat. I know by experience how easily a physician who is called at night to a child in convulsions or delirium or coma, and who inspects the throat of his struggling patient hastily and by an imperfect light, may be led into error by failing to see all that is actually there.

Having been personally searching with especial attention for several years, and in a large number of cases of all grades of severity, for one in which angina was absent, but in vain, I will be greatly obliged to any one who will show me such an instance.

Second, while it is true that the appearances of throat-inflammation are in some malignant cases at first comparatively slight, it is yet probable that the primary local irritation is in all such instances peculiarly intense. That this is not always objectively evident, may be explained by the fact that the perturbation of nerve-functions may actually retard the natural *local* reactions to that primary irritation. Pain, redness, and swelling may therefore be developed more tardily and imperfectly than in a milder case where this irritation is really less intense. But while this partial retardation may continue for a day or two, the reaction does come if the patient lives longer. Meigs and Pepper say: "We have found that, in all severe or grave cases in which the patient did not die with violent nervous symptoms under the first shock of the scarlatinous poison, there has been developed a severe and dangerous anginose inflammation about the third or fourth day." As the general truth of this statement is not likely to be disputed, the question that remains is—must this "*first* shock of scarlatinous poison" be regarded as necessarily toxæmic and central, or may it not be peripheric, and due to the intense local irritation which was really the first stage of this "severe and dangerous anginose inflammation"? The barriers of the resistance of the nervous system being once broken down by this peculiar irritation in especially susceptible organizations, the various morbid processes that constitute or result from fever follow with unchecked rapidity.

Again,* if the primary cause of disease in malignant cases is a poison—organic or chemical—received into the blood in the lungs, how can it be explained that so many who constantly inhale the same poison escape constitutional infection? And how can it be explained that the disease is not about equally fatal in all who have been equally and continuously exposed to the same contagion?

Further, the fact of the usual non-recurrence of the disease in those who have had it seems to find a more rational explanation, either in the hypothesis of a special tissue-change, or in that of a change in nervous susceptibility to a given disturbing impression, than in that of a permanent alteration in the constituents of that perpetually renewed fluid, the blood. Can we suppose that a special permanent blood-change is produced by each of the non-recurring diseases?

Now, it has been shown in this paper that continuous exposure to the contagion of severe scarlatina has probably the nearly constant effect of producing a characteristic faucial redness, but that fifty per cent. of eighty-six unprotected children continuously exposed escaped the disease, though most of them showed this faucial redness. Are not these two facts, taken in connection with the third one, that angina is the earliest and the most important symptom of the disease, very suggestive of the conclusion that this angina may be primary; † and that, whether primary or secondary, it is yet the real commencement and the chief efficient cause of the subsequent and accompanying constitutional malady?

The fact that the disease proceeds no farther than this initial stage in so many instances, and the various other irregularities that are so eminently characteristic of it, find their most rational explanation in that apparent capriciousness in nervous reactions with which we are familiar in numerous practical illustrations.

If urethral fever may be regarded as belonging to the class of reflex disorders, as was suggested by Dr. Horatio C. Wood in his interesting monograph, "A Study of the Nature and Mechanism of Fever," and further by Dr. Thomas R. Brown, in the article "On Urethral Fever," in the *New York Medical Journal*, February, 1878, an additional analogical argument is

* These considerations were in part urged by Dr. B. W. Richardson against the germ-theory of disease (vide *Medical Press and Circular*, October 10, 1877, p. 293), but seem to me to have even greater force against any hypothesis based on a primary general blood-change from an inhaled specific chemical poison, as the laws of chemical action are known to be uniform.

† With regard to a question referred to elsewhere in this paper, and also in its discussion as having an obvious bearing upon this point, Dr. Lefferts informs me that erythematous pharyngitis occurs in most—probably in all—cases of secondary syphilis concomitantly with the cutaneous eruptions; but that data are wanting for a definite answer to the question whether it is, as a rule, the earliest of the secondary manifestations. The corresponding facts as to small-pox communicated by inoculation are, so far as I have been able to learn, equally unattainable; but in that disease, when taken in the ordinary way, there is, in some cases at least, an angina which precedes the eruption by two days. In measles, irritation and congestion of the pituitary, pharyngeal, and bronchial mucous membrane precede the eruption by three days. That there is a close analogy in the modes of inception of the three acute exanthemata can hardly be doubted.

furnished, in connection with facts which have now been presented, in favor of the possibility of this being the essential nature of the early constitutional disturbances in scarlatina.

I have thus endeavored to sketch the salient points in the clinical history of scarlatina from its inception, through the stage of invasion to the beginning of that of eruption, with some suggestions as to possible relations of cause and effect that seemed to me neither far-fetched nor violently improbable. I shall follow it in detail no farther. The disease now becomes rapidly in severe cases more and more complex. There now occur in such cases other well-known organic lesions. There is now unquestionably important blood-change; but this is not, so far as has ever been positively demonstrated, specific, but such as is perhaps common to some other febrile diseases. It is probably not the primal cause of the disease, but its effect.

That this blood-change occurs in malignant cases with an earliness corresponding to the rapidity of other processes, and may contribute not a little to their severity, cannot be doubted; but this by no means proves that, even in such cases, it is initial or primarily causative.

FEVER-HEAT.

An appreciable phenomenon in all cases of scarlatina, and one of supreme importance in many, is *fever*. Any exhaustive discussion as to how far this may be, on the one hand, merely "irritative" or "symptomatic," or, on the other, "hæmic," would be far beyond the scope of this paper. It may be primarily the former, but later, in the course of changes such as have just been pointed out, partake of both characters.

I have, however, taken the temperatures daily in many cases, with observations upon the relations of those temperatures to the inception, extension, intensification, or the opposite, of local inflammations.

The result of these observations has been to show a general correspondence between the two.

It may in the first place be remarked that the typical thermometrical curve in a normal case of scarlatina may generally be observed to represent the rise and the decline of the faucial and the cutaneous inflammations.

When, however, the line of thermometrical elevation is irregular, its sudden rise may usually be observed, at least in cases of moderate severity, to denote intensification of the angina, its extension into the nasal or Eustachian passages, the involvement of lymphatic glands, or the occurrence of other local inflammatory complications or sequelæ.

The following are examples of many that might be cited:

I.—John G——, age seven, Jan. 18th, second day. Temperatures on successive days: 101°, 102½°, 103°, 102½°, 102½°, 100½°, 100½°. Took cold, with aggravation of throat-affection: 102½°, 102°, 101°, 100°, 100°, 99½°, 99½°, 98½°.

II.—Ida P——, age three, Jan. 18th, first day: 99½°, 99½°, 101°, 102½°, 103°; follicular tonsillitis: 104°, 103°, 102°, 102°, 102°, 101½°; otitis and adenitis: 103½°, 103°, 102½°, 102°, 102°, 101¼°, 101°, 100°, 100°, 99½°, 99½°, 98½°.

III.—John McG——, age four, Jan. 7th, first day: 100¼°, with slight sore throat. On fourth day, with follicular tonsillitis and pain in right ear, 103½°; fifth, 102¾°; sixth, discharge from ear, 100¾°; seventh, pain in left ear, 102¾; eighth and ninth, the same; on tenth, discharge from left ear, 100½°. The angina and double otitis peristed for twenty days more, with temperature ranging between 99½° and 102°, the upward variations being repeatedly directly traceable to their aggravation from taking cold or neglect of treatment.

IV.—Nelly Q——, age six, Feb. 14th, second day: 104½°; severe angina, 105°, 103°; stomatitis, 104°, 102½°, 101°, 101°, 100°, 100°; increased tonsillitis, 100¾°, 100°, 99½°, 99½°; increased tonsillitis, 101°, 99½°, 99°, 98½°.

Similar variations in temperature in connection with other complications might be illustrated, but it is unnecessary.

These observations, again, are corroborated by those of Dr. Bullard.

PROGNOSIS AND TREATMENT.

My remarks under this head must be exceedingly brief and general.

The dangers to be considered in the early stages of scarlatina are twofold, those resulting from the angina and those depending upon the fever and nerve-disturbance; for, intimately as these are connected, they may be, and often must be, estimated and combated separately. The prognosis is grave in proportion to the severity of either.

The importance of measures intended to mitigate the discomfort and disinfect the morbid secretions due to the former, has long been generally recognized. In addition to agreeable cool drinks, I generally prescribe small and frequent doses of chlorate of potash with a little glycerine in lime-water, which is a pleasant mixture. Under this treatment the early vomiting very rarely proves persistent or troublesome. When indicated, I combine with this mixture the bromide of potassium or the spirit of nitrous ether, or substitute for the lime-water in it the spirit of Mindererus.

In severe anginose cases, or those attended with diphtheritic complication, I employ the same treatment that I use in diphtheria.

The angina of scarlatina is probably never cut short by treatment, but in a certain proportion of cases it may be somewhat mitigated, glandular implication and septic absorption prevented and diphtheritic complication cured, and thus a fatal termination averted.

High fever-heat has in my experience been an invariable characteristic of malignant cases. The constant tendency of such cases to a speedily fatal issue, and the fact that some have been saved by the prompt employment of vigorous antipyretic measures, are well known, and the resulting indication generally recognized. Cool bathing, and quinine in *large* doses, are the remedies to be employed. Owing to the exceptional ignorance and prejudices of the families in which malignant cases have occurred, in my dispensary service, I have not ventured to employ any other form of bath than cool sponging, and in one instance a partial use of the wet pack. While these have been followed by no successful result, the uniformity with which a slight reduction of temperature by these means has been attended with a temporary subsidence of the most violent nerve-symptoms, has been striking.

Except with definite antipyretic indications and in antipyretic doses, quinine has not seemed to me to be useful in the earlier stages of scarlatina.

Inunctions I esteem less than I did formerly. The claim that they prevent itching and discomfort of the skin has not seemed to be well founded, these symptoms having been particularly troublesome in some cases in which they were employed. Tepid sponging is of unquestionable value.

The results in the 102 cases referred to have been as follows: Three passed under the care of other physicians, leaving 99 to be accounted for. Of these, 85 recovered and 14 died. The variableness of the rates

of mortality, and the consequent difficulty of estimating the results of treatment in scarlatina, are well known. A larger proportion than usual of these cases have been grave—fully one-third of those that recovered having been of severe anginose type, and not a few attended with nasal, diphtheritic, or other serious complications. Good nursing also, which is of especial importance in this disease, has been deplorably lacking in many instances. These results, therefore, though not at first view brilliant, have been in reality, all things considered, decidedly favorable.

A majority of these cases have been visited daily, and some oftener, temperatures taken and other observations made, and the treatment carefully attended to. While I am indebted to various other gentlemen for valuable assistance, I am under especial obligations to Drs. A. E. Prince and O. B. Douglas.

Reports of Hospitals.

HOSPITAL OF UNIVERSITY OF PENNSYLVANIA.

CLINICAL LECTURE ON CARUNCLE OF THE FEMALE URETHRA.

By WILLIAM GOODELL, M.D.,

PROFESSOR OF GYNÆCOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

(Reported for THE MEDICAL RECORD.)

THE most common and painful affection of the female urethra is caruncle. The patient that I bring before you to-day is thirty years of age and married. Young as she is you see how the disease has left its marks upon her, how emaciated, careworn, and cachectic-looking she is. From her appearance one would really suppose that she was suffering from some severe and wasting constitutional vice. Her history is very brief, but very sad. Three years ago, when in the midst of most excellent health, she found that her urine began to scald her when she made water. The passage of the last few drops gave her the most agonizing pain. This pain grew daily more severe and unbearable, until of late she holds her water as long as possible, and when at last she is obliged to pass it, she clutches any chair or article of furniture that stands in reach, so great is the agony. The pain about the meatus did not at first interfere with the approaches of her husband, but the time came when cohabitation was pure torture to her, and of late she has been obliged to give up all marital intercourse. Very naturally this abstinence has become a constant source of domestic unhappiness. Within the past year or so even walking has grown to be a painful exercise. You see she walks with a sort of stoop, at the same time holding her legs as far apart as she can. She has suffered a great deal lately from burning sensations in the external organs of generation. There is an abundant leucorrhœal flow. Her urine is streaked with blood, and her linen stained by the same fluid. She has become very much distressed and very melancholy from constant brooding upon her condition. Several physicians who have hitherto attended the patient have been misled by the symptoms presented into supposing her to be the victim of some chronic uterine affection. Let me warn you how easy it is to be led off the track in just such cases as this one, and how careful you ought to be to make a thorough examination of the urethra before settling upon the presence of any other disease. The patient tells me that applications have been made to the cervix, and that vaginal suppositories and pessaries have been constantly employed, without giving her the least relief; and no wonder. As I myself have made this same blunder I will not be uncharitable.

I am going to examine the patient thoroughly before you. I separate the woman's thighs and bring to view the meatus urinarius. This little crimson, highly injected, wart-shaped body is what we know as a caruncle. Some call it vascular tumor, and some vascular excrescence of the urethra. We will not, however, disturb ourselves about names. Suffice it to say that this tiny, insignificant-looking growth can, and does give rise to the most exquisite pain even when touched with a feather. The little nervelets which are distributed over its surface reach, in time, a most exaggerated condition of hyperæsthesia. Even now when the patient is thoroughly under the influence of the ether you see how she winces when I seize the caruncle with this pair of toothed forceps and bring it fully into view. Now that you get a good view of it, you notice, no doubt, the resemblance it bears to an Antwerp raspberry. See how exceedingly vascular it is! I have been holding it and pulling it out of the urethra with the most gentle traction, and yet see how the blood oozes from its walls! I told you a minute ago that the woman winced when I touched the growth, though she was fully under the anæsthetic. I should say to you in explanation of this that a woman's external genitals are the last parts of her body to be affected by the ether. Sensation is so very acute in these parts that it will remain unblunted long after the nerves of the periphery have succumbed. You have a very good illustration of this fact when your hand or instrument comes in contact with the near approaches to the vagina in a case of vaginismus. The patient may be in the most complete stage of ether narcosis, and yet the minute you try to introduce your hand, or a speculum into the vagina she begins to struggle with you, and you are forced to stop your manipulations and give more ether.

This is a very severe case of caruncle. The growth has been left so long unremoved, and has been so much irritated that it has begun to affect seriously the patient's health. You will very rarely come across cases presenting so many symptoms as the present one. Usually the general health is not at all affected, and the woman will only complain of pain and *malaise* during the acts of coition and micturition. On the other hand, I have seen much worse cases than this one—cases in which the constant pain and restlessness and wear-and-tear of the system had brought on temporary insanity. I can give you a very good case in point. Some years ago I saw, in consultation, a young married lady, who had been utterly broken down in body and mind by her acute sufferings. She had dysmenorrhœa very badly, coitus had not been possible for months, her temper was becoming ruined, and she was fast falling into a state of confirmed hypochondriacism. Her lips were blanched, her eyes hollow and sunken, and her whole face unutterably melancholy and wasted. I never once dreamed that all these symptoms grew out of the simple presence of a urethral caruncle. I examined the poor girl's lungs, auscultated her heart and arteries, examined the cervix carefully by sound and speculum, and thought that I had reached the root of all the evil when I came upon a slightly anteflexed womb and reduced it. I was getting frightfully perplexed and bewildered, when a glance into the opening of the urethra showed

me the true state of affairs. When I cut out the caruncle she was all right again as if by magic.

Caruncles are more common, I think, in married women than in virgins. They do not generally appear until after the prime of life. This case is an exception to that rule. Various causes have been assigned for their appearance. I am rather inclined to refer them to the congestion of the urethral plexus of veins by the pressure of a gravid or displaced womb. In some cases an over-distended bladder or rectum will bring about congestion. Thus a caruncle owes its growth to the same predisposing and exciting causes as does an hemorrhoid. I have heard of instances in which they had been produced by uncleanly habits, or a constant and irritating leucorrhœal discharge. Some authorities speak of gonorrhœa as an exciting cause.

Caruncles are hypertrophied urethral papillæ which are covered with the usual pavement epithelium, and become gradually over-supplied with blood and nervous attachments. Caruncles may be single or multiple, sessile or stalked, pink or scarlet, and are usually found at the mouth of the meatus, and at its lower verge. I have seen them, however, stud the whole rim of the opening, and occasionally have known them to extend up the canal for the distance of a half an inch or so. They vary in size from that of a pin's head up to that of a pigeon's egg; usually they are not larger than a good-sized raspberry. This one is very small, and yet see how much harm it has done! There is, therefore, no proportion between the amount of pain produced and the size of the tumor. The more vascular and vivid the caruncle, the more sensitive is it. This caruncle, as you can see for yourselves, has a broad base of attachment just within the verge of the meatus. Do not confound with a caruncle the pale, non-vascular, but highly sensitive neuromatous tumors of the urethra mentioned by some writers. These I have never met with, though I have, upon several occasions, removed from unmarried girls a worm-like tumor which dangled from the vestibule. These tumors were pale, but not at all sensitive.

There is a great deal of real difficulty connected with the diagnosis of caruncles of the urethra. Vaginitis, displacements of the uterus, diseases of the ovaries, all give rise to vesical disturbances; and if the symptoms are not quite so complete as they are in this case, you will be very likely to overlook the caruncle. Reflex uterine symptoms draw away your attention, while delicacy prevents you from making an ocular examination of the parts. It is a very great art to be able to examine the urethral opening of a woman without offending her proper and instinctive sense of decency. I once made a very bad blunder of this sort myself; but, as I have learned a great deal from experience since then, I feel myself to be in a position to advise you in this matter. A patient comes into your office, we will say, with some affection such as that which we are now considering, where it is exceedingly advisable that you should thoroughly examine the parts not only with fingers and instruments, but with your eyes. Do not ask the woman to lie down on your table or lounge, tell her that you want to *see* what is the matter, and then brusquely proceed to do so. Let me assure you that very few respectable women will submit to that sort of treatment, particularly at the hands of young doctors. Never suggest to a woman the necessity for an ocular inspection of her person, but do it without her consent.

Let us suppose that the case is one in which dysuria is a prominent symptom. You will very naturally infer the existence of some uterine lesion, and will, of course, make an examination with the speculum, to which most women will submit. While exploring the uterus with the index-finger, you may, at the same time, with the thumb press upon the meatus, and notice whether the pressure gives pain. During the introduction of the speculum, you can always visually inspect the parts without the knowledge of the woman. Now, in my experience, whenever you can confidently say to the patient, "I have found out the cause of your distress; here it is;" and can at the same time, by pressure with your finger upon the caruncle, prove what you say, she will offer no resistance to any future needful exposure. Never, however, forget to go through with the formality of covering your patient with a sheet.

The prognosis of caruncle depends largely upon the nature of the tumor. The probability of cure is excellent when the caruncle is stalked. When it is sessile, or multiple, it is no easy task to get rid of it. For every sessile tumor you snip off, two fresh ones are likely to take its place. However, there are methods of restraining the growth of these tumors, as I will soon show you.

How are you to remove a caruncle? If it has a distinct stalk, one clip of the scissors does all the work. How are you to act when the caruncle is sessile? The case I have to-day is one in point. I place the woman in the lithotomy position, fronting a good light. She must be thoroughly under the influence of the anæsthetic. While the assistants support the knees and stretch open the meatus, I seize the growth and carefully remove it by repeated snips of the scissors. Be sure to include with the growth a portion of the healthy mucous membrane on each side. After cutting out the caruncle, I have hitherto been in the habit of quickly drying the raw surface, searing it with the frayed end of a match moistened with fuming nitric acid, and then with a little olive oil decomposing any excess of acid.

To-day I am going to scarify the wound with the *Cautère-Paquelin*. This instrument is very highly prized as a thermo-cautery abroad, and has of late been imported by our instrument-makers. This cautery usually stops all bleeding at once. Nitric acid is not nearly so reliable in its styptic action. Four years ago I had been called to operate upon a case, and had removed for the second time a sessile caruncle, when, upon my second visit, about twelve hours after the operation, I found that the woman had lost, and was still losing, a large amount of blood. I applied first ice, and then Monsel's salt to the raw surface, and put on a compress and a T-bandage. In spite of these precautions, at my next visit, six hours later, I found the hemorrhage still going on. I applied the lunar caustic, and then tried to nip the bleeding point with a *serre-fine*, but the part was too tender for further interference, and the patient would not take an anæsthetic. What was I to do? The prospect of spending an hour or two at the patient's bedside, with my finger pressing on the urethra through the vagina, was not altogether desirable. Suddenly the thought struck me, why not let a sponge do the work of my finger? So I straightway inserted a sponge half way into the opening of the vulva. Its elasticity, and that of the perineum on which it rested, made the needful pressure upon the bleeding surface. The Paquelin instrument does away with the possibility of such a complication. If you have not this instrument, use a red-hot knitting-needle.

The after-treatment of the patient will consist in the application, twice a week, of the undiluted commercial

carbolic acid until the wound has healed. Carbolic acid dressing will very often prevent the development of a crop of small growths around the stump of the parent stem. Occasionally you may have to repeat the cutting operation. In one obstinate case, which had resisted repeated operations, I gained a cure by first cutting off the growth, and then forcibly dilating the urethral canal with the expanded blades of a dressing forceps until it admitted my index-finger. By stretching the muscular coat of the urethra, I released the involved plexus of veins from its spasmodic contraction, and thus relieved their congestion. In some very obstinate cases it may be necessary to excise the growth, and bring the sides of the raw surface together with stitches. In this way the site of the caruncle is covered with healthy tissues, and the chances of its return are greatly diminished.

Suppose the woman will not let you use the knife—what are you to do then? Whittle the end of a match to a point, and with it touch each growth twice a week with the crystals of carbolic acid made fluid by heat. This operation is painless, and will very effectually mummify the caruncle and blunt its sensitiveness. After the use of this local anæsthetic, you can very often nip off the growth without the patient's feeling it. An English gynæcologist of distinction advises chromic instead of carbolic acid. Chromic acid must be applied with more care than the carbolic acid, and should afterwards be neutralized in its action by means of pledgets of lint dipped in a strong solution of carbonate of sodium.

Progress of Medical Science.

Spontaneous Gangrene in the Course of Typhoid Fever. — Twenty years ago, M. Bourgeois (d'Etampes) reported to the *Société médicale des hôpitaux* a case of spontaneous gangrene in the course of typhoid fever. M. Béhier, appointed to make a report on this communication, denied the causal relation between the fever and the gangrene. Since that time, however, a number of cases have occurred, proving M. Bourgeois correct. M. Lerebouillet has collected seven or eight examples, to which he has added two new ones; one observed by M. Mercier, at the military hospital, Saint Martin; the other observed by himself in his own service, at Val-de-Grâce. The first was the case of a young soldier, twenty-one years of age, who entered the hospital May 29, 1877, presenting all the symptoms of typhoid fever, from which he had been suffering ten days. During the next few days the temperature had risen so high as to call for the cold bath. About the twenty-second day, attention was called to the heart, of which the patient complained, but neither murmur nor palpitation were found. The patient also complained of pains in the right leg, more severe during the night. The foot was examined, and a commencing gangrene discovered, which involved the entire foot, and extended a short distance up the leg. This presented all the characteristics of a dry gangrene, and had already existed two or three days. Pulsation had ceased in the arteries of the limb, the femoral was empty of blood, and there was evidence of the existence of clots in the vessels. In three days the gangrene involved the leg and thigh, the left foot was attacked in its turn, and the patient soon died.

At the autopsy, the lesions of typhoid fever were found; in addition, an old clot was found in the abdominal aorta, opposite the articulation of the second and third lumbar vertebræ, occluding the vessel and extending into the crural artery of the right side; the arteries of the leg were empty. The examination of the heart gave no evidence of myocarditis, but revealed a pretty extensive endocarditis, occupying the entire internal surface of the left ventricle. The left auricle was filled with old and large clots. In a word, in the abdominal aorta, in the iliac, and in the femoral, there were very large clots, which the author reported as embolic.

The second case, observed by M. Lerebouillet himself, occurred in a young man, twenty-two years of age, who entered Val-de-Grâce August 21st, with typhoid fever, on the fifth or sixth day of the disease. The fever was of moderate intensity. The heart was not affected, with the exception of a slight feebleness of the first sound. The fourth day after his admission, the patient complained of pain on the superior and external surface of the right leg; there was at this point some puffiness. In a short time the whole foot was the seat of a gangrene, presenting all the characters of senile gangrene. The crural artery was empty of blood, and there was neither pulsation nor bruit. The pulsations on the left side were very feeble.

On the 19th of September the patient's condition was very grave, and he was transferred to the surgical service, where the leg was amputated. Only a few drops of blood escaped, although the arteries were all open, and no precautions were taken to prevent hemorrhage. The autopsy of the amputated limb showed that the arteries had entirely disappeared in the mortified parts. The patient recovered and the wound had cicatrized in fifteen days, but pulsation had not returned in the right femoral. It is probable that in this case a clot was formed in the external iliac, from which a secondary clot lodged in the anterior tibial, occluding that vessel. What was the origin of the formation of these clots, is a question which cannot be satisfactorily answered, since no autopsy was obtained. There probably was in this case an arteritis of some large arterial trunk. However, these two cases show undeniably the possibility of the coincidence of typhoid fever and dry gangrene. The explanation of this coincidence is yet to be given.—*Gazette des Hôpitaux*, Jan. 3, 1878.

A New Method of Practising the Aural Air Douche. — Dr. Gruber recommends the following modification of Politzer's method of introducing air into the tympanic cavity. By this plan, the sipping of water, often so objectionable, is dispensed with. The closure of the pharynx affected by the swallowing of water, may be brought about equally well by pressing the tongue against the hinder part of the palate, if a strong expiration be made at the same time. This result is obtained when the consonants "h," "c," "k," are sounded together in the most sudden manner. By the addition of a vowel we have a complete syllable: thus, "hack," "heck," "hick," "hock," "huck." On uttering these in the succession in which they are written, the tongue is found to be pushed further backwards and more firmly upwards with each succeeding syllable, making the closure of the pharynx more and more effectual. The maximum effect is produced, when the combination of consonants "hck" is uttered without the vowel. If at the moment this is uttered, air be also forced into the nostril, from Politzer's bag, it will readily find its way into the Eustachian tube. By inclining the patient's head strongly to one side, and introducing the nozzle of the syringe into the nostril corresponding to

the ear to be injected, the chances of success are increased, and it was noted that the air entered more freely the upturned ear. The advantages claimed for this method over that of Politzer are:

1. It is simpler. The sipping of water, which is often objectionable, is no longer necessary.

2. The pharynx can be maintained in the position assumed in uttering the prescribed syllable, and air be made to enter the tubes for a longer time than is possible with the brief act of swallowing.

3. By varying the syllables, the force with which the air is made to enter the tubes can be varied.

4. This method is especially adapted for self-treatment, because the patient learns by his own sensations to regulate the force with which the current is sent into the ears.—*The Lancet*, Jan. 12, 1878.

Contributions to the Study of Cerebral Localization.—The following two cases were observed by M. Hardy, at la Charité. One shows complete coma following disease of the sphenoidal lobe, one of the so called "mute centres" of the brain; the other lends support to the position of Fritsch and Hitzig, who place the motor centres for the extremities in the gray matter of the anterior ascending convolution. The first, a case of phthisis, gave no evidence of any alteration in motion or sensation until within a few days before death, when he passed into a comatose state, in which he died. This coma was supposed to be due to a serous effusion, but the autopsy revealed only a commencing softening of the central portion of the sphenoidal lobe, one of those portions of the brain to which no functions, either of motion or sensation have been attributed, and which have on this account been called the "mute centres." The second was also a case of phthisis, but there was here a marked paresis of the right arm and some embarrassment of speech, without, however, any affection of the intelligence. These symptoms gradually increased, both in intensity and extent, and the patient soon passed into a state of coma and died. The autopsy revealed a meningo-encephalitis at the central portion of the parietal lobe.—*Gazette des Hôpitaux*, December 9, 1877.

Extirpation of the Larynx.—The report of the case from which Dr. Foulis removed the larynx has already been carried forward to the thirteenth day after the operation. Four months later, the patient had returned home with a good voice and in improved general health. As soon as the wound was in condition, an attempt was made to introduce Gussenbauer's voice-tube, but owing to the shape and small size of the tube, and the undue contraction of the upper portion of the wound, the result was unsatisfactory. Dilatation of the contracted part, by means of the finger, was now actively pushed, and in the meanwhile a tube was made, after very considerable difficulty, to fit the wound. This tube was a modification of Gussenbauer's, but only in shape, and in the position of the reed, the principle of the two being identical. During ordinary breathing no sound is emitted from the tube, but in forced expiration the reed is set in motion, and the sound thus produced is modulated into vowels and consonants by the mouth. So perfectly does this work that, were it not for the monotony of the note, it would be impossible to distinguish anything extraordinary in the voice. By changing the reed the timbre of the voice, as well as the note, can be changed, and the patient amuses himself by making reeds of different materials, as wood, ivory, vulcanite, the metals, etc.; in this way he has at command a large assortment of voices to be chosen from at will. This seems to prove that the quality of the human voice depends more upon the density and elasticity of the vocal cords than upon the size and shape of the buccal cavity, though further experiments tend to show that this latter has some modifying effect. It is essential that the instrument should fit accurately, and this, at first, gave much difficulty, more especially the determining of the proper length of the ascending tube. If this be too long, the epiglottis closes imperfectly, reflex action is excited in the pharynx, and the increased secretions flow through the tube into the trachea, giving rise to troublesome and continued coughing; if too short, the soft parts fold over and partially close the mouth of the tube, causing a muffling of the voice, similar to the effect produced by swollen tonsils or any other swelling which encroaches on the pharynx, while the glottis remains healthy.

There is as yet no sign of the recurrence of the growth for which the larynx was removed, and the two glands, which before the operation were large and dangerous-looking, are now very small, but may still be felt on careful examination. The patient is still rather subject to colds, and during convalescence had a sharp attack of bronchitis, which for a time gave some anxiety, but he recovered well from this, and the lungs are apparently as sound as at the beginning of treatment.—*The Lancet*, January 26, 1878.

Dermoid Cysts.—At the meeting of the Pathological Society of London, Mr. Wagstaffe showed three specimens of dermoid cysts growing along the lines of branchial fissures. One was removed from the inner angle of the orbit, and two others from the outer angle of the orbit, all being situated beneath the orbicularis palpebrarum, and adherent to the bone; in the first case along the junction of the lachrymal and frontal bones, in the two latter of the fronto-malar suture. Verneuil has advanced the theory that dermoid cysts of the face and neck always occur along the line of the branchial and other embryonic fissures, and are connected with them, and Mr. Wagstaffe brought forward these cases especially to elicit opinion on this point. He mentioned three cases where this was certainly not the case; one described by Mr. Arnott, situated over the suture, between the two halves of the frontal bone, another found on the torcular Herophili. Of twenty-five cases of dermoid cysts in peculiar situations, Mr. Wagstaffe found that twenty occurred along the line of the first branchial fissure. These cysts are distinguished by their depth and their attachment to the bone. Mr. Hulke said that these cysts were easily distinguished from similar growths by their depth and attachments; the bone beneath them was usually dimpled and occasionally perforated. From these cysts occurring so frequently in other situations than the branchial fissures—as the ovary and the mediastinum—he felt it difficult to accept M. Verneuil's theory. Sublingual cysts are sebaceous rather than dermoid; they never contain hair. Mr. Doran said that the cysts so common at the outer angle of the orbit lay out of the line of the clefts dividing the visceral arches, and in front of the frontal and malar bones, which are found in the membrane late when the fissures are being obliterated. On the other hand an adhesion of the epiblast and mesoblast, such as occurs in the formation of the oral cavity of the amphyoxus, may produce a complicated tissue, from which these cysts spring. Mr. Bryant had seen a large number of these cases. Except at the outer angle of the orbit, there is no special site at which they occur; and he could not accept Verneuil's theory without additional evidence.—*The Lancet*, Jan. 26, 1778.

THE MEDICAL RECORD:

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GEORGE F. SHRADY, A.M., M.D., Editor.

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THE OUT-PATIENT DEPARTMENT OF THE NEW YORK HOSPITAL AND THE ABUSE OF MEDICAL CHARITY.

It is well known that there are gross abuses of medical charity connected with our various dispensaries; that patients who are able to pay not infrequently receive advice gratis; that very little if any pains is taken by many specialists connected with these institutions to sift the paupers from the pretenders, and that colleges and hospitals make open bids for clinical material, and no questions are asked as regards money. All this is reprehensible, but can be looked upon even with complacency, when compared with the cool and calculating method of cheating the poor doctor out of his legitimate fees, as practised by the management of the out-patient department of the New York Hospital. It is well known that the Board of Managers of this institution openly advertise to furnish advice for the sum of one dollar per month to all patients who may apply. Of course, this offer is perfectly proper for those who cannot afford to pay any more; but when there is no intention of making any distinction, as far as these services are concerned, between the rich and the poor, the case assumes quite a different aspect.

Although, from the first, there has been a deep and wide-spread indignation against this system, strange to say very little has been openly said against it. The attending staff connected with the institution has not protested against it, and the out-door staff has worked quietly and contentedly without a murmur, and, as far as we know to the contrary, without a cent of pay. The matter has been brought up before the County Society, and the course of the managers of the hospital has been denounced; but notwithstanding months have elapsed, no further progress has been made than the appointment of a committee to report upon the subject. As an exception to this rule of apparent indifference to the points at issue, the East River Medical Association boldly presented the following protest to the Board of Governors:

"New York, Nov. 17, 1877.

"*To the Governors of the N. Y. Hospital.*

"Gentlemen:—The out-patient department of the New York Hospital, by furnishing medical services for a merely nominal fee to patients who are well able to pay the fee ordinarily charged by physicians in private practice, is greatly injuring us and the profession generally by drawing away some of our patients, and making it almost impossible to collect our usual fees from others.

"In view of these facts, the East River Medical Association respectfully asks you to discontinue the practice of undercharging such patients."

In due time the following reply was received:

"New York, Jan. 2, 1878.

"Henry E. Crampton, M.D., *Corr. Sec. East River Med. Association.*

"Sir:—Your communication dated Dec. 7th, accompanying a memorial to the Board of Governors from your Association, asking modifications in the rules governing the out-patient department of the hospital, was laid before the Board at their regular meeting held this day.

"I am directed to inform you that after due consideration the memorial was laid upon the table.

"Respectfully your obedient servant,

"D. Colden Murray, *Secretary.*"

It would appear from the foregoing that the Board of Governors not only tacitly acknowledge the truth of the statements contained in the protest, but decline to take any action regarding it. The appeal was eminently a respectful one, and the answer was as courteously explicit. Possibly the Association has been properly snubbed for its impertinence in interfering with the management of affairs that does not concern it. But regarding this point there is room for much honest difference of opinion. The profession at large take considerable interest in the side-issues of this question, and there must come a time when its influence will be properly felt in the desired direction of bringing about necessary reforms. In the meanwhile the report from the committee of the County Society is in order.

CHURCH HYGIENE.

Although the subject of ventilation of public buildings is always in order, and has from time to time been discussed in its different bearings, it is strange that little, if anything, has been said regarding the necessity of supplying purer air to our churches. Probably one of the best reasons for this is that these edifices are occupied only for short periods, and on that account there does not seem to be much grounds for complaint or much actual necessity for hygienic reforms. Under such circumstances, when the congregations are relatively small, and when but one or two services are held daily, not much harm is done. When the contrary is the case, however, the mischief is almost incalculable. This, for instance, is the rule in the Roman Catholic churches, which not only have crowded con-

gregations, but which congregations quickly replace each other in the earlier masses without any other ventilation than that afforded by the opening of the doors. Hence it often happens that for four hours continuously the atmosphere of the church is breathed by as many different congregations without an inside change of air. The priests who officiate rarely appreciate this condition of things, inasmuch as with each service they quickly succeed each other, and are besides apparently oblivious to all other duties save those which pertain to their strictly clerical offices. It is strange, when it is so easy to obviate them, that these evils should be allowed to exist. A thorough ventilation between services is a remedy which so readily suggests itself, that it seems almost unnecessary to refer to it. The extra time required for this purpose, say ten minutes, is so small a sacrifice in comparison with the benefits to be obtained that it is not worthy of consideration. Another point connected with church-going invites a remark here, and that is the greater danger of propagation of contagious diseases in an atmosphere saturated with the exhalations of thousands of worshippers. The readiest and most efficient diluent of contagion is fresh air. It occurs to us to say also that a much more effectual way of preventing the spread of such diseases is to insist that all persons liable to carry the germs of contagion should remain away. It is melancholy to think how much the dissemination of some of the diseases at present prevailing has been, during the Lenten season, due to a neglect of these simple precautions.

PUBLIC ANALYST BILLS AND PREVENTIVE LEGISLATION IN GENERAL.

In a recent editorial the *Philadelphia Medical Times* discussed the Public Analyst Bill now before the Legislature of the State of Pennsylvania, and the general question of food adulteration, in a manner evincing thorough information as to the facts of the subject. This, however, would naturally be expected of the editor, Dr. Horatio C. Wood, who is one of our foremost authorities in toxicology. But he, in our opinion, gives space to the recital of familiar facts which should, particularly in a journal circulating mainly among members of the profession, be given to the discussion of remedial measures. The statistics, data, and methods of food, drink, and drug adulteration have been so often descanted upon that one wastes words in stopping to demonstrate the public necessity for legal remedies against frauds of this class, many of them innocuous certainly, but a larger number in one way or another unwholesome and detrimental. The abuse has extended of late years even to the use of toxicological agents in dyeing the flannels and merinos employed in the manufacture of underclothing and hosiery, so that a bill having for its purpose the prevention of such fraudulent practices would need to be very large and general in its scope, and very minute and exact in its specifications. It may be somewhat doubtful whether an action would stand against a tradesman for obtaining money under false pretences, who sells fatty matter, derived from the dripping-pan, as butter, or dispenses tea adulterated with turmeric and graphite. Under the common law practice, in which wrongs were classified as against persons or against property, such prosecutions were possible without special enactment; judicial interpretation under that practice having for its basis the idea that law is a science of administering justice, not a mere set of rules specifying offences and leaving the wronged no redress against equally flagrant offences not provided for in the Code. Perhaps a general enactment defining in what an act of adulteration shall consist, and making it a misdemeanor to sell or offer for sale any article of consumption thus tampered with, would be more efficient than any of the cumbersome special enactments agitated by persons who have given more attention to the abuses themselves than to the best method of preventing them. Bureaus of inspection have uniformly failed in this country, whatever may be claimed for their efficiency abroad. For reasons that need not be specified here, since the fact is the point important to our purpose, it is simply an argument from experience to predict that a Bureau of Adulteration, with a hundred inspectors at good salaries, would fail to produce any significant results in this city. There would be a great flourish of trumpets to commence with, a few prosecutions would be initiated for the purpose of creating a popular impression of efficiency, and then the local inspectors and the dealers in their several districts would settle into an excellent understanding with each other. Such has been the experience with similar bureaus heretofore, and there is no reason to believe that a Bureau of Adulteration would prove an exception to the rule.

There are evidently two things required to prevent the adulterations in articles of popular consumption from which so large a proportion of the profits of trade are derived. The one is a law of the simplest and most intelligible description, defining what adulteration is, and what shall be its penalties upon first, second, and third convictions. The second is a method of procedure that will enable the average consumer to prosecute with the least possible inconvenience and expense. For this purpose, such a law should provide for the appointment of competent analyzers in every city and town in the State, who shall examine and report in writing upon any article of food, drink, or medicine submitted to them, at prescribed rates, the fees to form an item in the court and criminal expenditures of such town or city. Such written report, with the affidavit of the buyer of the package, should constitute sufficient reason for issuing a warrant of arrest, and holding the grocer, druggist, milkman, or vender of whatsoever designation for trial. Such a

method of procedure, properly guarded, would secure the co-operation of the consumer in enforcing the law, and that is the main point to be aimed at in a practical and efficient administration of preventive measures.

OUR PUBLIC PARKS.

THE recent attempts to appropriate a portion of one of our public parks for the building of an armory has met with well-merited opposition from many influential quarters, and the bill before the Legislature asking for the right of such disposal of property has been virtually defeated by a recent vote. It is pleasing to know that the Academy of Medicine was not behindhand in adding its powerful influence to the general opposition, and by the report of its committee was able to declare so emphatically in favor of breathing-places for our crowded population. It is, perhaps, well that the subject has thus been brought so prominently before the public, inasmuch as the sentiment which a discussion of its merits will create will have an influence beyond the mere defeat of the bill, and will prepare the way for many necessary reforms in park management.

In the way of possible improvements in our public parks, we may refer in passing to the proposition recently made by a distinguished physician of this city to convert these resorts into garden schools for our children, where object-lessons upon the most comprehensive scale can be learned, and the widest scope given both to the education of the mind and the body. It seems strange, at this late day, and with all the improvements of the nineteenth century at our doors, that we are preparing ourselves to learn anew the lessons taught us by the heathen philosophers. There is no doubt if our parks could be utilized for the purposes intimated, that we could make a great advance in the direction of a higher and more useful education, not only for our children, but for the public at large. Nor does the consummation of the idea seem so far off. In the Central Park, for instance, much of the material is already at hand, requiring only some system to make it available for such purposes. But whether this can or cannot be done, it seems quite certain that the parks themselves are to be secured to us, and that the public is not willing to deliver them to the mercy of political jobbers.

MEDICAL EXAMINATIONS FOR THE ARMY.

THE Army Medical Examining Board is now in session in this city, prepared to examine candidates for vacancies in the Medical Corps. There is no good reason why there should not be a large number of applications. To young men especially, an entrance in the army affords a fine opportunity, for the first few years, of earning a decent competency, and of preparing the way for a successful career in civil practice The pay is sixteen hundred dollars per annum, with fuel and quarters, with an increase every five years, and a retiring or sick pension when the time arrives. These are advantages in a pecuniary sense which cannot be approached during the first years of civil practice, and which should be taken into account by one whose necessities compel him to earn a living at once. Candidates must be between the ages of twenty and twenty-one years, citizens of the United States, in perfect health, present and prospective, graduates in medicine, of good morals, respectable family, and careful breeding. They must also be thoroughly educated in the branches taught in the common schools, extra qualifications in this direction weighing proportately strong in his favor. There are now fifteen vacancies in the corps, and there are enough good men and true who should fill them at once. The address of the Board is 1193 Broadway, N. Y. At the end of the examinations we propose to give the names of the successful candidates, with those of the medical colleges from which they graduated.

HOSPITAL PLANS AND SPECIFICATIONS.

CIRCULAR No. 10, War Department, gives a series of specifications and elevations for the erection of post hospitals, capable of accommodating from ten to thirty patients, which may be regarded as embodying the experience for many years of army surgeons in such matters. The circular is not noted here for the purpose either of describing the structures in use at military stations or of criticising them; but rather as suggesting what may be accomplished in the way of efficient hospital work at a very moderate expenditure. The question, how to take care of the indigent sick, is one that has presented itself to physicians in every village and small town in this country, as a question calling for some practical action; and here, with trifling modifications, perhaps, in external appearance, are supplied a series of hospital models, which can be carried out with such a trifling expenditure, that no town, village, or small city need be without facilities for the care of pauper patients. The tendency to build pretentious buildings, instead of making comfortable and adequate provision, at a moderate cost, is one that pervades the whole theory of medical treatment in this country. It is not alone in our insane asylums, but in hospitals of every class, that the mania for expenditure and show has been permitted to overbalance considerations of efficiency in the application of funds to the purpose for which they have been appropriated or subscribed. This War Department pamphlet reads a lesson on hospital arrangements to the whole profession.

THE PHARMACOPŒIA OF ITALY.—There is no pharmacopœia for Italy.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting February 27, 1878.

DR. J. C. PETERS, PRESIDENT. IN THE CHAIR.

(Concluded from page 237.)

TUMOR À MYÉLOPLAXES OF THE UPPER JAW.

DR. LEWIS A. STIMSON presented a tumor of the upper jaw. The patient, a married woman, 40 years of age and of healthy antecedents, was admitted to the Presbyterian Hospital, Feb. 13, 1878. Eleven weeks previously she noticed a small lump on the gum below the left side of the nose; at that time she had only two teeth, the second molar and eye-tooth, and the stump of the first molar on the left half of the upper jaw. The tumor grew rapidly and was at times the seat of gnawing pain. Eight weeks after its appearance she had the eye-tooth drawn; this was followed by a severe hemorrhage lasting for an hour, and by moderate bleeding for about twenty hours more, and since then moderate bleeding has occurred frequently.

When admitted to the hospital she presented on examination a swelling above the margin of the left upper lip, which obliterated the normal depression corresponding to the canine fossa, and depressed the left angle of the mouth. On raising the lip a dark-red tumor was disclosed, extending along the left upper jaw from the median line to the stump of the first molar. Its form was globular, its surface smooth; its antero-posterior diameter measured one and one-half inches, about two-thirds of it lying outside the line of the teeth. Its upper border was on a line with the top of the ala nasi, and was interposed between the gingivo-labial fold and the bone. The surface of the tumor was covered with mucous membrane, showing on the outer side numerous tortuous and dilated vessels and one or two small abrasions; on the inner side the fibro-mucosa of the hard palate appeared to be unaltered. The line of the teeth was marked by a sulcus. The tumor was firm and elastic, did not crackle, and could not be reduced by pressure, and was painful only at its upper border. No enlarged glands could be felt either behind or below the inferior maxilla.

It was removed by an operation February 19th. A vertical incision was made through the skin, beginning at the side of the nose and passing downward around the ala and through the lip in the median line. The ala was separated from the bony margin of the nostril, the flap dissected outward over the top of the tumor to the malar process of the superior maxilla, the bone cut through with saw and pliers in the median line, a cut made with the pliers across the anterior wall of the antrum from the nasal fossa, and another cut made downward from the extremity of the latter to the second molar tooth. The portion of bone thus circumscribed was bent upward, cracking the palatal process, the mucous membrane of the hard palate was divided with the knife along the line of fracture, and the piece removed. The hemorrhage from the cutaneous incision and the under surface of the flap was very free. The posterior palatine artery was tied, and the bleeding from a small artery on the wall of the antrum, which could not be twisted, was arrested by means of the thermo-cautery. All other bleeding points were secured by torsion, the flap replaced, and its edges united by sutures.

Primary union was obtained throughout the entire extent of the cutaneous incision, and the inner wound is granulating nicely.

On examination of the piece it will be seen that, with the exception of a small piece of the floor of the antrum and of the nasal fossa, and the socket of the first molar, the portion removed is composed solely of the tumor. Vertical section of the tumor shows that the corresponding part of the alveolar process and body of the bone has been entirely absorbed as far up as to the floor of the nasal fossa and of the antrum. The surface of section is dark red, dry, with a few white fibrous bands crossing it vertically. The inferior surface of thin plate of bone limiting it above is rough and irregular, and intimately adherent to the tumor. The mucous membrane of the gum and hard palate shows as a white layer on the inner side, about 1 mm. thick; on the outer side it is much thinner, and has even disappeared entirely in places.

Microscopical examination shows the growth to be composed of fibrous tissue fully formed in some places, containing numerous vessels, a great number of myéloplaxes or giant cells, and some medullocelles. The existence of these two forms of cells is worth mention because it was never found by Prof. Robin, the discoverer of myéloplaxes.

The tumor, then, is an intra-osseous epulis (in the broader sense of the term) originating in the bone rather than in the periosteum, of the kind known as *myeloid tumors*, and of the variety *myéloplaxoma* or *tumeur à myéloplaxes*, in view of the preponderance of these elements.

These tumors, while not common, are still not rare; and their diagnosis, either before or after removal, is of great importance in view of their benign character, which is in such striking contrast to their malignant appearance. Here is a tumor of rapid growth, very vascular, occupying and absorbing bone, occurring in a patient forty years old, and at a point where a complete, or, *a fortiori*, a second removal might be very difficult and could be accomplished only at the expense of a serious mutilation. Its diagnosis, therefore, is of the utmost importance both as regards treatment and prognosis; and while all tumors *à myéloplaxes* cannot be positively recognized before removal, yet a strong presumption can often be established. The elements of the diagnosis in this case were, in the order of their value: the dark red or deep vinous color of the growth, its location in the spongy portion of the bone, the hemorrhages, the absence of glandular enlargement, of cachexia, and of pain. The color persists after removal, and is also found on the surface of section; it is not due solely to the pressure of blood or of its crystallized elements, but also to the reddish color of the myéloplaxes themselves, as may be seen under the microscope.

The position of the growth may be considered the natural result of the normal position of the myéloplaxes, for they are found especially in cancellous tissue and in the medullary canal, although also along the sides of the Haversian canals as far as to the periosteum. In the upper jaw the most common situation of the tumor is in that portion of the bone where the cancellous tissue is mainly found, and especially at the inner limit of the canine fossa. The process of development seems to be analogous to that of rarefying osteitis, the bone being absorbed as the new tissue increases.

The absence of glandular enlargement and of cachexia in this case corresponds to what I have found recorded in other cases, and also to the natural history of the affection, which is a purely local and not a diathetic one.

The age of this patient is above the average, which, according to the statistics of forty-nine of these tumors occupying different parts of the body, observed or collected by Eugene Nélaton, lies between the ages of twenty and thirty years. The same statistics indicate that generalization is never met with, and that local return is rare, and due, whenever it occurs, to incomplete removal, as by gouging or scraping with the fingers.

The operative indication to be drawn from these characteristics is that it is necessary only to remove the tumor and those parts that are immediately continuous with it. It is unnecessary to go farther and remove the entire bone. Free hemorrhage may be expected during the operation. Finally, if the microscope confirms the diagnosis, the patient may be assured that the tumor was not a malignant one, and that its return is not to be expected.

ROUND-CELL SARCOMA OF THE CALF OF THE LEG.

DR. STIMSON next presented a tumor occupying the calf of the leg. The patient, a German, widowed, thirty-seven years old, and of healthy antecedents, was admitted to the Presbyterian Hospital, February 11, 1878. In January, 1876, patient had a tumor removed from the right gluteal region, by Prof. A. C. Post, after two unsuccessful removals by another surgeon. The wound healed promptly, and the scar shows no sign of a return of the affection. The tumor was said to be a sarcoma.

In November, 1877, patient noticed a lump on the inner side of the left leg, just behind the middle of the posterior border of the tibia. It was at first painful, especially at night, and grew rapidly.

At the time of her admission to the hospital she presented a globular tumor in the calf of the left leg, as large as the fist; the circumference of the limb at that point measured 38 centimetres, that of the other limb 28 centimetres. The skin covering it was normal in color, thickness, and temperature, and not adherent; the tumor was regular, hard, elastic, not fluctuating, and movable, but the mobility could be greatly diminished by making the sural muscles tense. The tendo Achillis could be traced directly up to it and seemed to enter it posteriorly.

The glands in the groin could be felt distinctly, but were not very hard or enlarged. The abdominal viscera seemed normal. The right cavity of the thorax had been the seat of an acute pleuritic effusion, which was drawn off about three months ago. Dulness was found on that side, at the time of her admission, extending up to the fourth intercostal space, together with other signs of a reaccumulation of liquid.

Patient walked with great difficulty, and said the muscles of the calf felt stretched, and that sometimes the heel could not be brought to the ground.

Feb. 16th the patient was anesthetized and an Esmarch band applied. I cut down upon the tumor, and found that it lay between the soleus and the deep flexors; that it was closely adherent in front and behind both to the muscles and to the bone, and that it was very soft and friable. After consultation with the other surgeons of the hospital, I amputated immediately through the condyles of the femur, making a long anterior flap, and cutting the posterior segment of the limb almost straight across.

The amputation was performed under the spray, and the wound treated antiseptically; to-day, eleven days since the operation, the drainage tubes are out, and the wound is almost entirely healed.

The tumor is ovoid, 4 inches long, 2¼ thick, 3¼ wide; its surface, where it can be exposed, is regular, the color reddish gray, the consistency soft and friable. It has pressed the body of the soleus to the outer side, and distended its inner portion until it is not more than one-eighth of an inch thick; above, below, and on the outer side it cannot be separated from the muscle. It is closely adherent to the fascia along the line where the latter is inserted into the posterior inner border of the tibia, and through it to the periosteum. This union is so firm that the base of implantation is immovable. On the other side are seen a group of lobular prominences extending along and intimately adherent to the sheath of the posterior tibial artery. The nerve is not involved.

On section the tumor appears to be composed of two distinct portions: a central one, one inch in diameter, white and very soft; a peripheral one, reddish and very vascular, containing some large arteries and large veins.

Microscopical examination shows the tumor to be composed of small round cells closely packed together, with a granular, intercellular substance in places. Some of the cells show a distinct cell-body; some have two nuclei; others show no cell-body; some look exactly like leucocytes with sarcodic expansions.

MORBUS COXARIUS.

DR. SAYRE presented the upper extremity of the femur, which made the seventieth specimen of exsection which he had presented to the Society. He remarked that it was a very good specimen to show the propriety of the operation. The patient from whom the specimen was removed was a boy aged seven years. Two years and nine months ago he had measles, followed by scarlet fever, and then mumps. From all of these he appeared to have recovered. Soon after he fell upon his hip, causing an inflammation in the neighborhood, and in due time an abscess. The latter was duly opened by Dr. Peugnet. From that time the disease continued, and the boy was confined to his bed for over two years. When Dr. S. saw him the limb was shortened three inches, adducted and flexed strongly across the opposite thigh. There were sinuses upon the inner and outer aspect of the thigh, the discharges from which had very much reduced the patient. On consultation with Drs. Smith and Sabine, it was concluded that the child could be benefited by an operation. The latter was accordingly done. The head and neck of the femur were entirely gone, and a portion of dead bone was firmly encased in an involucrum exceedingly hard and one-eighth of an inch in thickness. Up to the time of reporting the case the child was doing well.

A CASE OF DOUBTFUL ABORTION.

DR. FINNELL exhibited a fœtus of six months' growth, which had been expelled by induced abortion. The mother, a single woman, came to this city for the purpose of having an abortion produced. She applied to a person who, from all accounts, performed the service, and the child was duly born dead. The abortionist denied the charge, and the question rested upon the significance of an ecchymosis of the left shoulder and left upper extremity—whether such a condition was a sufficient proof of violence having been used. It is proper to state, in this connection, that the case was one of arm-presentation.

None of the members were willing to commit themselves to an opinion upon these points.

The Secretary then presented a specimen for a candidate.

After which the Society went into Executive Session.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, March 7, 1878.

DR. S. S. PURPLE, PRESIDENT, IN THE CHAIR.

CLINICAL OBSERVATIONS ON THE EARLY STAGES OF SCARLATINA, WITH SUGGESTIONS AS TO PATHOLOGY.

DR. C. E. BILLINGTON read a paper upon the above subject (vid. pp. 221 et 243). It being before the Academy for discussion,

DR. FORDYCE BARKER remarked that he fully accepted the clinical facts set forth in the paper, but was inclined to raise a question regarding the deductions which had been made from those facts. He was quite sure the writer of the paper did not expect that the conclusions which he had reached would be accepted without the most careful investigation. He was not prepared, however, to say that those conclusions were erroneous, but believed that the writer would be best complimented by examining the method of reasoning by which his conclusions had been reached.

First, with regard to incubation. It had often seemed to Dr. Barker that the term incubation, as ordinarily employed, had two significations: the one being the length of time which a poison could be retained anywhere and still retain its vitality; and the other being the length of time during which the poison might be deposited in the system, and remain latent before the first characteristic phenomenon of the disease manifested itself. In our loose way of speaking and writing, the term incubation was used to cover both of these points. He believed there was abundant evidence to prove that the poison of scarlet fever could be preserved in houses, in clothing, etc., for weeks, months, and for more than a year, and finally develop its full effects in a human system which was in a favorable condition.

The history of a case was then related, in which a woman in the puerperal condition was attacked with scarlet fever, and there had been no exposure to the poison, save that which came from wearing a wrapper that had been packed in a trunk for several months, and which, just previous to its packing, had been worn while taking care of a child sick with the same disease. This was one of many cases that could be related, illustrating the long period of time which the poison could be retained in clothing, and remain capable of producing its full effects.

Next, as to the length of time the poison remained in the system before it acted upon the individual. There were some cases which seemed to demonstrate that the poison could manifest itself within twenty-four hours after exposure. In other cases the poison seemed to be inactive for a much longer period of time. The length of time that elapsed seemed to depend upon the peculiar condition present in the system into which it was received and developed.

There probably was no question regarding the statement concerning the specific nature of scarlet fever, but it had seemed to be the aim of the author of the paper to demonstrate that the primary effect of the poison was produced on the mucous surfaces of the throat; that the same influence often extended to other persons not sufficiently susceptible to allow of its development, hence they escaped the disease. Dr. Barker was not prepared to say that such was not the case, but to his mind there were to the theory several important objections, which must be answered satisfactorily before it could be accepted. In the first place, the author assumed that there was no evidence that the poison of scarlet fever produced blood-changes as a *primary* effect. Was that true? Were not all the phenomena of the disease due essentially to blood-changes? No, said the author; and claimed that many phenomena of the disease, such as nausea, vomiting, cerebral disturbance, etc., were secondary to the throat symptoms. Dr. Barker found great difficulty in fully accepting that theory. There was a class of cases, of which he had seen a few illustrations, where the system was so rapidly overwhelmed with the poison, that life was destroyed within a few hours, and before the development of but few of the characteristic phenomena of the disease. Several illustrative cases were reported. The question was asked: "What was it that destroyed life in those cases?" The answer which Dr. Barker had given was, that death resulted in consequence of paralysis of the vaso-motor system of nerves produced by the overwhelming effect of the scarlet-fever poison.

Another suggestion made by Dr. Barker related to the influence which diphtheria might have had upon the series of observations made by Dr. Billington. In the year 1858 a fatal epidemic of diphtheria prevailed in the city of New York, and since that time the disease had had a continuous existence among us. Might not the epidemic influence of diphtheria, existing as a complication, account partly for the appearance of the throat in Dr. Billington's series of cases.

DR. GARRISH referred to several cases which seemed to show that the poison of scarlet fever could remain in rooms for a long period of time and yet retain its activity, and also that the disease could be conveyed in clothing.

DR. POST believed that in the class of cases in which the onset of the disease was severe, there was no relation between the severity of the symptoms and the accompanying sore-throat; in the protracted cases, however, there was usually an agreement between the general and the anginal symptoms. He also believed it to be necessary for the medical man to exercise certain precautions in order to avoid conveying the disease from one family to another. Careful ablution and airing should be secured after visiting patients sick with scarlet fever before visits were made in families exempt from the disease. It was also regarded as important to disinfect the hair of nurses and those in constant attendance upon patients sick with scarlet fever, for if that precaution was not taken it might be the medium through which the disease was conveyed, as had been shown by cases.

DR. J. C. PETERS believed in the local origin of the disease; that the system was affected through the throat and the blood even more rapidly than Dr. Billington was willing to admit. The history of a case was related, in which the throat symptoms were distinct, although exceedingly slight, and yet the patient died within twenty-four hours. Dr. Peters believed in the local origin of constitutional diseases.

DR. ANDREW H. SMITH remarked that there were quite a list of constitutional diseases with which sore-throat was more or less frequently associated. Besides the one under discussion, there were typhoid and typhus fevers, measles, small-pox, diphtheria, and syphilis, and perhaps some others. Most of those diseases were communicated through atmospheric agency or in some unknown way; but small-pox and syphilis might be introduced into the system at a known point distant from the throat, and yet throat symptoms result. Small-pox, the result of direct inoculation upon the surface of the body, was as likely to cause angina as if communicated through the atmosphere. Syphilis introduced into the system at any

point produced throat lesions. Those facts, together with the widely different diseases with which sore-throat was found associated, pointed to some peculiarity of the location which predisposed it to be the seat in which constitutional poisons worked out their local action; and this peculiarity probably consisted in the extreme glandular activity of the part.

Dr. S. also suggested that the effect of glandular action might be seen in the cutaneous eruption in scarlatina. The eruption was punctate, and probably each minute point would be found to correspond with the orifice of a perspiratory duct, the integument being irritated by a poisonous element which was being eliminated with the perspiration.

Dr. Hanks related some rapidly fatal malignant cases—one lasting only twelve hours—which had occurred in his early practice, and had upset a theory which he had previously held that all cases of the disease were curable. He considered Dr. Billington's statistics, showing that fifty per cent. of children exposed to the contagion of the disease might escape it, as interesting and important. He thought there were physiological reasons why the eruption should appear in the throat sooner than on the cutaneous surface.

Dr. Billington said, in concluding the discussion, that the fact referred to by Dr. Smith, of the appearance of throat congestions in connection with many constitutional diseases, had not been unthought of by himself. If it could be shown that angina was constantly the earliest secondary symptom in diseases which could not be supposed to originate in the throat—as, for instance, syphilis—it would militate strongly against the hypothesis of the reception of scarlatinal poison at that point. But he had not observed, nor been able to learn from others, that such was the fact; and he inquired if any of those present could say that it was. The point, however, was not essential to the rest of his argument; the chief object of which was to show that certain local morbid processes, however produced, might be the real causes of the constitutional disturbances in the disease.

With regard to the apparent difficulty, which had been spoken of by several in the discussion, of accounting for the phenomena of malignant cases on any other hypothesis than the generally accepted one of an overwhelming blood-poison, Dr. Billington said that he had anticipated the objection, and had endeavored to meet it in the paper which he had read. He thought that in considering this point one generally admitted principle should have its due weight. That principle was, that it was not in the exceptionally malignant forms of any disease that we could best study its natural history. Diseases—especially specific ones—could for obvious reasons best be examined and analyzed in typical cases of medium severity. He thought that the difference between the nerve-disturbances, often seen at the onset of such cases of scarlatina, and those that occurred early in the most malignant forms, was one of degree rather than of kind. He referred to cases of ordinary follicular tonsillitis which he had himself seen in young children, accompanied by convulsions and other severe nerve-disturbances and high temperature, and thought that the still more intense local irritation, which he had pointed out as probably present in the scarlatinal angina, might account for the greater severity of the earlier phenomena in malignant cases. This being the starting-point, blood-change and other complications would, as he had further indicated, follow with especial rapidity.

Dr. Beverley Robinson referred to the fact that some attempts to inoculate diphtheria in the fauces had been unsuccessful, and remarked that, owing to the greater thickness of epithelium in that situation, local absorption of poison would be less likely to occur there than further down in the air-passages. He also stated that he had in some instances seen faucial redness contemporaneous with primary chancre.

The Academy then adjourned.

Stated Meeting, March 21, 1878.

Dr. S. S. Purple, President, in the Chair.

LAPARO-ELYTROTOMY AS A SUBSTITUTE FOR CÆSAREAN SECTION.

Dr. T. Gaillard Thomas read an important paper upon the above subject, gave a detailed report of all the cases in which the operation had been performed, and set forth the advantages which it had over that of Cæsarean section.

The operation had been performed only once prior to the date at which Dr. Thomas performed it in 1871, and then by Ritgen. It had been performed upon the living woman since that date *five* times, three times by Dr. A. J. C. Skene, of Brooklyn, and twice by himself. Of the five mothers *three* were living, and the number of children delivered alive was *four*. No such results could be shown for the Cæsarean section, and no better results had followed embryotomy. All the cases had been reported and published, with the exception of the last, which was operated upon in December, 1877.

The operation was simple, and consisted of making an incision through the abdominal walls from the spine of the pubes to the anterior superior spinous process of the ilium, lifting the peritoneum, making an incision through the upper portion of the vaginal wall, tilting the body of the uterus over to the opposite side, and then, through the dilated cervix, delivering the child by version, by the forceps, or by extraction. Delivery was to be effected by version in arm-presentation; by forceps when the head presented; and by extraction in breech-presentation. Hemorrhage was one of the things to be feared in the operation; but in five cases no hemorrhage had occurred, and why should it occur in future operations? But, even admitting that hemorrhage occurred, it became a question whether the risks should not be taken, because the risks of peritonitis and shock following other operations were avoided. The dangers of Cæsarean section were peritonitis, metritis, hemorrhage, shock, incarceration of the intestines in the uterus, and septicæmia. By the operation of laparo-elytrotomy the danger from peritonitis, metritis, and incarceration of the intestines was entirely avoided, and, in a great degree, the danger from septicæmia and shock was diminished. The operation might be followed by hemorrhage, and, in place of peritonitis, cellulitis might be developed. Dr. Thomas did not regard laparo-elytrotomy as yet an established standard operation, but he did regard it as an operation sufficiently tested by experiment to deserve a careful consideration at the hands of the medical profession.

The paper being before the Academy for discussion, Dr. Fordyce Barker was called up by the President and spoke as follows: *Mr. President and Gentlemen:*—I am sure I express the universal feeling of all present in congratulating the author of the paper for his genius in devising this operation, for his success in performing it, and for his ability in giving us this most interesting paper. But here I may express the hope that if the gifted author is going on to devise new operations of such importance, he will give such names to them

as will be significant and easily understood by those of us who ordinarily use simple English, and enable us to follow the advice of Hamlet to the players, "Speak it trippingly from the tongue." There are many surgeons in this country who understand Pirogoff's operation, and are perfectly competent to perform it, who would hardly know what was meant if it were called by some name of Greek derivation. In speaking of the operation now under discussion I shall use a term more easy of utterance by my vocal organs, and call it "Thomas' operation."

The paper to which we have listened this evening opens an immense field for discussion, and I could not help but feeling, while it was being read, that the number of points involved in the discussion of this question, in connection with obstetrics, is greater than in any other operation which has been devised in modern times. It would, therefore, be utterly impossible, in an extemporaneous speech, to do anything like justice to all the points suggested by it, and I must simply attempt to give a broad and comprehensive view of some of them in a most cursory and superficial manner, as I know there are others present whom all will be anxious to hear.

The subject involves discussion not only of great questions in science, but also questions of professional morals, which it seems probable must be reopened and new points established in relation to them in our practice.

First.—This operation, as a question of science, is to be compared with Cæsarean section. Is "Thomas' operation" to take the place of Cæsarean section as a whole, or only in a limited class of cases? This is one of the questions which I presume every one will ask. That it will be an accepted operation in some cases, I am perfectly sure. I do not mean to imply that the author has assumed the position that his operation will entirely take the place of the Cæsarean section; but I ask, on my own part, whether it is to take such a place—and whether it will prove to be so much safer as to lead us to give up the Cæsarean section entirely? This question can be answered only by careful study of all the conditions, and by an experience which will require a long period of time to accumulate.

There is one consideration which was not alluded to in the paper, and it is this: I have no doubt that the author of the paper fully believes that when, in the course of time, all the conditions necessary to the successful performance of Cæsarean section have been studied with the same carefulness, with the same minuteness, and the same amount of experience has accumulated as we now have in relation to the operation of ovariotomy, that the mortality from the Cæsarean section will be greatly diminished. I am not sure that the mortality from that operation will be found to be any greater than the mortality which will result from the operation which he proposes to substitute for it in a majority of cases. For, while the author of the paper has given a clear statement relative to the comparative danger in the two operations, with all due respect, I am not quite prepared to accept all the results just as he has stated them, or to exclude all the dangers referred to as belonging to his operation, and which he seems to believe belong to the Cæsarean section. Of course it will be profitless to discuss this theoretical question. I say, however, that I think it is possible that, with improvement in the future, the mortality from Cæsarean section may be so reduced as to make it nearly as safe, or perhaps more safe in some cases, than the operation proposed by Dr. Thomas. Improvements in operations and in methods of management are constantly being made. One of the great dangers of Cæsarean section is subsequent septicæmia resulting from entrance of lochial discharge into the cavity of the peritoneum. It has been proposed as a method of obviating this danger, after the abdominal walls have been opened and an incision into the uterus has been made, to bring the uterine and the abdominal walls together by means of sutures, so as to bring the peritoneum of the uterus and that of the abdominal walls directly in contact, before removing the fœtus and placenta. Lestocquoy, who first suggested this modification, which, it seems to me, will prove a great advance in the method of performing the Cæsarian section, tested it in one case and was successful.

Tarnier has performed this operation twice, and in both cases the women died of gangrene of the uterus but this result cannot be regarded as due to this modification. One of his cases, however, was complicated by the fact—a rare circumstance—that the placenta was situated upon the anterior surface of the uterus. Now, it becomes us all, and I presume no one is more anxious than the author of the paper, to thoroughly investigate every possible point and ascertain the exact importance and the true value of the operation which he proposes.

If it should come to pass that in a certain number of cases the danger of one operation is found to be no greater than the other, this advantage, which, perhaps, it may be well to consider, will follow the Cæsarean section, viz., the condition of the patient is much more favorable than after the operation which has been brought forward. For, if it results favorably, it leaves no lesions behind it, no condition of the patient which hinders her from performing the functions of a wife and a mother as well as before the operation is performed.

Second, let us consider this operation in its relation to craniotomy. Is craniotomy to be abolished from now henceforth and forever as a legitimate obstetric operation? No one would propose the operation devised by Dr. Thomas when the fœtus is dead, except in the very rare circumstances under which it was performed by Dr. Skene. Consequently the question remains to be discussed—Suppose the fœtus to be *living*, whether hereafter and forever Thomas' operation is to abolish the operation of craniotomy? By craniotomy it must be remembered that I mean the operation of the present day, with all the improvements resulting from the use of the cranioclast and the cephalotribe. These improvements make the operation, with regard to the safety of the mother, altogether different from what it was formerly.

I fully agree with the hint thrown out by the author of the paper, that, in settling any of these obstetric questions, arguments based upon statistics are entirely valueless. Take, for instance, the operations both of Cæsarean section and of craniotomy: in these statistics are included those cases in which, before the operation, the woman is exhausted and unfit to bear any operation; all those cases in which the operations are improperly performed, and performed by improper instruments; and all those cases in which the operations are performed by inexperienced and inexpert obstetricians. Consequently such cases as these should have no bearing in settling the question whether or not the operation is justifiable or expedient.

If "Thomas' operation" is to abolish that of craniotomy in those cases in which the fœtus is living, we must necessarily, in certain respects, review, and I may say almost revolutionize, the obstetric ethics

of the profession. If there is any one *canon* settled in obstetric science as regards ethics, and accepted universally by all creditable authorities, it is this: where the obstetrician is compelled to make an election, whether the life of the mother or the life of the child is to be preserved, he is to preserve the life of the mother. As a direct consequence of this doctrine, it necessarily follows that no obstetrician has a right to perform an operation to save the life of the child in which there is serious risk for the mother, when by another operation that danger can be entirely avoided, although it sacrifices the life of the child. I wish to say distinctly that, while I believe I am correct in saying that every obstetric authority of any weight, both in this country and in Great Britain, holds to this view, I do not say that it is exactly my own view; I think I should qualify it somewhat.

But then comes the question, Is there any obstetrician who would be sustained by the profession in performing an operation which must involve some risk to that mother, when it is perfectly certain that we have a method of extracting that fœtus without any danger to the mother from the operation. I believe I am safe in saying that no physician would be sustained by the moral sense of the profession in doing it, if it became a question for trial or discussion.

Now, then, it is believed by all competent obstetricians that craniotomy can be performed with perfect safety to the mother with a contraction of the antero-posterior diameter down to two inches, provided there be a transverse diameter of three inches and the diameters of the inferior strait are normal. With our modern improvements in instruments and our present knowledge of the mechanism of labor, Barnes, Braxton-Hicks, and many other eminent authorities believe it possible and safe, with a contraction of the antero-posterior diameter to one and three-quarters, and even one and a half inches. In these cases, for the sake of saving the child, are we justified in performing an operation which involves serious danger to the mother?

These are very delicate points to settle. Where are the limits? When shall we say that Thomas' operation shall be performed under the hope and expectation of saving the life of the child, but, it must be stated, with a certain amount of risk to the mother? While every conscientious, honest obstetrician would carefully ask himself these questions, enthusiasts and partisans would promptly and dogmatically answer them one way or the other, according to their special moral and mental bias.

I will close by saying this: whatever the future may determine as to limit in the class of cases to which Thomas' operation is applicable—whatever the discussion of the future may be as to how far it is to take the place of Cæsarean section or of craniotomy, I am certain that the great merits of the operation will be so established in obstetrics by the profession at large, and throughout the entire world, as to satisfy the ambition of any man, to be regarded as a great contributor to the advance of the obstetric art in a limited class of cases. It struck me, while listening to the paper, that one of the cases of Dr. Skene furnished one of the most brilliant triumphs of the obstetric art of which I have any knowledge. As I see Dr. Skene present, I am sure that the President would do us all a favor by calling upon him for an expression of his views in regard to the operation.

Dr. A. J. C. Skene, upon invitation, remarked that he had had no regrets in following in the footsteps of Dr. Thomas with reference to the operation under consideration. He had performed it three times, and with results such as had been stated. The paper included all his former knowledge upon the subject, and much that was new to him; hence, he did not wish to occupy the time of the Academy in its discussion.

Dr. T. C. Finnell referred to three cases in which he had performed Cæsarean section under very unfavorable circumstances. All the mothers died and two of the children. He was of the opinion, however, that the Cæsarean section was the safer operation. He raised his solemn protest against taking the life of the child under any circumstances. When the child was dead, there was an operative procedure to which resort could be made.

Dr. Pallen regarded laparo-elytrotomy, or Thomas' operation more properly called, as one which was destined to take the place of Cæsarean section. He was of the opinion that to Dr. Thomas belonged the credit of devising the operation.

Dr. Thomas, in closing the discussion, remarked regarding the name of the operation, that he was forced to select the term laparo-elytrotomy, because it was the only one which was not in some way intimately associated with other operations.

The weakening of the uterine walls which inevitably followed Cæsarean section was avoided by laparo-elytrotomy, and thereby one of the important causes of rupture of the uterus was avoided.

One reason why rupture of the vagina during labor was so generally followed by fatal results was because it gave opportunity for infiltration of the adjacent tissues with discharges from the uterus. There was nothing in rupture of the vagina simply which would kill a patient; for rupture into the bladder very seldom destroyed life, and it was because free drainage could take place. When, however, rupture of the vagina occurred in its lower portion, so that the cellular tissue of the pelvis could become involved, the accident was very serious; but by this operation the opening into the vagina was made so that free drainage could be secured. The drainage could be facilitated by injection of antiseptic fluids, and thus the tendency to septicæmia avoided. The opening being made upon one side of the vagina, it was thought that it would remain closed, and it was believed that the calibre of the vagina would not be interfered with. With regard to the ethical question, the paper was entitled Laparo-elytrotomy as a Substitute for Cæsarean Section, and special pains had been taken not to bring the operation forward as a substitute for craniotomy. He was very sorry, indeed, to think that any physician could not take, under certain circumstances, the responsibility of destroying the life of the child. He believed there were circumstances which would justify him in taking the life of another man; and he also believed that he who stood upon the bank of a canal and saw a person drowning, and did not make some effort to save that person, was nearly as guilty as he who pushed the person into the canal with the avowed purpose of drowning him. The obstetrician who stood by the bedside waiting for the child to die was nearly, if not quite, as guilty as he who took the life of the child.

The Academy then adjourned.

New York Pathological Society.—In Dr. J. C. Peters's address before the N. Y. Pathological Society, the names of Drs. E. Krackowizer and Frank H. Hamilton were accidentally omitted in the list of former Presidents.

The Hunter's Point Nuisance.—The bill for the abatement of the Hunter's Point nuisance, which has been before the Assembly since January 23d, has been recommitted by a political trick, and the prospect of its prompt passage is very poor.

Correspondence.

THE COMMITMENT OF THE INSANE.

To the Editor of The Medical Record.

Sir:—Referring to the case of Miss Dickie, in his letter to the Record of last week, Dr. Bradley speaks of "the fact that she is not, *and has not been* insane." That she is not now insane I am ready to admit, upon the evidence of the experts and the verdict of the jury. But what right have we to assume that she was not insane six years ago, at the time of her examination "by perfectly competent men, according to due process of law." I am also quite prepared to believe, not only upon the reputation of those gentlemen for knowledge and integrity, but from a large experience of similar cases, that Miss Dickie was insane at that time, and that her confinement was perfectly legal and proper. At any rate, there can be no doubt, as you have said, that the recent examination and verdict "should not be held to prove that there was a dreadful mistake made in committing her to the asylum" in 1872.

But we are obliged to suppose that at some time in these six years Miss Dickie became sane, without her return to sanity having been recognized, or at least without its having led to her release. And there is no denying that this fact has tended seriously to weaken public confidence in asylums. How to guard against the occurrence of such abuses, is the question.

The plan of increasing the delays and difficulties of commitment to asylums, in order to prevent the incarceration of sane people, certainly does not meet the requirements in cases like that of Miss Dickie, and I believe it is now generally conceded to be unwise and unnecessary.

The scheme of a lunacy commission, composed in part of experts in mental disorders, to whom all the insane shall have free access by letter, and who shall frequently visit asylums and have power to discharge their inmates summarily, has proved useful in other countries, and is certainly worthy of trial.

But there is another, and I believe a far more effective, safeguard against the peculiar abuses of asylums. It is an obvious one, and has been often proposed, but has not been adopted, mainly because of the determined opposition of the Association of American Superintendents of Insane Asylums. The plan is, to confine the medical head of an asylum to his medical duties alone, devolving the labor and responsibility of its business management upon a superintendent or warden. At present the non-medical affairs of asylums occupy all the time of their medical superintendents, and medical duties are left to be performed by the assistant physicians. Now, it is obvious that the delicate and most important duty of examining into and judging the mental condition of patients cannot be delegated. To delegate such a responsibility is practically to dissipate it. On this point nothing more need be said.

There is another still more cogent reason for relieving medical officers from the financial responsibility of asylums. The law which carefully forbids them to certify the insanity of any one for the purpose of committing him to an asylum, gives them an irresponsible and nearly absolute control over the patient when in their care. If this is perhaps unavoidable, certainly it affords the best reason why these officers should not be placed under a strong temptation to abuse their trust, by charging them with the entire financial management of their asylums. Unless they chance to be made of wholly different stuff from other public officers, all the consequences pointed out by Dr. Wilbur will surely follow. Public patients will gradually be crowded out of asylums to make room for the private class, who can pay higher rates. The convalescent will be kept so long as perhaps to become insane again, from a rankling sense of neglect and injustice. Those who most need care will be sent away or refused, because there is little profit in keeping them; while quiet cases, who would do as well at home, are retained for an opposite reason. There will also be the danger of so overcrowding asylums with patients as to neutralize the advantages of care and treatment which they should afford.

Surely, it is not too much to insist that in a decision involving the liberty and sanity of an innocent and most unfortunate fellow-being, the judgment of a medical expert should not be exposed to the least bias from the source indicated. Let me enforce the argument upon this point, by the authority of Dr. Earle, the venerable superintendent of the Northampton (Mass.) Lunatic Hospital. He believes that the number of those set down as "recovered" in the returns of a lunatic asylum may differ 25 per cent., according to the person who decides upon their condition. In other words, he holds that vanity and self-interest may act unconsciously on the mind of a superintendent to add 25 per cent. to the true number of his recoveries. It is plain that if these motives may operate to such a degree in deciding the condition of discharged patients, they may act equally in determining the condition of patients with reference to the question of their discharge. Surely, the system which permits such considerations to affect, consciously or unconsciously, the minds of medical officers of asylums, cannot be too speedily reformed.

L. A. Tourtellot, M.D.

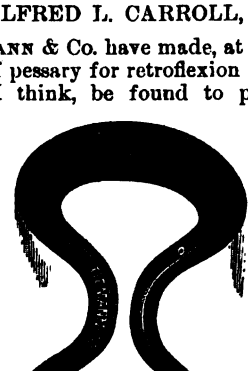
Utica, March 18, 1878.

New Instrument.

A NEW RETROFLEXION PESSARY.

By ALFRED L. CARROLL, M.D.

Messrs. Tiemann & Co. have made, at my suggestion, a new form of pessary for retroflexion or retroversion, which will, I think, be found to possess peculiar



advantages in certain cases. It is constructed of a steel spring covered with india-rubber, and its "hour-glass" shape, as shown in the accompanying wood-cut, serves a double purpose.

In the first place, the central constriction furnishes the same sort of elastic extension as is given by the spring in Scattergood's pessary; and in the second place, the contraction of the vagina around this central constriction tends to increase the supporting power of the instrument, while conducing to the comfort of the wearer. The material is sufficiently pliable to be bent into the required curve for any given instance, and its elasticity in all directions enables it to yield to a certain extent to the patient's movements without altogether relaxing its support.

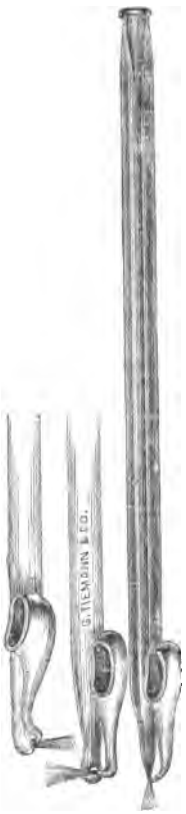
NEW BRIGHTON, N. Y., December, 1877.

ATOMIZERS FOR SPRAYING THE THROAT.

BY H. T. HANKS, M.D.,

NEW YORK.

THE set of atomizers represented in the cut are arranged for spraying the throat, and are exceedingly convenient for the general practitioner as well as the specialist. The set consists of three straight tubes of strong glass, seven inches in length, tapering at the distal end to a point with only a small perforation. On the right side of this extremity a second little funnel-like tube is strongly cemented. This is for holding the few drops of the medicament to be used, and may be filled from the bottle or with a pipette.



As may be seen in the cuts, in one instrument the point of the medicine-tube is exactly in front of the air-tube; this is for throwing the spray directly into the throat. In the other two a variation in the direction of the tube gives a corresponding direction to the spray, so that it may be thrown upward with one instrument and downward with the other.

A common Davidson syringe or rubber air-bulb may be attached to the proximal end of the long tube for forcing the air through.

Both tubes, for an inch from the distal end, are flattened on their under surface, and roughened, and serve the purpose of a tongue-depressor.

The advantages claimed for these atomizers are as follows: 1. They are compact. 2. They are inexpensive. 3. Only the necessary quantity of medicine need be used. 4. The throat is surprised, not by a preliminary gush of air, but by the instantaneous application of the remedy directly to the affected parts, before any contraction can take place.

149 LEXINGTON AV.

DR. JAMES BLUNDELL died recently in London, aged 87. As early as 1828 he successfully removed the uterus. In his mode of practice he was somewhat eccentric. He rarely arose before noon, and would receive patients at his home until six in the evening. After dining he would make his calls until midnight, and do his reading by lamp-light in his carriage.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from March 17 to March 28, 1878.

VICKERY, R. S., Capt. and Asst. Surgeon. Granted leave of absence for four months, with permission to go beyond sea. S. O. 58, A. G. O., March 18, 1878.

LORING, L. Y., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Arizona, and on expiration of his present leave of absence, ordered before the Army Medical Board, New York City, N. Y., for examination for promotion, and on completion of examination to report by letter to the Surgeon-General. S. O. 59, A. G. O., March 19, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending March 23, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
March 16, 1878..	0	5	94	0	98	81	0
March 23, 1878...	0	5	92	3	81	82	0

THE HANGING OF POLISH SURGEONS.—An Austrian paper, in its issue of Feb. 24th, reports the hanging of four Polish surgeons by the Russians at Sophia. The Turks, when they left the city, had no time to remove their wounded, who remained under the care of five surgeons, who trusted in the Geneva Convention to protect them. All five of them were Poles, but four of them were Austrian subjects, and none of them had taken up arms against Russia. Three of them were at once thrown into prison, but the fourth, who was supposed from his name to be a German, was retained a few days to care for the Russian sick. As soon as his nationality was discovered he was sent into prison with his comrades. Soon after all four were taken to a public square and hanged. The fifth, M. Czerwinski, possessed an English passport, and was saved by the intervention of the British consul. He was present at the execution of his friends and brought to Vienna the news of their melancholy death.

OVERCROWDING IN THE PROFESSION.—Not long since a medical gentleman, advertising to dispose of a paying practice, received nearly two hundred applications, while another seeking for an opening was singularly neglected.

LISTER'S METHOD.—One reason why operations are nowadays so successful is probably owing to the fact that before they are commenced the operator very properly says, "Let us spray."

DEATH PREMIUMS BY UNDERTAKERS.—A London undertaker is making base proposals of commissions to the physicians of that city for sending customers to him. He has his eye doubtless on some of the most active members of the Pathological Society. Naturally much indignation is aroused, notwithstanding there is a promise to treat relatives at wholesale rates.

THE

MEDICAL RECORD

A Weekly Journal of Medicine and Surgery

Vol. 13, No. 14.
Whole No. 387.

NEW YORK, APRIL 6, 1878.

$5.00 Per Annum.

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GENERAL ANOMALIES OF NUTRITION AND POISONS.

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No. 3.

STUDIES IN PATHOLOGICAL ANATOMY.

By FRANCIS DELAFIELD, M.D.

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III.

APRIL NUMBER.

THE AMERICAN JOURNAL OF OBSTETRICS

And Diseases of Women and Children.

PAUL F. MUNDÉ, M.D., Editor.

WM. WOOD & CO., Publishers, 27 Great Jones St., New York.

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☞ Advertisements must reach us by Tuesday in order to be inserted in the issue of that week.

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5.—PIL. PHOSPHORI CUM FERRO ET NUCE VOM	Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.	1 50
6.—PIL. PHOSPHORI CUM FERRO ET QUINIA	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.	2 75
7.—PIL. PHOSPHORI CUM FERRO ET QUINIA ET NUC. VOM.	Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
8.—PIL. PHOSPHORI CUM QUINIA	Phosphori 1-50 grain. Quiniæ Sul. 1 grain.	2 75
9.—PIL. PHOSPHORI CUM QUINIA CO	Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ¼ grain. Strychniæ 1-60 grain.	2 00
10.—PIL. PHOSPHORI CUM QUINIA ET NUC. VOM	Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.	2 75
11.—PIL. PHOSPHORI CUM QUINIA ET DIGITALE CO	Phosphori 1-50 grain. Quiniæ Sul. ¼ grain. Pv. Digitalis ⅓ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.	2 00
12.—PIL. PHOSPHORI CUM DIGITALE CO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.	1 50
13.—PIL. PHOSPHORI CUM DIGITALE ET FERRO	Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.	1 50
14.—PIL. PHOSPHORI CUM CANNABE INDICA	Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain.	1 75
15.—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER	Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.	2 00
16.—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICA	Phosphori 1-50 grain. Ext. Aloes Aq. ½ grain. Ext. Nuc. Vom. ¼ grain.	1 50
17.—PIL. PHOSPHORI CUM ZINCO CO	Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.	1 50
18.—PIL. PHOSPHORI CUM OPIO ET DIGITALE	Phosphori 1-50 grain. Pv. Digitalis ⅓ grain. Pv. Ipecac ¼ grain. Pv. Opii ¼ grain.	1 50
19.—PIL. PHOSPHORI CUM STRYCHNIA	Phosphori 1-50 grain. Strychniæ 1-60 grain.	1 50
20.—PIL. PHOSPHORI CUM CANTHARIDE CO	Phosphori 1-50 grain. Pv. Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1 ♏	1 50
21.—PIL. PHOSPHORI CUM BELLADONNA	Phosphori 1-100 grain. Ext. Belladonnæ ½ grain.	1 50
22.—PIL. PHOSPHORI CUM FERRO ET STRYCHNIA	Phosphori 1-100 grain. Ferri Carb. 1 grain. Strychniæ 1-60 grain.	1 50

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K. & M.

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PEPSIN, BISMUTH, AND STRYCHNIA.

ORIGINATED BY KEASBEY & MATTISON.

We again offer this preparation confidently to the profession. It has for four years enjoyed an extensive prescription among the most eminent of our practitioners. Its use has been attended with the most marked success perhaps of any of the various remedies recommended in dyspepsia, gastralgia, and kindred disorders. Its association with Carbonic Acid renders it palatable, and causes it to be retained by the most sensitive stomach. It is the only soluble form in which Pepsin and Bismuth should be ever given together, and is FIVE TIMES THE PEPSIN STRENGTH of the various elixirs, wines, liquors, etc., of the market. In reference to its reliability, we refer to the most prominent physicians in all sections of this country, who will very generally be found to be using it in their practice.

Always prescribe the GRANULATED EFFERVESCENT form, and always specify the "K. & M." preparation.

Each drachm or heaping teaspoonful contains FIVE GRAINS Saccharated Pepsin, two grains soluble Citrate of Bismuth, and one-fiftieth grain Citrate of Strychnia.

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 21, 1877.

Gentlemen.—I have used a large number of your preparations for several years past with great satisfaction, and am happy to commend them to others from what I know both of your drugs and of yourselves. Very truly yours, W. W. KEEN, M.D.

K. & M.

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ORIGINATED BY KEASBEY & MATTISON.

The recent extensive employment of this salt as a remedy, amounting almost to a specific in cases of sick headache, and its use in nervous diseases generally, have caused us to place it upon our list. Its value is much enhanced by its administration with Carbonic Acid, so agreeably and efficiently produced by this form.

A heaping teaspoonful, containing ONE GRAIN of Citrate of Caffeine, should be given in a sick headache, every hour or two before and during the paroxysms.

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 27, 1877.

Gentlemen—It gives me pleasure to add my testimony in regard to your preparations, which I have used for a long time; they are thoroughly reliable. Truly yours, THOMAS G. MORTON, M.D.

K. & M.

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CITRATE LITHIA.

In the effervescent form this chemical is administered in a peculiarly advantageous manner. Its association with Carbonic Acid renders it much less liable to disturb the stomach, while in strength it is greatly superior to Lithia Water. A valued diuretic and lithontriptic, its importance in the treatment of rheumatic, gouty, and analogous disorders can scarcely be over-estimated.

We have doubled the strength of this preparation, each drachm or heaping teaspoonful containing FOUR GRAINS of the chemically pure salt.

Messrs. KEASBEY & MATTISON: PHILADELPHIA, September 25, 1877.

Gentlemen—I have employed your Extract of Malt and Infants' Food in a large number of cases, much to my own satisfaction and to the benefit of the patient. The Infants' Food I regard as especially useful in cases of infants requiring artificial food from any cause. Yours, etc., W. B. ATKINSON, M.D., *Secretary American Medical Association.*

K. & M.

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Of Magnesium Citrate, Potassium Bicarb., Citrate, Benzoate, and Bromide. Lithium Benzoate and Carbonate; Cerium Nitrate and Oxalate; Bismuth Citrate (SOLUBLE), Pepsin, and Bismuth; Pepsin, Bismuth, and Iron, etc., etc., etc.; also the following

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Believing that the present demand for Sugar-Coated Pills of Phosphorus and its combinations will justify a reduction of the price, Messrs. Allaire Woodward & Co. have modified their list on these pills, as follows:

Phosphorus, 1-100 gr. per 100 - - -	40c.
" 1-50 " " - -	40c.
" 1-25 " " - - -	40c.
Phosphorus Comp'd, {Phosphorus, 1-100 gr. Ext. Nux. Vom., ½ "}	50c.
" and Nux. Vom. {Phosphorus, 1-50 " Ext. Nux. Vom., ½ "}	50c.
" Iron & Nx. Vm. {Phosphorus, 1-100 " Vallet's Mass 1 " Ext. Nux. Vom. ½ "}	60c.
Ph s., Iron & Quinine, {Phosphorus, 1-100 gr. Vallet's Mass, 1 " Quinia Sul., 1 "}	——
Phos., Iron, Nux & Quin., {1 hosphorus, 1-100 " Vallet's Mass. 1 " Ext. Nux. Vom. ½ " Quinine, Sul., 1 "}	——
Phosphide Zinc, 1-2 gr. per 100 - -	$1 25
" 1-4 " " - -	80
" 1-8 " " - -	60
" and Nux, each 1-8 gr. -	60
" Nux & Ext. Can'bis Ind. ea. 1-8 gr.	65

The manufacturers feel confident that by their mode of manipulating the mass, *less of the objectionable effects* will be experienced by the patient, and *better results* obtained than by the use of any similar goods in the market. *Pills will be mailed to any part of the world upon receipt of list price.* Complete lists of Sugar-Coated Pills. Fluid and Solid Extracts mailed upon application.

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The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped

to fit the mouth of the womb, with openings for the secretions to pass out, and which can be sent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic, adapt themselves to all the varying positions of the body, and perform the service of the ligaments of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading Physicians with never-failing success, even in the most difficult cases.

Price—to Physicians, $8.00; to Patients, $12.00

Instruments sent by mail, at our risk, on receipt of price, with 16 cents added for postage; or by express C. O. D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER CO., 296 West Lake Street, Chicago, Ill.

Our valuable pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

Office of McKESSON & ROBBINS,

IMPORTERS, WHOLESALE DRUGGISTS & MAN'F'G CHEMISTS,

91, 93 Fulton Street & 82, 84 Ann Street, N. Y.

As the extreme scarcity of Quinine both in Europe and America will probably not be relieved until summer, and manufacturers have been unable to supply our wants, we have been obliged to again advance our list of Quinine Pills, as below.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly. In fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt on experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine" The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. McKESSON & ROBBINS.

Sent by mail on receipt of price.	Bottles 100 pills	Bottles 500 pills
Iron, Quinine and Strychnine (Ferrum, Redactum, 1 gr.; Quiniæ Sulphas, 1 gr.; Strychnia, 1-60 gr.)	2 25	11 00
Neuralgia, (Dr. Gross') (Quiniæ Sulphas, 2 grs.; Morphiæ Sulphas, 1-20 gr.; Strychnia 1-30 gr.; Acid. Arseniosum, 1-20 gr.; Ext. Aconiti, 1-2 gr.)	4 50	22 25
Neuralgia, (Dr. Gross') no Morphia.	4 25	21 00
Phosphates Iron, Quin. and Strych. (Ferri Phosphas, 2 grs.; Quiniæ Phosphas, 1 gr.; Strychniæ Phosphas, 1-60 gr.)	2 25	11 00
Quinine, Carbolate, 1 gr	3 50	17 25
Quinine, Salicylate, 1 gr	3 50	17 25
QUININE, BROMIDE, 1 gr.	3 50	17 25
QUININE, BROMIDE, 2 grs	5 00	24 75
QUININE, BROMIDE, 3 grs	7 00	34 75
Quinine, Sulph. and Bi-Sulph., ½ gr.	1 00	4 75
Quinine, Sulph. and Bi-Sulph., ¾ gr.	1 25	6 00
Quinine, Sulph. and Bi-Sulph., 1 gr.	2 15	10 50
Quinine, Sulph. and Bi-Sulph., 1½ grs	3 00	14 75
Quinine, Sulph. and Bi-Sulph., 2 grs	4 00	19 75
Quinine, Sulph. and Bi-Sulph., 3 grs	6 00	29 75
Quinine, Sulph. and Bi-Sulph., 4 grs	7 50	37 25
Quinine, Sulph. and Bi-Sulph., 5 grs	9 50	47 25
Quinine, Sulpho-Carbolate, 1 gr.	3 50	17 25
Quinine, Sulpho-Carbolate, 2 grs.	5 00	24 75
Quinine, Sulpho-Carbolate, 3 grs.	7 00	34 75
Quinine, Sulpho-Carbolate, 5 grs.	11 00	54 75
Quinine and Aloes, 1 gr. (Quiniæ Sulphas, 3-4 gr.; Pulv. Aloes Soc., 1-4 gr.)	2 00	9 75

Specify McKesson & Robbins.	Bottles 100 pills	Bottles 500 pills
Quinine, Arsenic and Nux Vomica. (Quiniæ Sulphas, 1 gr.; Acid. Arseniosum, 1-60 gr.; Ext. Nucis Vomicæ, 1-4 gr.)	2 25	11 00
Quinine, Phosphorus and NuxVom. (Quiniæ Sulphas., 1 gr.; Phosphorus, 1-60 gr.; Ext. Nucis Vomicæ, 1-40 gr.)	2 75	13 50
Quinine, Phosphorus and NuxVom. (Quiniæ Sulphas., 1 gr.; Phosphorus, 1-60 gr.; Ext. Nucis Vomicæ, 1-4 gr.)	2 75	13 50
Quinine Compound (Quiniæ Sulphas., 1 gr.; Ferrum Redact., 1 gr.; Acid. Arseniosum, 1-32 gr.)	2 25	11 00
Quinine Comp. and Ext. Dandelion (Quiniæ Bi-Sulph., 1 1-4 grs.; Ferri Sulph., Exsic., 2 grs.; Acid. Arseniosum, 1-24 gr.; Extract Taraxici, 1 1-4 grs.)	2 50	12 25
Quinine Comp. and Strychnine (Quiniæ Sulphas., 1 gr.; Ferrum Redactum, 1 gr.; Strychnia, 1-20 gr.; Acid. Arseniosum, 1-20 gr.)	2 25	11 00
Quinine and Iron (Quiniæ Sulphas, 1 gr.; Ferrum Redactum, 1 gr.)	2 25	11 00
Quinine and Capsicum (Quiniæ Sulphas, 1 gr.; Pulv. Capsici, 1-4 gr.)	2 25	11 00
Quinine & Carb. Iron (1 gr. & 2 grs.)	2 25	11 00
Quinine, Iron and Nux Vomica	2 25	11 00
Quinine & Strychnine (1 gr. & 1/15 gr.	2 25	11 00
Quinine, Valerianate, ½ gr.	2 00	9 75
Tonic (Dr. Aiken)	2 25	11 00

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ½ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS. (Quiniæ Sulph., 1-3 gr.; Quinidiæ Sulph., 1-3 gr.; Cinchoniæ Sulph., 1-3 gr.; Cinchonidiæ Sulph., 1-3 gr.)	2 00	9 75
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

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COD LIVER OIL

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(A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES).

This article is offered to the Medical Profession as HAVING ESPECIAL ADVANTAGES OVER ANY AND ALL OF THE COD LIVER OIL PREPARATIONS for the cure of CONSUMPTION, EMACIATION, COUGHS and all PULMONARY COMPLAINTS. The vast importance of the PHOSPHO-NUTRITINE will be perceived in giving to this preparation the HIGHLY-NUTRITIOUS and TONIC properties of the PHOSPHATES exactly as nature provides them, greater NOURISHING, STIMULATING and BUILDING POWER being thereby added, and which not only renders it PALATABLE, LIMPID and EASY OF ASSIMILATION, but ENTIRELY REMOVES ALL NAUSEOUS TASTE AND SMELL, and, unlike any other Cod Liver Oil Compound, is miscible with, and should be taken in water. ITS TASTE IS ACCEPTABLE TO THE MOST SENSITIVE and DELICATE STOMACH.

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LOEFLUND'S EXTRACT OF MALT

Is recommended to physicians for its **purity** and **superiority** over all others. It is perfectly free from **Alcohol, Carbonic Acid and Empyreumatic Products**, which can only be attained by the **most careful manipulations** in its manufacture, **long experience**, and by means of **unexcelled apparatus.** Mr. Ed. Lœflund, of Stuttgart, Germany, manufactures only Malt preparations, devotes his whole time to these; and being a thorough Chemist, makes a preparation based upon **scientific principles.** For this reason his Preparations were awarded a **prize** at the **Centennial Exhibition. Lœflund's Concentrated Extract of Malt** is a **Resolvent Emollient** and most powerful **Nutrient.** It is used for diseases of the **respiratory organs, pulmonary complaints,** and for diseases originating in **imperfect digestion.**

Price per bottle, 75 cents.

Lœflund's Extract of Malt with **Pyrophosphate Iron.**	Lœflund's Extract of Malt with **Hypophosphite Lime.**
" " " **Citrate Iron and Quinine.**	" " " **Pepsin.**
" " " **Iodide Iron.**	" " " **Hops.**

Each of these **$1.00 per bottle.**

Lœflund's Concentrated Leibig's Food for Infants (Leibig's Soup for infants in a concentrated form), **ready for use,** has been pronounced by the Judges of the Centennial Exhibition: **A perfect Substitute for Mother's Milk,** and therefore awarded a prize. Price, 75 cents per bottle.

Circulars giving full particulars will be mailed to all parts upon application.

CAUTION TO THE TRADE AND PUBLIC.—The labels on Lœflund's Preparations should be carefully examined. The signature of ED. LŒFLUND appears on the right lower corner of the genuine label; in the centre, the *Trade-Mark;* and on the *left lower corner*, the words: Sole Agent for America, ALBERT C. DUNG, Druggist, 61 Bowery, New York.

The genuineness of these only is guaranteed. All labels are printed in the *English Language.*

Lœflund's Extract of Malt Lozenges contain a large proportion of **Extract of Malt,** and are **very efficacious,** as well as highly agreeable **Cough Lozenges.** Price 25 cents per package.

All the above preparations are kept by the leading druggists. Orders by mail promptly filled by

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GELATINE CAPSULES

OF ALL KINDS. Also,

JUJUBE PASTE (EMPTY) CAPSULES.

Five Sizes: No. 0, largest; No. 4, smallest.

Especially adapted and recommended for administering concentrated or nauseous medicines; free from taste or smell. Prevent irritation of mouth or throat, and injury to the teeth.

Our Capsules are not patented nor **FILLED** with any **SECRET PREPARATION,** but made strictly in accordance with officinal formulas, and contain **NONE** but authorized medicines of the U. S. Dispensatory; are entirely reliable and soluble, free from **TASTE** or **SMELL;** remain perfect in any climate.

N.B.—Particular attention given to Capsuling **SPECIAL FORMULAS.**

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Sole Agents in America for Blair's Gout and Rheumatic Pills.

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VACCINE VIRUS.

In order to meet properly the continued demand upon us for **Animal Virus**, we have established stables for its propagation upon carefully-selected heifers. The lymph used is of the well-known "Beaugency" stock, imported by ourselves expressly for this purpose. The result of several years' experience in supplying this lymph leads us to believe that its excellence is unsurpassed. The establishment is under the care of a competent physician, who will spare no pains to produce a perfectly **reliable** and **pure** article, which we are prepared to furnish **fresh, daily.**

We can also furnish, to those who prefer it, **Humanized Virus**, from healthy children, procured for us by physicians of undoubted reliability.

All our Virus is put up in strong, *air-tight, sealed packages*, for safe conveyance by mail or express, and will be sent (postpaid if by mail) upon the following terms:—

From the Heifer,	10 large Ivory Points, well charged on both sides		$1.50
	5 large Ivory Points,	" "	.80
	Large Ivory Points, less than 5,	" " each	.25
	1 Crust, new method, in air-tight Glass Capsule		2.00
From Healthy Infants.	10 small Ivory Points		1.50
	1 Crust from Unruptured Vesicles		2.00

Directions for vaccinating with either form of Virus, derived from methods successfully employed, will be furnished with Virus, if requested.

We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer, if preferred.

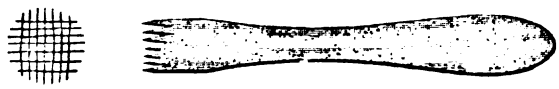
On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results obtained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance, and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply at hand for emergencies.

We also furnish **Uncharged Ivory Points**, for physicians' use, at the following rates:—

Small	per 100, 25 cents; per 1,000, $2.00
Large	per 100, 50 cents; per 1,000, 4.00

Orders by mail or telegraph answered by return train.

Liberal discounts upon large supplies for Cities, Towns, and Institutions.



Scarifying Vaccinator, Steel Nickel-Plated. See Cut. Each 25 Cents.

☞ *New Illustrated Catalogue of Surgical Instruments postpaid on request.*

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF

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TO THE MEDICAL PROFESSION.

MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION CONTAINS FROM THREE TO FIVE TIMES THE MEDICINAL AND NUTRITIVE ELEMENTS FOUND IN EXTRACT OF MALT.

MALTINE is a highly concentrated extract of malted *Barley*, *Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three* to *five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of ***MALTINE*** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity possessing little virtue aside from the saccharine matter which it contains.

SECOND: *Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium* and *Potassium* are essential elements in the food of man; and it is only in ***MALTINE***, containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: *Gluten* is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. ***MALTINE*** contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of ***MALTINE*** is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of ***MALTINE****, and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE:

***MALTINE* WITH HOPS.**

***MALTINE*, FERRATED:**
This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

***MALTINE* WITH PHOS. IRON AND QUINIA:**
A powerful general and nutritive tonic.

***MALTINE* WITH PHOS. IRON, QUINIA AND STRYCH.:**
A powerful nutritive, general and nervous tonic.

***MALTINE* WITH HYPOPHOSPHITES:**
This preparation is specially indicated in Phthisis, Rickets and deficient Ossification.

***MALTINE* WITH PEPSIN AND PANCREATINE:**
One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the ***MALTINE***. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

***MALTINE* WITH BEEF AND IRON:**
One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

***MALTINE* WITH COD LIVER OIL:**
The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

***MALTINE* WITH COD LIVER OIL AND PHOSPHORUS:**
In this combination the Phosphorus has no irritant effect upon the stomach.

***MALTINE* WITH COD LIVER OIL AND IODIDE OF IRON:**
This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

***MALTINE* WITH ALTERATIVES:**
In this preparation ***MALTINE*** is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.
Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, ¼ grain. DOSE, One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only*.

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

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Nursing bottles and tubes should be thoroughly cleansed immediately after using. This is of the greatest importance, as the life of the infant depends on it.

It is almost impossible to get at the tube of the imitation Nursing Bottles in order to clean them. Carelessness in this respect is to be carefully guarded against, and the mother should look to it that this advice is followed. Restlessness, gastric irritation, griping pains and fits of screaming are the consequences of neglecting this matter, and ig rant people blame the bottle, when these results should be attri- bu d to the carelessness of the nurse and want of cleanliness of the bo le and tubes.

the genuine BURR'S IMPROVED NURSING BOTTLE, the nipple- h r tube-connector and mouth-guard are all ingeniously combined in or piece of hard, polished wood. It is so constructed that the nipples ar very firmly held, yet they can be easily taken off for cleaning the te and replaced in an instant.

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e genuine Burr's Improved Nursing Bottles are made in eight di ent styles, and retail at from twenty-five to seventy-five cents.

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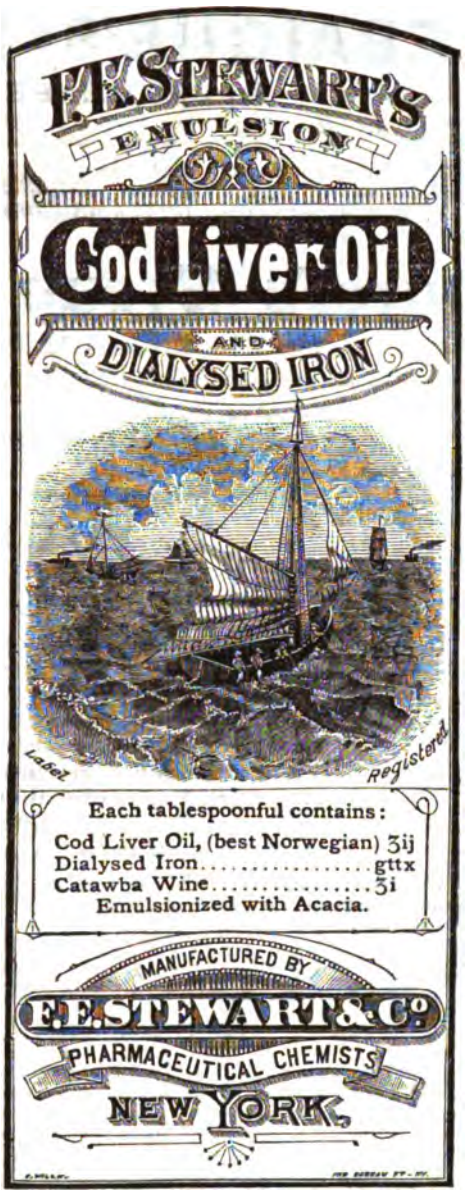

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IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of iron. It is offered in the form of a **solution,** which is generally preferred; or of an **elixir,** when a slight stimulant is desired.

Durel's Syrup of Tar and Iron.

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in ***Chlorosis, Bronchial Catarrh, Catarrh of the Bladder, Chronic Uterine Discharges,*** depending upon an enfeebled or relaxed state of the system.

It is sold by chemists generally.

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The form of Globules is by far the most convenient as well as the most elegant form for administering liquid preparations or powders of unpleasant taste or odor. The following varieties are now offered:

Globules of **Ether; Chloroform; Oil of Turpentine; Apiol;**
Phosphorated Oil, containing 1-60th grain of Phosphorus;
Phosphorated Oil, containing 1-30th grain of Phosphorus;
Tar; Venice Turpentine; Copaiba; Copaiba and Tar;
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The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility, and hence promptness of action.

They are put up in bottles of 100 each.

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Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

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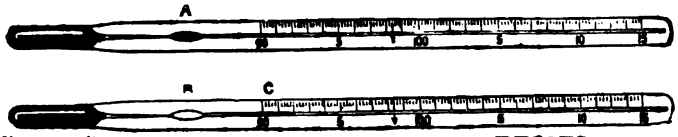

This Thermometer, secured by letters-patent in England and the United States, is guaranteed not to become disarranged by any amount of violence, as the index is effectually prevented from descending below a fixed point. By this means medical men may, with implicit confidence, obtain personal observations of the temperature even from their patients, as no inadvertence in use, or rough usage in traveling, can possibly disarrange it.

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The Wines will be shipped to any part of the United States.

Physicians wishing to test these Wines will, on application, be furnished with an original bottle at half price.

PRICE LIST:

		Per Case of 12 bottles.			*Per Case of 12 bottles.*
Tokayer Ausbruch.	1866	$30.00	Somlyai Impl.	1868	$14.00
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FOR THE
DIABETIC AND DYSPEPTIC.

The prepared Flour of Bran, freed from Starch by Camplin's process, in 10 lb. cases, $5.00. Gluten Flour, rich in nitrogenous matter and the phosphates, in 10 lb. cases, at $3.00.
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DR. E. D. HUDSON,
Mechanical Surgical Appliances, Artificial Limbs, Apparatus for Ununited Fractures, Paralysis, Spinal and Hip Joint Diseases, Club Foot, etc.
Award at Paris Expos., 1867; International Exhib., Phila., 1876, and Intern'l Society for Relief of Wounded Soldiers and Sailors, Paris.

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OF ALL KINDS. ALSO,
EMPTY CAPSULES (5 sizes), for the easy administration of nauseous medicinal preparations.
List and Samples sent on application. Sold by all Druggists.
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Medal of Excellence Awarded at the American Institute Fair, 1877.

BORATED COTTON

FOR DRESSING WOUNDS.
BORATED COTTON for TAMPONS.
"Its therapeutic value is quite decided."—NEW REMEDIES.
ANTISEPTIC GAUZE.
FOR SALE AT THE PRINCIPAL DRUG STORES AND MANUFACTURERS OF SURGICAL INSTRUMENTS.
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TWO ARTICLES OF REAL MERIT.
Unsurpassed for PURITY, DELICACY AND EXCELLENCE.
Their standard will ever be maintained. Sold Everywhere. Beware of Imitations and Counterfeits!
Peerless Tobacco Works. (5 First Prize Medals.) WM. S. KIMBALL & CO., Rochester, N. Y.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HÆMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris.
To be had of all Respectable Chemists throughout the world.

NOTICE.—For the convenience of the Profession we have classified many of our Advertisements, as follows:

	PAGE
Instruments—Surgical, Dental and Orthopædic	26, 27 and 28
Food for Infants and Invalids	30 and 31
Instruction, Retreats, Private Hospitals, Wants, &c., &c.	29
Official Announcements of the Medical Colleges of the U. S.	22 and 23
Carriages, Buggies Phaetons, Coupes, Broughams, &c.	2

Trommer's Extract of Malt.

The rapidly increasing demand for our **IMPROVED EXTRACT OF MALT**, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz.: Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours truly, SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,			**With Hops (Plain),**	**$1 00**
"	"	"	**Pyrophosphate of Iron (Ferrated),**	**1 00**
"	"	"	**Cod Liver Oil,**	**1 00**
"	"	"	**Cod Liver Oil and Iodide of Iron,**	**1 00**
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"	"	"	**Hypophosphites,**	**1 50**
"	"	"	**Iodides,**	**1 50**
"	"	"	**Alteratives,**	**1 50**
"	"	"	**Citrate of Iron and Quinia,**	**1 50**
"	"	"	**Pepsin,**	**1 50**

MANUFACTURED BY

TROMMER EXTRACT OF MALT CO.,

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Or, PORTE REMÈDE.

For the Treatment of Gonorrhœa and Chronic Gleet.

ADVANTAGES OF THE BOUGIE TREATMENT.

(1.) *A local remedy easily and safely applied.*
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(3.) *Gradual solution of the Bougie, causing prolonged action.*
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REGULAR No. 1. Short. (For Gonorrhœa.)		REGULAR No. 2. Long. (For Gleet.)	
Sulphate Zinc,	¼ gr.	Sulphate Zinc,	¼ gr.
Carbolic Acid,	½ "	Carbolic Acid,	¼ "
Ext. Hydrastis,	1 "	Ext. Hydrastis,	1 "
" Belladonna,	1 "	" Belladonna,	1 "
" Gelsemium,	½ "		

Send for circular containing list of over fifty special medications.

Retail price per box of 1 dozen, $1.50. To Physicians per box, $1.00. Per doz. boxes, $9.00.

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Send for Price List.

E. F. HOUGHTON & CO.,
MANUFACTURERS,
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Western Electric Manufacturing Co.

MANUFACTURERS OF

Electro-Medical Instruments and Batteries,

FARADIC MACHINES,
GALVANIC BATTERIES,
BATH APPARATUS, &c.

Sole Manufacturers of

Dr. Byrne's Perfected Galvanic Battery for Electro-Cautery

The only apparatus of the kind for which a special award was granted at the Centennial Exhibition in accordance with the Reports of Sir William Thomson and Professor Henry, based upon actual experiments.

It embraces the very latest and best improvements, and is by far **the most complete and powerful instrument yet devised for galvano-cautery operations.** It consists of 4 cells in a neat case 8¾ x 7¼ x 4½. **Its heating capacity is fifteen inches of No. 21 Platinum wire, or twenty inches of No. 18,** and it will maintain a current available for surgery during half an hour without change of fluid.

The weight of the entire battery is ten pounds. It is, therefore, conveniently portable and **the most efficient and reliable battery for galvano cautery yet offered to the profession.** Its distinctive peculiarity consists in the negative plates by which much greater power is obtainable than from carbon or Platinum, while they are equally indestructible with the latter. **These plates (patented) are also specially adapted for all battery organizations requiring great quantity and a high electro-motive force,** as for Electro-Plating, Electro-Motor for Sewing Machines, discharging explosives, etc.

WESTERN ELECTRIC MANUFACTURING CO.

20 New Church St., NEW YORK. 220 to 232 Kinzie St., CHICAGO.

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Sometimes called Jacques', but really the invention of Dr. Nelaton, Surgeon to the late Emperor Napoleon III., have, by their decided advantages over every other kind, become a necessity in the practice of the leading Physicians and Surgeons of Paris, London, and other European Cities.

Their introduction here has been so successful that imitations are already in the market, much inferior in quality. Having secured a large stock from the original manufacturers during my stay in Paris, I am enabled to offer the genuine at a reasonable price.

These are made of *pure brown rubber*, with a smooth, soft surface, delicately flexible; and if the simple directions on the box are followed, their introduction will cause little or no pain, and effect their purpose much more easily and effectively than any other kind.

Sets of nine sizes, numbered and with wire, the whole neatly boxed, will be sent by mail on receipt of $6.00. THEO. RICKSECKER, 146 & 148 WILLIAM ST., NEW YORK.

PERFECTION SPONGE TENTS.

These Tents are the *very best in market;* in *quality of sponge, method of manufacture, strength, utility*, and *medication.*

The many complaints by the Profession against those commonly sold have encouraged the sale of the "Perfection," which will be sent in boxes of one dozen, assorted, by mail, on receipt of $2.50.

The maker holds letters of approval and recommendation from the following eminent Physicians:

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FOUGERA'S COMPOUND IODINIZED

COD LIVER OIL

Since the introduction of this oil in 1858 it has been found to be superior to all other kinds of Cod-Liver Oil for the treatment of **General Debility, Consumption, Scrofula, Rickets, etc.**

It possesses not only all the **nourishing** qualities of the best Cod-Liver Oil, but also the **tonic, stimulant, and alterative** properties of **Iodine Bromine** and **Phosphorus,** which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod-Liver Oil.

Through its **increased curative action, FOUGERA'S COD-LIVER OIL** will be found to cure disease in a much shorter time than the pure oil; while favorable results will be obtained by its use in many advanced cases when the pure Cod-Liver Oil would fail entirely.

Fougera's Ready-Made Mustard Plasters.

A most useful, convenient, clean and economical preparation. Not liable to change, if kept in a dry place. Made of two strengths:—Plasters No. 1, of pure mustard; Plasters No. 2, of one-half mustard. Price 40 cents, the tin box, or tin roll of 10 plasters each. DIRECTIONS.—Dip the plaster or plasters, a minute or two, in cold water; apply on the part, and cover with a band.

Fougera's Compound Iceland Moss Paste.

(Iceland Moss, Lactucarium Ipecac and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c. Wakefulness, Cough and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this paste.

Fougera's Iodo-Ferro-Phosphated Elixir of Horse-Radish.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of anti-scorbutic and aromatic plants, and acts as a **tonic, stimulant, emenagogue,** and a **powerful regenerator of the blood.** It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

E. FOUGERA, Pharmacist,
372 7th Street, Brooklyn, L. I.
SOLE PROPRIETOR AND MANUFACTURER OF THE ABOVE
To whom all special communications should be addressed.

E. FOUGERA & CO.,
30 North William Street, New York,
SOLE GENERAL AGENTS FOR THE ABOVE,
To whom all orders should be addressed.

SOLD BY DRUGGISTS GENERALLY.

RELIABLE ANIMAL VACCINE.

THE undersigned respectfully announces that he has discontinued the practice of furnishing Vaccine *at his residence.*

Physicians can obtain the **Animal Vaccine** of MESSRS. CASWELL, HAZARD & CO., Broadway, corner 24th Street.

FRANK P. FOSTER, M.D.

By our arrangement with Dr. Foster *all* Vaccine supplied by *us* is *absolutely fresh.*

We can furnish it in any quantity desired, either by express or by mail, if remittance is made to cover postage.

Dr. Foster's Animal Vaccine is the only kind that may be said to have the unqualified endorsement of the medical profession of New York.

QUILL SLIPS (half quill, charged on convex surface, at square-cut end), 25 cts.
CAPILLARY TUBES, ... $2.00

For ordinary use, *quill slips* are the most reliable of all forms of stored Vaccine, and in cases of failure with them in *primary* vaccination, if used within one week of their issue, and strictly in accordance with the printed directions, *being in the meantime kept cool and dry,* a second supply will be furnished gratis.

Tubes are intended chiefly for transportation to long distances, as the virus is preserved for a considerable length of time. They are superior to crusts, but inferior to quill slips.

Crusts are not recommended, and are not sold, for the reason that, however fresh and however well formed they may be, they are apt to prove inefficient.

CASWELL, HAZARD & CO., New York.

Quote MEDICAL RECORD.

McKESSON & ROBBINS'
GELATINE-COATED PILLS.

COCA EXTRACT, 1 gr.
Made from freshly imported leaves. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the Physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration accompanying its use, is said not to be followed by any depressing effects.

ERGOTIN, 3 grs.
Each pill is equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe.

GRINDELIA ROBUSTA-EXTRACT, 3 grs.
The Solid Extract is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

GUARANA EXTRACT (PAULLINIA), 3 grs.
The Solid Extract is eight times the average strength of the drug. The value of Guarana, in many phases of sick, nervous and sun Headache, as well as in Neuralgia, and in irritations of the mucous membrane, has become well-known to practitioners, and its happy effects, in Diarrhœa, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

JABORANDI-EXTRACT, 3 grs.
These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

CALCIUM SULPHIDE, 1-10 gr.
Strongly recommended "in cases of Scrofulus and other unhealthy sores, glandular enlargement, boils occurring in crops, &c." In many skin diseases it is strongly indicated, being not only anti-parasitic and anti-herpetic, but also stimulant and tonic.

SALICYLIC ACID WITH MORPHINE.
{ Acid. Salicylicum, 2 1-2 grs. }
{ Morphiæ Sulphas, 1-12 gr. }

SALICYLIC ACID WITH MORPHINE.
[Acid. Salicylicum, 5 grs. Morphiæ Sulphas, 1-8 gr.]
Strongly recommended in Rheumatism, both acute and chronic.

SANDAL WOOD EXTRACT, 1 and 2 grs.
These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration.

IRON, DIALYZED, 2 grs.
Made from Merck's scales or plates of Dialyzed Iron, and about twenty times the strength of the solutions in market.

I have in stock every Gelatine-Coated Pill made by McK. & R.

T. H. SAYRE, Dispensing Chemist,
Sixth Avenue, cor. 46th Street, New York.

In corresponding with Advertisers please mention **The Medical Record.**

NOTICE.—See our Advertisement, page 3.

Extract of Malt

WITH

COD LIVER OIL.

Our Improved Extract of Malt with 50 per cent. of our fine Norwegian Oil, is pre-eminently THE emulsion of Cod Liver Oil, since it *has double the nutritive effect of any other emulsion of oil.* It not only contains the largest amount of nutritive food in the smallest bulk of liquid, but by the action of the Diastase contained in the malt, it is capable of transforming many times its bulk of amylaceous or gramineous food into saccharine, thus rendering it easily digestible even by the most delicate stomach of the invalid. The disagreeable eructations from the stomach, which constitute one of the greatest objections to the use of all preparations of Cod Liver Oil, are completely obviated in this preparation. We would direct the attention of physicians to the special fact that IT UNITES PERFECTLY WITH WATER IN ANY PROPORTION, and that the oil does not again separate, thus showing how perfectly the oil is emulsified.

DOSE.—A Dessert to Tablespoonful immediately after Meals.

Prepared with the most scrupulous care

KEASBEY & MATTISON,

MANUFACTURING CHEMISTS,

332 North Front Street, Philadelphia.

☞SEND FOR PAMPHLET ON MALT AND NEW REMEDIES.☜

DR. FRIEDR. WITTE.

Rostock, Mecklenburg,

Begs leave to announce to the profession and drug trade that he has given the sole agency for his goods for the U. S. and Canada to

Mr. F. ALFRED REICHARDT.

I have now a supply of Dr. Witte's goods on hand; they are the most reliable made in Germany, and his preparations of Pepsin, Ptyalin, etc., have taken the first place there *over all others.*

Pepsin, plain, soluble, 1 gr., dissolves 100 grs. of Albumen, *Per doz.*,						$1 25
Ptyalin,	1 "	"	100	"	Boiled Starch, "	1 25
Ptyalin Pepsin,	1 "	"	100	"	" " " and 100 " Fibrin, "	1 25
Resin, Scammony from Root, powd.,					*Per oz.*,	60c.
Extr. Cannabis Indic, superior to English, 2 oz. jars,						35c.
" Colocynth, simple (imported to make Ex. Coloc. Comp.),						60c.
" Taraxaci, in 1 lb. porcel. jars,						60c.
" Ferri Pomate, " " "						$1 00

Prices inclusive of jars and bottles.

MATHIAS ROZSNYAY,

Arad, Hungary,

Begs leave to inform the Medical Profession that he has given his sole agency and the exclusive control of his preparation of

TASTELESS QUININE,

Neutral Tannate of Quinine,

To Mr. F. ALFRED REICHARDT, who keeps full stock of his preparations.

The discovery of Mr. Math. Rozsnyay to make an *absolutely tasteless and reliable* preparation of Quinine is one of the most important in modern therapeutics. The ordinary Tannate of Quinine, as made in chemical works, is obtained by precipitating the mother liquor, of which Quin. Sulphate has crystallized out, by an addition of Tannic Acid. First, this is an acid or bi-tannate, and contains likewise all the other Cinchorn Alkaloids, Quinidia, Cinchonidia, Cinchona, Quinidin, etc., the little intrinsic value of which is best proven by the price lists of large German manufacturers who quote this salt at only one-sixth of the value of the Sulphate. The *neutral* Tannate of Quinia has also great advantages over the Sulphate, as it does not cause the same cerebral and digestive troubles, as has been fully proved by the report of the commission appointed by the Academie de Medicine, in Paris, on a memoir presented by Mr. Bonestere. The commission consists of Messrs. Orfila, Bussy & Bouvier; their names are sufficient proof for the thoroughness of their researches.

I guarantee that this Neutral Tannate contains in 2½ grains the same percentage of pure Quinine as is contained in 1 grain of the Sulphate, and that its effects in equivalent doses are the same as that of the Sulphate. In treatment of diseases of children and persons of delicate taste, it is of the highest value. It is also put up in Chocolate Lozenges, containing each 2½ grs. of Tannate, 2 doz. in a box. Pamphlet sent free on application. Price per box, $1 00. Per ounce, $3 00.

P. SCHERER & CO.,

Successors to JOHN SATTIG (ESTABLISHED 1841),

72 and 74 Park Place, New York,

LARGEST IMPORTERS OF

Natural Mineral Waters.

Aachner Aix La Chapelle. Per hamper 50 1-quart bottles,	$12 00
Appolinaris. Per hamper of 50 1-quart jugs	7 50
" " case of 50 1-quart bottles	8 50
" " case of 100 half-quart bottles	12 50
" " case of 50 half-quart jugs	5 75
Birmensdorfer. Per case of 50 1-quart bottles	15 00
Carlsbader. Four Springs (Sprudel, Schloss, Theresian, and Muehl-brunen). Per case of 50 1-quart bottles	14 00
Carlsbad Natural Spring Salt. One-quarter lb. bottles	
Carlsbad Soap. Per doz. one-quarter lb. cakes	3 50
Emser Kraenchen. Per cask of 50 1-quart jugs	12 50
" " " hamper of 50 half-quart jugs	8 00
Friederichshaller Bitterwater. 24 half-quart bottles	4 00
" " 30 1-quart bottles	6 50
Giesshuebler Saurbrunnen. Per case of 50 1-quart bottles	8 00
Haller Iodine. Per case of 25 half-quart bottles	8 00
Homburger Elizabeth. Per hamper of 50 1-quart bottles	16 00
Hunyady Janos. Per case of 50 half-quart bottles	12 00
" " " case of 24 half-quart bottles	7 00
Hungarian B. Water. Per case of 25 half-quart bottles	5 00
Kissengen Rakoczy. Per case of 25 1-quart bottles	7 00
Marienbader Kreuzbrunnen. Per case of 50 1-quart bottles	16 00
" " " case of 50 half-qt. bottles	12 00
Pullna Bitterwater. Per case of 20 1-quart jugs	4 50
" " " case of 20 half-qt. jugs	3 25
" " " case of 50 half-quart jugs	8 00
Pyrmont Steelwater. Per case of 50 1-quart bottles	16 00
Roisdorfer. (The Strongest Carbonic Acid Water). Per case of 50 1-quart bottles	8 00
Roisdorfer. (The Strongest Carbonic Acid Water). Per case of 100 half-quart bottles	12 00
Roisdorfer. Per hamper of 50 1-quart jugs	7 00
" " hamper of 50 half-quart jugs	5 00
Rippoldsauer. Per case of 50 1-quart bottles	9 00
Schwalbacher Steelwater. Per cask of 50 1-quart bottles	16 00
Selters. Per cask of 100 1-quart jugs	14 00
Vichy. Per case of 50 1-quart bottles	10 00
Wilbungen Otto Spring. Per hamper of 50 1-quart bottles	12 00
" Helenen Spring. Per case of 50 1-quart bottles	14 00
Sample cases containing 1-12 dozen of each—22 jugs and bot	5 00
" " 44 jugs and bottles	9 50
Swiss Condensed Milk. Per 48 cans	9 50
Apollinaris, assorted in 6 package lots, we charge on 50 qt. bot. or jugs $1.00, and on 100 pt. bot. or jugs $1.50 less.	
Hunyady, in 6-case lots, case of 50 bottles	11 50
" " " " 24 "	6 00

SPECIAL NOTICE.—Apollinaris, Carlsbad, Hunyady, Pullna, Carlsbad, Seltzer, and many other waters will be shipped from my depots in Boston, Philadelphia, Baltimore and New Orleans. Please send for catalogue, price-list and pamphlet on Natural Mineral Waters.

FRANCIS J. GEIS,

Brewer and Maltster, Dobbs' Ferry, N. Y.,

PURE EXTRACT OF MALT.

Sole Agent for the U. S. and Canada, F. ALFRED REICHARDT.

This extract is absolutely pure and superior to **any other** make, foreign or domestic. Made without addition of hops, glucon, and guaranteed to be free from any substance whatsoever foreign to the best barley malt and distilled water. It is also the *cheapest* in the market. Put up in neat 1 lb. jars at 50c. per jar, or $3.75 per gallon, jar inclusive.

F. ALFRED REICHARDT,

Late Helmick, and Helmick & Co.,

Fluid Extract of Damiana.

The most effective preparation made under this name. It is a very efficient uterine tonic of the highest value in Impotency, Prostatitis, Spermatorrhœa, Suppressed Menses, and Catarrh of the Bladder. Its tonic action is as certain as that of Quinine. Put up in bottles of 6 oz. $2.00 per bottle. $16.00 per doz. Pamphlet sent gratis on application.

NITRITE OF AMYL PEARLS.

Made from Dr. E. Squibbs' Nitrite of Amyl. The only ones in the market of correct dosage. 2 and 3 drop, 75c. per doz. 5, 8 and 10 drop, $1.00 per doz.

IODOFORM, CRAYON'S.

Dr. Leblond's formula for Ulcerations of the Cervix. $1.00 per doz.

APIOL CAPSULES,

Absolutely pure. Containing 6 drops. The *only pure* of domestic make. $5.00 per 100.

BRUSH-HOLDING RUBBER STOPPLES.

90c. per doz.

F. ALFRED REICHARDT, Pharmacist and Importer, 404 Fourth Ave., N. Y.

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

FACULTY:

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.
FORDYCE BARKER, M.D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Professor of clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
WILLIAM M. POLK, M D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
R. OGDEN DORSMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.
JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
ERSKINE MASON, M.D., Clinical Professor of Surgery.
EDWIN L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
Graduation fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

☞ For the Annual Circular and Catalogue, giving Regulations for graduation and other information, address,

PROF. AUSTIN FLINT, JR.,
Secretary, Bellevue Hospital Medical College.

A FEW FACTS.

It is generally conceded, that, although the Drug Stores are usually well supplied with numerous styles of Enema Syringes, yet, it has heretofore been impossible for Physicians, or those requiring instruments of this kind, to obtain a really first-class Syringe; although exorbitant prices have been paid for several of the more prominent bulb Syringes, simply because the patents of certain manufacturers, were supposed to grant an entire monopoly, in the manufacture of this article.

When we consider the very just prejudice against lead pipes, for conveying or holding a liquid intended to be taken into the system, it seems strange, that an instrument so exceedingly useful as the Syringe, should have been heretofore made with Lead pipes and attachments; simply brushed over the polished surface, with a thin Alcoholic Varnish, or "*Laquer*," to prevent them from tarnishing, until sold or used. A prominent Physician recently remarked, "that he would as soon think of wearing artificial teeth made with lead or britannia plates, as to recommend a metallic Syringe subject to the same poisonous corrosion,"

Therefore we arrive at the fact, that a Syringe should not only be mechanically perfect in its construction and action, but the tubes and attachments, should certainly be made of either Gold, Hard Rubber, Platina or Nickel.

Dr. De Henrie's **"Gold Favorite"** and **Nickel Plated** Syringes, answer all these requirements.

A GOLD SYRINGE,

The constantly increasing favor with which the medical faculty and the public have received DR. DE HENRIE'S improved Nickel plated Syringes, has induced us to introduce a new and valuable novelty in Bulb Syringes to which the attention of physicians and the trade is respectfully solicited. "DE HENRIE'S GOLD FAVORITE" is certainly the most elegant syringe yet manufactured. The metal attachments are made of the purest white metal and nickel, heavily plated with 24 *carat gold*. This substantial plating extends throughout the inside of the tubes, and renders the syringe as pure and valuable for all practicable purposes as though the parts were solid gold. We wish it clearly understood that the "Gold Favorite" is not merely gilded, but substantially plated with pure gold, done in our own factory under the personal supervision of our Mr. Sutton. The rubber bulb and tubing is the finest made, and will not become hard or lose its elasticity, purity and durability being the object obtained.

The "Favorite Syringes," whether gold or nickel-plated are a decided improvement over those made with two elastic tubes extending from each end of the bulb, as the "Favorite" possesses all the merits claimed for a bulb held horizontally, while the valves work vertically which insures a perfect and easy action of the Syringe.

The rigid inlet pipe is conveniently held in the fluid to be injected; operating as a hand-rest, a great convenience to invalids.

De Henrie's "GOLD FAVORITE" Syringes are warranted perfect in every respect, and are justly entitled to rank as the *leading instrument*" among Syringes both in this country and abroad

The "GOLD FAVORITES" are all furnished in our patent polished walnut cases, lined with silk velvet, and are sold by leading druggists throughout the world.

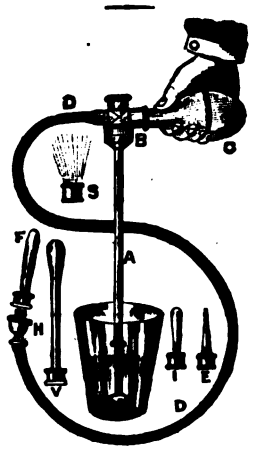
Wholesale price, $30,00 per dozen

Dr. De Henrie's Favorite Syringe.

Practical experience, and an earnest desire to overcome the many faults found in the construction and operation of the syringes heretofore sold, resulted in the invention of the "FAVORITE" which was introduced to the trade in April, 1877. It immediately became, as the name implies, a "Favorite" with the profession and the public, being ordered by the United States Government for use in the medical department of the United States army, and receiving the endorsement and praise of the highest medical authorities both here and in France, while the sales have been unprecedented This Syringe was introduced for favor entirely upon *its own merits*, and has achieved these results simply because of the following points of superiority. It possesses all the merits of a syringe with two elastic tubes—that of drawing liquid from a deep vessel, and the convenience of operating the bulb horizontally, while the *serious objections* to syringes of this style, such as the difficulty of keeping the rubber inlet-tube in the fluid (particularly when it becomes bent to the shape of the box), and the absence of a hand-rest making it fatiguing to pump with an extended hand, are all overcome in the FAVORITE, as the rigid suction pipe maintains a perpendicular position in the fluid, and can be easily handled, while it serves as a hand-rest, a comfort to ladies and feeble persons. As the outlet valve is located at the end of the elastic tube (*not at the bulb*), the fecalized fluids from the rectum are prevented from passing into the rubber tube, therefore it cannot become offensive. The valves work vertically, and are carefully fitted, so that every valve works snug and true, and are not liable to clog or get out of order. The bulb discharges the fluid in a direct line with the discharge pipe; being the only syringe having this valuable improvement of a bulb operating horizontally at right angles to the inlet tube, thus making it the easiest syringe known for an invalid to operate, never tiring the hand; while the old style, having the bulb standing upright on top of the suction pipe, must necessarily require more exertion, as the fluid is pressed against the valve and forced around an acute angle, requiring strength to operate it. One trial of De Henrie's Syringe is convincing that it is the best to recommend to an invalid or to ladies.

De Henrie's Favorite is elegantly NICKEL PLATED; making the metallic parts pure as glass for use. Each syringe is packed in a handsome polished walnut case, fitted with compartments for each part. As a syringe for family use it has no equal, being composed of tubes for the injection of male adult, female vagina, children, eye, ear, and a spray for inflamed surfaces. Wholesale price, $12.00 per dozen.

Explanation of Dr. De Henrie's Improved Favorite Syringe.



A—Suction Pipe, with Valve at **B**. **C**—Rubber Bulb, connects with **A** at **B**. **D**—Flexible Tube of the Finest Rubber. **H**—Outlet Valve Chamber. **F**—Injection Tube for Bowels of Adults or Children. **V**—Vaginal or Female Tube. **I**—Infant Tube, **E**—Ear Tube. **S**—Spray Cap for the Eye or inflamed Surface.

All enclosed in elegant, polished Walnut Boxes fitted with our patent compartments for keeping the tubes in place, and prevent them from rattling when carried.

The metalic parts are thickly plated with Gold or pure Nickel. The Rubber Bulb and Tubing is the *finest made*. The action is easy, and the valves fit perfectly, therefore the Syringe injects no air.

THE DE HENRIE SIPHON.

P, Spiral Coil, prevents the rubber tube from slipping out of the vessel; **B**, small rubber bulb, one compression starts the flow; **S**, improved stop cock; **F**, male tube; **V**, Vagina or Female Tube; **E**, Ear Tube; **N**, Nasal Douche; **A** Spray for inflamed surfaces.

This already famous Syringe is conceded by physicians to be the most convenient and useful article yet introduced; our cut is a fair illustration of its actual merits.

It acts automatically, dispensing with the pumping attendant upon the use of Bulb Syringes, and is designed as a decided improvement on the well-known water bag or "Fountain Syringe." In this Syringe we dispense with the rubber bag, which is so liable to crack or become leaky, and instead we use any convenient vessel for holding the liquid to be injected, simply placing the vessel upon the washstand bureau or mantel or suspended above the head, for injecting any quantity of fluid, from an ounce upward. A single compression of the small bulb **B** (see cut) starts the flow which continues whenever the stop-cock **S** is open. The hydrostatic pressure is invariably sufficient for vaginal or ordinary injections of the rectum or bowels, or a slight compression of the bulb increases the force when necessary to remove hardened feces from the rectum. As a nasal douche it has no equal. Each syringe complete with tube for male, female and infant, ear, nasal tube, and sprinkler. The metalic parts are manufactured of the purest white Britannia, nickel plated, all enclosed in a polished patent walnut case.

Wholesale Price, $15 per dozen.

Complete Price List of De Henrie's Syringes.

De Henrie's Gold Favorite (patent velvet case).....$30.00 per dozen.
De Henrie's Nickel Favorite (patent walnut case).....$12 00 per dozen.
De Henrie's Siphon Syringe (patent walnut case).....$15.00 per dozen.
De Henrie's No. 101 Syringe 3 pipes, $6.00 "
De Henrie's No. 93 Syringe 3 pipes, $5.00 per dozen.
De Henrie's No. 75 Syringe 2 pipes, $4.50 per dozen.
" No. 57 Syringe 2 pipes, $4.00 per dozen.

Sample Syringes to the Trade or Physicians at dozen rates.

Our Syringes are protected by letters patent of May 15, 1877, May 22, 1877, January 18, 1878.

MACDONALD & SUTTON,
GOODYEAR INDIA RUBBER GOODS,
299 Broadway, N.Y. 12 Rue Monsigny, Paris.
Ludwigs hafen a Rhine, Germany.

Instruction, Retreats, Private Hospitals, &c., &c.

TO ADVERTISERS.—Cards inserted, under the above headings, at the rate of 20 cents per line, column width, Nonpareil type. *No Advertisements taken for less than Ten Lines.*

"CROMWELL HALL,"

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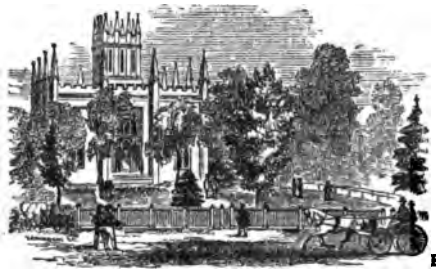

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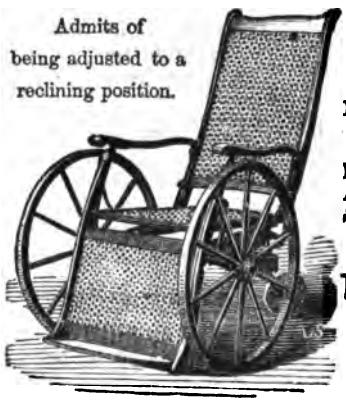

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Celluloid is a very remarkable substance, composed of tissus of cotton and gum camphor, exposed to an enormous pressure. This material is applicable to many uses, such as the manufacture of jewelry, billiard balls, piano keys, etc.; but by far the best use to which it can be put is the making of trusses for the relief of hernia. Trusses made of this material have over others many advantages, which we propose to point out. To do this, it will be necessary to allude to the defects of some of the other kinds, which are entirely remedied in the Celluloid truss.

A truss with a leather pad is subject to the charge of uncleanliness, as the perspiration of the body, especially in summer time, enters the pores of the leather, very shortly imparting to it an offensive and unpleasant odor. The same objection will apply to the elastic trusses of various kinds, as they are all made with cotton or linen fabrics susceptible of imbibing moisture. The hard rubber trusses, though not open to this objection, are subject to another. They will split and crack in cold weather, and they emit an unpleasant odor of rubber.

The Celluloid truss obviates all the above named drawbacks. It is manufactured of a finely tempered steel spring, covered with the celluloid, which is forced on it under immense pressure, without any seam, and quite as smooth as the finest ivory. The material is absolutely impervious to moisture, consequently entirely protecting the spring from rust. The pad is made of the same material and in different forms. Being hollow and perfectly smooth, it is extremely light and comfortable to the person. Another advantage possessed by this truss is that it is adjustable, *i. e.*, the pressure can be regulated to the work to be performed by being increased or decreased at pleasure. No truss hitherto invented will permit of being used in bathing, as the material they have been composed of is injured by the water; but the Celluloid truss, from the nature of the material it is made of, suffers nothing from wet, so that many a sufferer from hernia, who has until now been precluded from the enjoyment and health-giving resules of a bath, because it was too dangerous to lay aside his truss for the purpose of bathing, can now take a hot or cold bath, swim or dive, as may suit him, without fear of injuring his truss, if he wear a "Celluloid."

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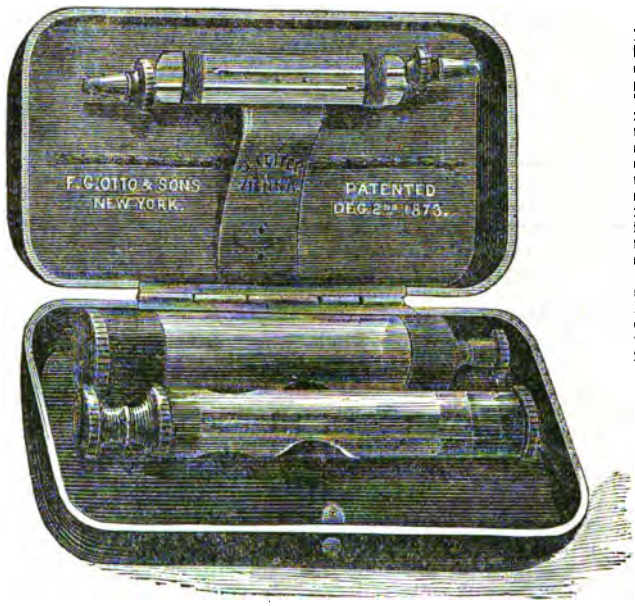

The construction of this Syringe is as simple as it is novel. It consists of a glass cylinder, which is ground conic on the inside of each end; into these sockets fit two hard rubber cones *a* and *b*, Fig. 1. To facilitate the holding of the syringe the glass is ground in the manner shown at *C* and *D* in Fig. 1. The upper hard rubber fitting *a* is for the reception of the needle which is provided with a cone as shown at *D* in Fig. 2, the lower fitting *B*, Fig. 1, receives the piston-rod, which is also made of hard rubber. The glass cylinder being ground conic (making the opening larger at the extreme ends) makes the introduction of the piston very easy, after being taken apart for cleaning or lubricating. Having made considerable improvements in the manner of filling the syringe, as well as in the needles, we feel justified in saying that this syringe is far superior to any yet brought before the profession. The syringe is filled in a very simple manner.

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To fill the vial unscrew the fitting *C*, Fig. 3, entirely.

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2d—The easy manner in which the Syringe may be taken apart for cleaning and lubricating.

3d—The manner of filling the Syringe.

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Fig. 1.

Pat. Dec. 2, 1873.

Fig. 2.

Fig. 3.

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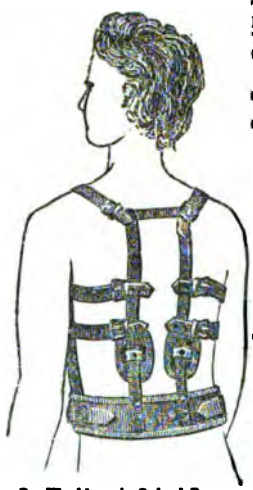

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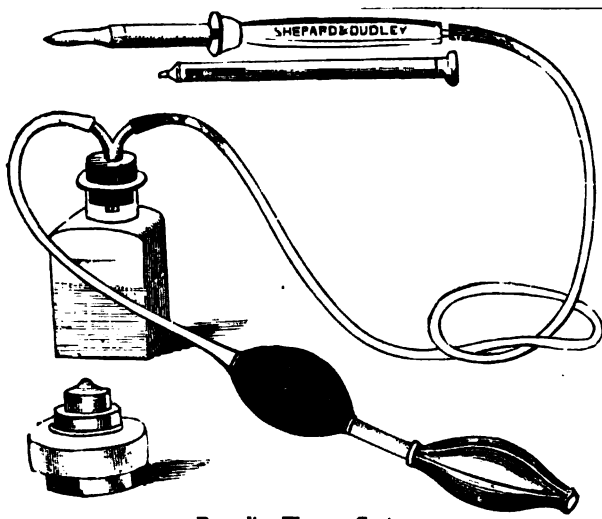

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Original Lectures.

LECTURES ON TYPHOID FEVER.

By ALONZO CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICAL MEDICINE IN THE COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

(Reported for THE MEDICAL RECORD.)

TYPHOID FEVER—SYNONYMS—MODES OF PROPAGATION—LESIONS—SYMPTOMS.

LECTURE I.

GENTLEMEN:—Our next topic is typhoid fever. This is the indigenous fever of New England and of this country, except where miasmatic fevers prevail. The disease in various places, and by various authors, has received the following names:—Louis called it "The Typhoid Affection." It has also been called "Abdominal Fever," "Abdominal Typhus," "Enteric Fever," "Ileo-typhus," "Entero-mesenteric Fever," "Nervous Fever," "Autumnal Fever," "Continued Fever," "Pythogenic Fever," "Infantile Remittent Fever," and what has been called "Gastric Fever" is this same disease.

MODES OF PROPAGATION.

This disease occurs epidemically or sporadically. It is very common to hear that there is an epidemic of typhoid fever prevailing in some town not far away during the autumn or latter part of summer, and the epidemic commonly continues until cold weather arrives, with an occasional case during the winter.

It is certainly communicable, in one way or another, from one person to another. I could give a large number of illustrations of this fact. Typhoid fever was prevailing in the town of Plymouth. A boy came from Plymouth to Mr. B.'s house, fourteen miles distant, and was there taken sick with typhoid fever. The disease ran its course in about four weeks, but before the boy began to recover, Mr. B., Mrs. B., and their children were taken sick with the same disease. There had been no typhoid fever in the locality in which B. lived for several years. In this manner it spread through a school-district. Nearly all the persons who spent much time in this infected house, assisted in washing the clothes and in taking care of the patients, had the disease. Those who visited the sick by day did not contract it so frequently as those who took care of them at night. About twenty-five persons were attacked in this school-district, and then its spread ceased.

Typhoid fever was prevailing in the town of Richmond. A boy who had been living there, and in a house where the family was afflicted with it, went to his father's house in Canaan, New York. He was taken sick in his father's house with a disease that had exactly the same history as that prevailing in the town of Richmond. There had been no typhoid fever in Canaan for several years, and now a little epidemic spread through the town. I could cite many other instances in which the disease has been carried by a well person from one town to another—illustrations, not of the contagiousness of the disease, but of its communicability perhaps, by the intestinal discharges.

That typhus fever is communicated by the effluvia arising from the sick person I entertain no doubt; but I do entertain a doubt whether typhoid fever is communicated in the same manner.

I will now call your attention to other modes in which this disease seems to be propagated.

I have here a memorandum with reference to propagation of typhoid fever through the medium of milk.

The Medical Inspector of Leeds, England, traced the cause of an epidemic of typhoid fever that broke out in that city to the milk, which, for a certain locality in the city, was obtained at a country farm-house, where a patient was sick with typhoid fever.

Dr. Littlejohn, Medical Inspector of Edinburgh, reports in September, 1877, the occurrence of several cases of typhoid fever in the West End, and believes that they were caused by milk sold from a dairy where a person was sick with the disease.

"At the present time," he says, "over twenty families are suffering severely from the disease, and several cases have terminated fatally."

The next memorandum relates to the clothes of the sick person. Prof. Lebert, of Breslau, reports four cases of typhoid fever occurring among women employed to wash the clothes used by patients sick in the hospital with that disease. He thinks they were probably the victims of carelessness, but I should say really of ignorance. These women lived in different sections of the city.

Here is another memorandum relating to the transmission of the poison by running water:

A miller in Scotland had typhoid fever; his excreta were thrown into a pond which communicated, by means of a ditch, with a small stream below, the water of which was used for drinking by those living along the border. The discharges from a second patient sick with the same fever were thrown into the same pond. A few days after, four men who obtained water from the stream a mile below were attacked with the same disease. There had been no case of typhoid fever in this region for a long time.

In the town where I have my summer home there was obtained the history of an occurrence which is very striking. Twenty young persons went upon a pic-nic excursion. They took their refreshments by the side of a clean, bright-looking stream, and drank of its water. In due time eighteen of these persons were attacked with what was called typhoid fever; several died. The question, where did the poison come from? is one of a good deal of interest. That it did not come from the provision baskets seems certain, because there was no typhoid fever in the town. To my mind, there is but little doubt that it came from the stream; and yet it is not known that a typhoid-fever patient lived upon the stream, or that the excreta of a person sick with typhoid fever were emptied into it. It is altogether likely, however, that privy washings in some way had a communication with the stream; or it may have been that a case of unrecognized typhoid fever occurred at some point along its course, and that the excretions of the patient were thrown into it.

The question whether the excretions from healthy persons can produce typhoid fever, when thrown into a stream in this manner, is not fully settled. But it seems to be improbable.

At Bellevue Hospital, however, it has been occasionally reported, particularly during the dry weather of summer, that a case of typhoid fever has occurred in the wards. I no sooner hear this statement than I make an inspection of the water-closet, and have not yet failed to find that it was exceedingly foul, and that, because of the exhaustion of the reservoir of water with which it is washed out, the basins have been used without cleaning. Now, whether this is what has been called cess-pool fever, or whether it is typhoid

fever, is not, as yet, easy to determine, for observations sufficiently extensive have not been made.

Some years ago a disease broke out in a large school for girls, at Pittsfield, Mass. Dr. Palmer, of Ann Arbor, Mich., and Drs. Ford and Greene, of Pittsfield, after making a pretty thorough examination of the question, reported that they had no doubt that the disease was typhoid fever, and also had no doubt that it arose from foul sewers connected with the building. There was a blind sewer of considerable size, into which the washings of the water-closets were emptied, and the accumulation had become so considerable that it had set back sufficiently to contaminate the entire building with its foul exhalations. No person sick with typhoid fever had been in the institution previous to this outbreak.

In my own mind the question is a little unsettled, whether the excretions from healthy persons can produce typhoid fever. My impression, however, is that, when these cases are closely examined in the new light, they will be found to be what is described as cess-pool fever.

In the volume of Transactions of the Medical Society of the State of New York, for the year 1877, Dr. Stoddard, of Rochester, makes a report bearing upon the possible diffusion of typhoid fever which is of much importance.

The reporter says that "a certain limited section in the city of Rochester was invaded by typhoid fever, while other parts of the city were exempt from the disease. Examination limited this area to about five acres. In the centre of this district was situated a well, the surroundings of which were extremely filthy. About thirty feet distant was a privy, and the drainage of the vault was towards the well. On opening the well the water was found clear and free from odor or taste. On microscopical examination, nothing unusual was found, and chemical examination disclosed little else of importance beside a considerable amount of sodium chloride. The presence of the sodium chloride pointed to sewage pollution, as proved to be the case. To test the influence of the water upon those using it, a thorough census of all the families in this district was taken; the number of persons using the water ascertained; also the number using water from any other source, and the cases, character of illness, and deaths which had occurred during the previous six months. This was done with the following result:

"Eighty-seven families, consisting of 492 persons, occupy the district; forty families, comprising 219 persons, *use* water from the well. Among these occurred twenty-three cases of typhoid fever and one of diphtheria during the period taken. Forty-seven families, consisting of 273 persons, did *not* use the water. Among these occurred only two cases of typhoid fever during the same period. Among those using the water the ratio of sickness was one in every 9.12. Among those not using the water, one in 136.5, or fifteen times as much sickness from zymotic disease among the families using the water. It was ascertained that the *first case of typhoid* in the district, during the time considered, *occurred in the family occupying the premises on which the well was located.* The well was immediately closed, and *not another new case of typhoid had appeared* after two months in this section."

Dr. Stoddard, I suppose, infers that the alvine discharges from this first patient were thrown into the privy mentioned, and by drainage made their way into the well, and that this was the real source of the poison which was disseminated through this district.

THE LESIONS OF TYPHOID FEVER.

The most important of the lesions of typhoid fever is found *in the blood*, and yet we do not know fully in what that lesion consists. We find that as the disease advances, the blood becomes less and less coagulable, so that at the termination of some of the fatal cases it will not coagulate at all. That this loss of coagulability is progressive is learned pretty clearly from some observations made in Bellevue Hospital. For example, a sufficient quantity of blood was drawn in the first week of the disease, to enable us to ascertain its qualities, and it then coagulated like healthy blood; in the second week it coagulated but feebly; and in the third week portions of it did not coagulate at all. These were severe cases.

It is a question whether this change is due to a real diminution in the quantity of fibrin, or whether it is caused by such change in the quality as prevents it from forming fibres.

In addition to the fact that the fibrin seems not to be present in normal quantity, there is a disintegration of the coloring matter of the blood, and the formation of dark pigments, spoken of as occurring in the blood of persons who have remittent or intermittent fever.

By reason of the change which occurs in the blood, it is supposed to lose much of its nutritive power.

Those organs, therefore, which receive a full supply of blood are likely to suffer most. Hence, *the spleen* becomes enlarged and softened. The softening is so considerable sometimes that the organ is pultaceous, and can be very easily puncturated by the finger. It has a dark color, and the enlargement is usually to two or three times its natural size. The enlargement and softening of the spleen is almost a constant lesion in the fatal cases. In almost all cases of typhoid fever some enlargement can be detected by percussion during life. In the abortive cases the splenic lesion may not be present; and also, in those cases which terminate fatally early, it is not so marked.

The mucous membrane of the stomach naturally receives a full supply of blood. This membrane, therefore, in about one-half of the fatal cases, is found thickened and soft, and more vascular than normal.

Again, *the heart* receives a free supply of blood. Its functional activity is somewhat increased in this disease, but the organ is not well nourished, and it undergoes softening, so that when removed from the body and laid upon the table, to use M. Louis's expression, it falls together "like a wet rag," in about one-half of the fatal cases. Its color is darker than normal; and the color of the *voluntary muscles* of the body is also dark.

In many of the fatal cases there is a change occurring in *the lungs*. The posterior portion, below the level of the great vessels which carry on the circulation, undergoes such a degree of congestion, that the lung tissue becomes really softened. Inasmuch as this change in the lungs produces an appearance somewhat like that seen in the spleen, it is called *splenization*. The lungs become greatly engorged with blood, present a dark appearance, and during life there is evidence of considerable effusion into the bronchial tubes. If typhus can be said to be a disease without lesions, typhoid can be said to be a disease having a great many. The brain does not undergo softening. The liver does not undergo softening, and why not, I am unable to say.

Besides the lesions already mentioned, we have to speak of ulceration of mucous membranes, the most

important of which is the ulceration occurring in the mucous membrane of the intestinal canal. This has been called the Peyerian lesion, but that term does not fully describe it, because the same change occurs upon a smaller scale in the solitary glands. The ulceration of Peyer's patches has also been called *the characteristic lesion* of typhoid fever. There is also a tendency to ulceration in other mucous membranes, in the throat for example, and upon the epiglottis.

What is known as the Peyerian lesion I will now describe. The first thing noticed in these Peyerian patches is an elevation of the mucous membrane; there is not much vascularity in the new material which produces the elevation, hence they are rather pale. This pale, elevated surface, not infrequently, is dotted with black points, which give it an appearance somewhat resembling that of a newly shaven chin; it has been called the shaven-beard appearance. The Peyerian patches first affected are those near the ileo-cæcal valve; the diseased action advances upwards, and in exceptional cases glandular changes may be seen in the duodenum. In these Peyerian patches, and in the mucous membrane that covers them, a new material is deposited, which is partially cellular, and partly granular, and possesses a very low degree of vitality. There is considerable vascularity in the mucous membrane adjacent to the Peyerian patch, but none on elevation itself.

Gradually the new material, which has been deposited in these patches, softens. It softens somewhat irregularly, so that the mucous membrane upon them will be perforated with numerous little openings. These holes become larger and larger, and some of them coalesce. In this manner a considerable portion of the elevated part is removed, and an ulcer with overhanging edges formed. By a continuance of the same degenerative process into granules and oily material, the remainder of the gland structure is removed and the ulcer covers the whole patch. Thus everything is removed which lies inside of the muscular layer of the intestine. When this is completed the process of healing commences, and a delicate membrane is soon formed which covers the entire surface of the ulcer. This membrane grows thicker and thicker until the process of cicatrization is completed. The Peyerian glands are not again formed, nor are the villi reproduced which normally cover the affected patches. There is remaining then simply new fibrous tissue, which assumes the appearance of mucous membrane. Cicatrization occurs first upon the ileo-cæcal valve, or near it, and advances upward. In some instances the reparative process can be seen in the lower part of the small intestine, while higher up the advancing stage of degeneration exists.

Here I must repeat, because it is so apt to be forgotten, that associated with this ulceration of the Peyerian patches there is always *enlargement of the mesenteric glands*. The process, then, is not simple, but one which involves two important parts of the body. With reference to the ulcers, in a very great majority of cases the ulcerative process is arrested at the muscular layer of the intestines. In some cases it goes deeper, and destroys a portion of that coat; and, in about three out of one hundred fatal cases, death is produced by peritonitis following perforation of the intestine.

When perforation occurs, the case almost always terminates fatally; and yet I am pretty confident that I have cured one case in the person of a physician. He had well-marked typhoid fever, was in the third week of the disease, when suddenly pain was developed in the abdomen, and was accompanied by great prostration. At first the pain was confined to one spot; it soon spread, however, over the entire abdomen; the pulse became rapid and small, the features were pinched, and there was no doubt but that perforation of the bowel had occurred. He was treated pretty vigorously with opium, and finally recovered. I urged him to order in his will, that at his death a post-mortem examination should be made for the purpose of deciding whether or not the diagnosis was correct; but he failed to do so. Perforation of the bowel does not occur in the early stage of the disease. These ulcers may also cause another symptom which sometimes is alarming and serious. They sometimes reach a blood-vessel of considerable size, penetrate its coats, and thus give rise to hemorrhage. The proportion of cases in which hemorrhage from the bowels, more or less severe, occurs in typhoid fever is somewhat greater than that in which perforation takes place. The danger from hemorrhage depends upon the size of the vessel opened; but it is always a grave symptom. Yet several hemorrhages may occur, and no very great amount of exhaustion be produced.

These are the important facts connected with the lesions of typhoid fever, if we do not include among them the eruption. As the eruption is commonly called a symptom, we will refer to it under that head, at which point we have now arrived.

SYMPTOMS OF TYPHOID FEVER.

The *invasion* of typhoid fever is almost always rather insidious. A person may rise in the morning feeling as well as usual, but, in the course of the day, he may feel a certain degree of illness not easily described—perhaps has wandering pains about the body and headache; he may have little creeping chills down the back, and has no desire for food. If he examines his pulse, it is found to be somewhat accelerated. This indefinite period is of indefinite duration, and may extend over a day or two. The beginning of the fever is dated from the chill. The chill is not a hard shake, but little chills are produced by putting the hands into cold water, or by cold air falling upon the patient; or without these provocations the little chills may diffuse themselves over the back and body. I have sometimes called these chilly sensations *diluted chills*. In the meantime the temperature of the body is increased, and the pulse has increased in frequency. By the end of the second day there is usually considerable fur on the tongue, and it will be literally of a snow-white color. The patient perhaps has not yet taken to his bed, and he will sit by the fire, even in moderately warm weather, in order to remove this chilly feeling.

These symptoms increase gradually; the patient goes to bed; the pulse gradually increases in frequency from day to day; the temperature of the body becomes a little more elevated each day for about one week. In the meantime the mind usually remains clear. The countenance does not have the dusky hue seen in typhus, and the eyes do not become suffused.

In a certain proportion of cases, on one of the early days of the disease, epistaxis occurs. It is nothing alarming, and may be repeated. The patient gradually loses strength. There is also, pretty early in the disease, tenderness in the epigastrium, and also tenderness in the right iliac region. As the disease advances it is not uncommon to get gurgling in the right iliac region or palpation. Pretty soon the bowels begin to be distended; digestion, intestinal as well as gastric, is incomplete, and the gases accumulate in the intestinal tube. Gradually a tym-

panitic state of the bowels is produced, which is usually quite noticeable.

In some cases the tympanitic distention of the bowels becomes so considerable as to be the cause of suffering and difficulty of breathing.

Pretty early in the disease a diarrhœa begins; and by a diarrhœa is meant two or more liquid stools in twenty-four hours. A diarrhœa is present in the majority of cases, yet it is not essential to the existence of this disease.

Occasionally these evacuations are multiplied to the number of fifteen or twenty in twenty-four hours, but usually there are not more than five to eight. There is a peculiar brownish hue to the discharges, which has been regarded by some as characteristic; but I am not sure about that.

The mind remains clear for a few days, and then, in the graver cases, comes that muttering delirium already considered under the head of typhus fever. With that there is very likely to occur some obtuseness of the senses. There is that same deception of sight noticed in typhus; consequently the patient, when very sick, will pick at the bed-clothes, and the air. At the same time he is usually more or less deaf, so that you will be obliged to speak in a loud tone to make him hear. The delirium usually lasts until the subsidence of the fever. The fur on the tongue, although of a perfectly white color at the beginning, soon becomes yellowish, then brown, and in the second week of the disease the tongue, quite commonly, becomes dry. It may become so dry that its movements will give rise to fissures, as in typhus, and there will also be some collection of sordes upon the teeth, gums, and lips. There is another appearance of the tongue not infrequently seen: the fur, in the second week, may leave it altogether, and the surface will have a smooth shining appearance and a beef-red color. This is what has been called the *beef tongue*, and it is usually dry, but not cracked.

Original Communications.

ON THE USE OF ELECTRICITY IN THE TREATMENT OF EPILEPSY.

By A. D. ROCKWELL, M.D.,

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(Read before the New York County Medical Society, March 25, 1878.)

That electricity is of some value in the treatment of epilepsy I have for a long time believed, and while my observations in this direction do not enable me to assert the exact measure of benefit that we may hope to derive from its use, either alone or in conjunction with approved methods of treatment, they may, perhaps, throw some light on the subject, or, at least, awaken an interest that may lead to a more extended experience as well as to a greater accuracy of observation. I wish to say, first, that in many instances where patients have been submitted to central galvanization—galvanization of the sympathetic, or to general faradization—a profound tendency to drowsiness has been observed.

In some cases sound sleep has for a few moments been induced, with the subject in an upright position while receiving the current through the brain. I recall one patient under treatment by central galvanization who was repeatedly put to sleep within a minute after the beginning of the application.

Accepting the theory that a state of cerebral anæmia predisposes to sleep, it is not very difficult to believe that the feeling of drowsiness that so often follows central galvanization, and even general faradization when specially directed to the cervical ganglion, is due to the direct action of the current on the vaso-motor nerves.

It seems hardly necessary at this date to attempt a detailed argument in proof of the very decided action of electricity in any of its manifestations on the arterial circulation.

The well-known effects of direct applications to the sympathetic of the living animal, the results following external applications to the sympathetic, observed through the ophthalmoscope and sphygmograph, and other physiological experiments, have long attested this power of the current.

Among later experiments are those of O. Tschetschott (Abstr. in St. Petersb. med. Wochenschr., Oct., 1876), and Przewaski (Deutsche med. Wochenschrift, No. 43), who have investigated the action of galvanization of the sympathetic. The latter found that a lowering of temperature of one side of the face occurs upon faradization of the corresponding ganglia, the decline of temperature ranging from 0.5° to 1.75° Cent., according to the length of the application. In the same way he found that faradization of the ulnar nerve is followed by a decrease of from 0.7 to 2.53 Cent. in temperature in the region between the third and fourth fingers supplied by this nerve. Tschetschott's results are similar.*

I have at this time under treatment a patient who has been under the care of both the late Dr. Peaslee and Dr. Janvrin, and who illustrates, better than any case I ever saw, this control that electricity has over the circulation. For several years this patient has been a great invalid from uterine congestion and displacement, and although now much better of her local troubles, suffers night and day from excessive action of the heart. This activity is altogether functional in character, and in a measure probably dependent on reflex influences, for increase of local pain invariably accelerates the pulse.

It (the pulse) is usually anywhere from 95 to 120, but it frequently rises as high as 160. When at the latter point an application of general faradization invariably reduces the pulse from 40 to 50 and sometimes 60 beats. When no higher than 125 to the minute, a similar application reduces the number some 30, and when the pulse is beating with its usual frequency, say 95 to a minute, the treatment brings it down some 5 to 10 beats. I have tested this case thoroughly and carefully, and find that no local applications of either the galvanic or faradic currents will give as satisfactory results as general faradization. It is needless to say that the relief following such application is considerable, and the tendency to this unusual excitation seems to be growing less and less.

A case that suggested a certain similarity between the action of bromide of potassium and electricity occurred in the person of a lad, mentioned on page 558 in the second edition of our work on Medical and Surgical Electricity. The case was one of petit mal, and for two years the attacks occurred from six to ten times a day. In 10-grain doses, the bromide of potassium reduced the paroxysms to one, two, or three in the twenty-four hours. This improvement continued for a month, when, notwithstanding the increased doses of the bromide, the attack gradually increased in frequency. General faradization with galvanization of

* Journal of Nervous Diseases, Jan., 1877, No. 1, vol. ii.

the sympathetic were then resorted to, and the results that followed were substantially the same as those obtained from the bromide. The epileptic seizures were reduced to from one to three a day, but after a few weeks they returned with their usual frequency. Subsequently, in two other cases of petit mal that came under my notice, the same similarity in the action of the bromide and electricity was noted. Recovery followed in one of these cases. The patient, a girl aged eleven, first observed the attacks in the early part of 1874, and came under my observation in March, 1875. At first the paroxysms occurred but once or twice a week, but in about six months they began to increase in frequency, and for several months before I saw her she was having them as often as once and sometimes three times a day. The attacks were of short duration, lasting not more than one-half to a minute and a half, and although for the time there was perfect unconsciousness, yet the patient, if standing, as was usually the case, never fell, but if engaged in any occupation, immediately resumed it after the attack had passed away. I used at first the bromide of potassium alone, and pushed it until the face was covered with acne. As in other similar cases she improved very decidedly through several weeks and then rather quickly relapsed. It is proper, however, to state that this relapse may have been due to a neglect, to which she confessed, of regularity in taking the medicine. I then subjected her to central galvanization and general faradization, alternating the methods and allowing a day to intervene between each application. She improved much less rapidly than under the bromide, but the improvement that followed was retained. At the end of three months she was having but one attack in a period varying from ten days to two weeks, and in just eighteen weeks from the beginning of treatment she had her last attack.

Miss W., aged thirty, came to me November 4, 1876, with the following history: In the early part of 1872 she had her first attack in the night, while asleep, but for a year previous had occasions of being in a dazed condition with great confusion of memory.

It is as well to state that there had been all along in her case a strong hysterical element that is frequently aggravated by surrounding influences.

The attacks for a while occurred once in about seven weeks, and further on, instead of a single paroxysm, she would have two and sometimes three in the succeeding twenty-four hours. Later still, the attacks became as frequent as once a month, with one or two longer intervals. I learned that Dr. Geo. J. Fisher, of Sing Sing, had formerly been her physician, and, in answer to a letter of inquiry, he informed me that the patient had been under his care for a long time.

He had given her the bromides of potassium and soda (of each 10 grs.) three times a day. This she had taken for several years, and was still taking when she came under my care. During the month previous she had three attacks, and was feeling certain premonitions, which she described, when I submitted her to the additional treatment of the electricity. I did not feel justified in discontinuing medicine, but in order to give her every chance, substituted for it the following formula of Brown-Séquard:

℞. Potassæ bicarbonatis..... 3 ij.
Ammonii bromidi..... 3 vij.
Potass. iodidi..... 3 iij.
" bromidi..... 3 iij.
Infus. calumbæ (British)..... Oj. M.

S. Teaspoonful at each meal, and three teaspoonfuls at bedtime.

The patient was exceedingly nervous and despondent, and it was evident that if in no other way electricity might prove of service, as an adjunct to allay irritability and as a general tonic.

I treated her every other day for three months, alternating central galvanization with general faradization. I then gave her an interval of rest for three months, during which time she had an attack, occurring a little more than six months from the last. After a second three months' treatment I allowed another interval of rest, and again treated her for three months. She has not had a second attack, and as eighteen months have passed during which she has had but one seizure, we are hopeful of ultimate results. It is worthy of note that, since the two methods of treatment have been combined, the bromic acne has very considerably lessened, and at times is hardly perceptible.

The last and seemingly the most satisfactory case in its results that I have to relate is as follows: P. M., a pedler, aged thirty-two, entered my office for the purpose of disposing of his wares, March 14, 1877. The man was of respectable appearance and average intelligence, and while conversing with him he had a slight epileptic seizure, and would have fallen from his chair if I had not supported him. When consciousness returned, after what seemed to be a very short period—perhaps not longer than one or two minutes—he seemed to recognize the fact that the attack had been of short duration, and on inquiry gave the following history: He was a native of England, had been in this country two years, and had had the first epileptic attack eighteen months previously. As near as he could remember, the second attack occurred after an interval of six weeks—the third in four weeks; thereafter they gradually increased in frequency, and during the last six months had occurred as often as twice a week. Most of the attacks were light and soon over, as the one that I witnessed, but at least once a month, as he informed me, they were much more severe—the aura being recognizable—with slight lacerations of the tongue.

He had been under no professional care, but had taken a good deal of "salty-tasting medicine," administered to him by some druggists. He recognized the name of bromide of potassium, and said he thought that was the medicine.

Upon proposing that he submit himself to my treatment (gratuitously of course) he readily consented, and thinking it to be a good and fair opportunity I placed him under central galvanization, with occasional séances of general faradization.

I treated him every day excepting Sundays (when I was out of town) for six weeks. March 16th, he had one of his severe attacks. March 22d, one of the slighter seizures. March 31st, another slight attack. April 14th, a third attack of a mild character. On April 20th a paroxysm of the more severe type took place, but evidently considerably modified in intensity and duration.

This was the last severe attack that he had. On May 4th he said that during the morning he thought that he had experienced a very slight paroxysm, but it was so transient that he was hardly aware of it. I saw no more of him until the following September, when I accidentally met him on the street. He looked well, said that he had had no more attacks, expressed gratitude for the services rendered, and promised to call at my office, but up to this time he has failed to do so.

In considering these few not altogether unsatisfac-

tory results, a question arises which, in its relation to electricity, has a special significance.

Why do not our therapeutics yield more uniform results? Experience very clearly shows that there is hardly a remedy to the effects of which there is such a varying degree of susceptibility and response as to electricity. To use a strong expression, there are some persons, although perhaps but a small proportion, who were not born to be thus treated. If, while in health, it is given to them, the impression is decidedly unpleasant, or if administered for the relief of pain or nervous irritability, or as a general tonic, it fails in its effects, if it does not aggravate the symptoms. On the other hand, there are those upon whom it leaves a delightful impression, and with whom it seems always to agree, and while much does indeed depend on the knowledge and adroitness with which the applications are given, this difficulty of foretelling the results that may be expected from the use of the current in given cases is largely the result of inherent differences of susceptibility.

Dr. Meredith Clymer, in some most excellent remarks on the treatment of epilepsy, states that he has never heard of a permanent cure of the disease under the use of the bromides, either alone or in combination.

While we may regard this as an extreme statement, the suggestion, that the best results will follow only when we call to our aid every measure that will tend to increase and develop vital power generally, commends itself to all. It is not alone, therefore, on the theory of a special influence on the nerve-centres, or over the cerebral circulation, that we employ electricity as an adjuvant to the bromides, but also because of its undoubted and powerful constitutional tonic effects. In this, therefore, as in various other forms of central disease, I almost always with central galvanization associate and alternate general faradization. In regard to the frequency of the applications I should say, excepting in special cases, the séances, with alterations of the currents, might with advantage be repeated every day. Concerning the length of the applications there is so much that might be said, that I can hardly undertake to say it here. The universal tendency is to unduly prolong the treatment until secondary exhaustion follows, and more harm results than good. Dr. Lincoln, of Boston, has written an article on this theme which I would commend, at the same time suggesting that we bear in mind the aphorism, "Much too little than a little too much."*

I seldom continue the applications of the galvanic current to the brain and sympathetic longer than three minutes, and, as a rule, in from five to ten minutes you accomplish as much by general faradization as is possible. Here as elsewhere, however, individual idiosyncrasies must be studied, and in the details of treatment much is left for the exercise of judgment and experience. In applying the galvanic current to the central nerves, I place one electrode—the negative—over the solar plexus and the positive on the top of the head. The sponge which is over the cranial centre, and on which is pressed a large flat metal electrode, should be very large, covering nearly the whole surface of the head.

Small sponges should not be used. They cause too great concentration of current; pain follows, and far less is accomplished. Having the sponges at either pole, large, soft, and applied with firm pressure, and gradually and without interruptions increasing, and in the same way decreasing the current, it is surprising what tension can be borne without the slightest sense of discomfort or unpleasant after-effects.

* Boston Med. and Surg. Journal.

THE OTHER CINCHONA BASES COMPARED WITH QUINIA.

By WILLIAM K. NEWTON, M.D.,

NEW YORK.

THE question, whether the other cinchona bases can be substituted for quinia, is rapidly becoming an important and interesting one.

The exhaustion of some of the *natural* cinchona plantations is only a question of time, and we will be compelled to rely upon the bark obtained from *cultivated* cinchonas. The latter varieties are not the best, as they contain a lower percentage of quinia and a higher percentage of some of the other bases, especially cinchonidia; hence, in the future, the disproportion between the two alkaloids will be greater than now.

There is every reason to suppose that chemistry will some day discover the process for elaborating an artificial quinia, and make us independent of the cinchona plant. In the European laboratories, today, attempts are being made to produce an artificial article; how soon the problem may be solved no one can, of course, conjecture. We must now depend on the natural resources, and make the most economical use of the alkaloids as they exist.

The recent high price of quinia has prompted many physicians to experiment with the other and cheaper alkaloids with satisfactory results, as we think will be shown in this paper. As an evidence of this trial, now going on, the medical journals, for the past two years, have contained many reports, giving the results of experiments made with quinidia, cinchonidia, and cinchonia. An attempt is here made to collect the scattered testimony, *pro* and *con*, and place the subject before the profession, so that some definite conclusion can be arrived at.

The alkaloids we have to consider are quinidia, cinchonidia, and cinchonia—or, more properly, the sulphates, as the alkaloids are never used in medicine.

Quinidia is isomeric in chemical composition with quinia; it is less bitter than the latter, and its sulphate is more soluble. The sulphate of quinidia is soluble in 130 parts of water at 62° F. and in 16 parts of water at 212° F.; it is almost insoluble in ether. Cinchonidia sulphate has a harsh, bitter taste, and is about as soluble in water as quinia sulphate.

Cinchonia is isomeric with cinchonidia. It is the only one of the three alkaloids mentioned recognized by the U. S. P. The sulphate is soluble in 54 parts of water at 62° F. and in 7 parts of alcohol; it is sparingly soluble in ether.

It is difficult to give an idea of the proportion in which the alkaloids exist in the different varieties of cinchona. No accurate analysis of the pale and yellow barks (the varieties used by manufacturers) has been published; but the red bark has been very carefully analyzed in India—this is the variety cultivated there. We give below analyses of the latter bark, made by the Quinologist to the Madras Government.*

PARTS PER 1,000 IN CINCHONA SUCCIRUBRA.

	I.	II.	III.	IV.	Average.
Total alkaloid.....	6.74	7.43	7.60	7.85	7.40
" sulphates.....	6.06	6.43	6.00	5.45	5.98
Quinia sulphate — obtained crystallized...	2.21	1 51	1.40	1.15	1.57
Cinchonidia sulphate—obtained crystallized.	3.85	4.92	4.60	4.30	4.42

* Blue Book: East India Cinchona Cultivation. London, 1870.

The figures give the average of four different years' growth; different samples would give very varying results.

It will be noticed that no quinidia exists—or only in small amounts—in the red bark. The yellow and pale barks contain more quinia and cinchonidia than the samples analyzed, as above.

Another point to be kept in mind is that the commercial salts are apt to be contaminated, the one with the other.

We are informed by Mr. Chas. Rice, the able Pharmacist of Bellevue Hospital, who has made a study of the chemistry of the cinchona alkaloids, that he has examined a large number of specimens of the sulphates of the alkaloids, made by our best manufacturing chemists, and he found various grades of impurity. Some specimens of quinia sulphate contain from 17 to 85 per cent. of cinchonidia and quinidia sulphates; and specimens of quinidia sulphate invariably contained large quantities of cinchonidia sulphate. It is impossible to place on the market a chemically pure sulphate of quinia without making the price so high as to place it beyond the reach of the consumer. Repeated recrystallizations are necessary to insure purity, and these repeated manipulations greatly enhance the price.

Thus we see that allowances must be made for the results obtained; chemically pure salts were used by the India Commissions, but the experiments made by Americans were with the commercial salts, which are, in fact, mixed salts.

Dr. E. B. Baxter has experimented on putrefactive solutions, and on the movements of the white blood-globules, with the various cinchona bases. He found that all the alkaloids have the property of preventing putrefaction and the production of bacteria; and also that the movements of the white globules were arrested or impeded by the application of solutions of these bases.*

If there be any truth in the germ theory of the origin of malarial fevers, these experiments may explain the uniform results obtained by observers from the use of the alkaloids.

The most valuable testimony we have to bring forward is that given by the medical officers under the East Indian Governments. Their experiments were aided by a liberal supply of the salts, and incited by the interest taken in the local cinchona plantations fostered by the Government.

Surgeon Dougall, of the Madras Army, reports† that the results of investigation, made at the suggestion of the Inspector-General of the Medical Department, are as follows: He used the salts in selected, well-marked cases of malarial fever, which were treated indiscriminately in rotation. He treated 108 cases of intermittent; 16 of which were tertian, 2 quartan, and 89 quotidian. Quinidia sulphate was used in 39 cases, cinchonidia sulphate in 35 cases, and cinchonia sulphate in 34 cases. The whole 108 cases recovered. In 27 cases no paroxysm occurred after the first dose; in 30 cases the treatment required to be continued 2 days, and in 14 cases 3 days. There was very little difference between the salts in the necessary duration of treatment; but a difference was observed in the doses required. The average dose of quinidia varied between 31 and 70 grains; cinchonia, 54 to 76 grains; and cinchonidia, 43 to 90 grains. The conclusion is that quinidia is the most powerful, cinchonidia the next, and cinchonia the least active; but even the latter is energetic, and, in adequate doses, a sure remedy.

Surgeon-Major Hunter reports* that the Government having ordered that the therapeutic value of cinchonidia be tested, he made trials of it in the House of Correction and County Jail of Bombay with the following results: He treated 55 cases of intermittent, using doses of from 5 to 10 grains. In the majority of cases, 3 days, equivalent to the consumption of 90 grains, in 10 grain doses, three times daily, sufficed to effect a cure. In some cases of a severe type the drug failed, and quinia had to be resorted to. In nearly every case where cinchonidia was used, cinchonism was developed. Nausea and vomiting were frequent symptoms—more frequent than with quinia. Dr. Hunter concludes that 10 grains of cinchonidia would be required to produce the same effect as 3 grains of quinia. (He used the commercial salt.) He says that the drug is greatly inferior in value to quinia. This conclusion does not coincide with the observations of the other Indian surgeons.

Prof. Ewart, of the Calcutta Medical College, states that "quinidia is an excellent anti-periodic in from 20 to 10 grain doses; that it is not inferior to quinia, and is tolerated easily by the stomach. Its action is not accompanied by cinchonism."

"Cinchonidia stands next to quinidia in power; it is agreeable to the stomach, and is not followed by cinchonism."

"Cinchonia is doubtless an anti-periodic in doses from 20 to 10 grains. The irritability of the stomach caused by it is the great objection to its ever taking rank as a substitute for either of the preceding alkaloids."†

In the year 1866 large quantities of the various sulphates of the alkaloids were sent by the Home Government to the Government of Madras, to be distributed by the Inspector-General of the Medical Department to the surgeons and other responsible medical men under him. These salts were manufactured by Howard, of England, and were chemically pure. They were to be impartially tested, and the results reported to the Inspector-General. From these reports we obtain most trustworthy testimony.

The first report of the Madras Commission includes the time from the receipt of the samples to March, 1867.‡

Number of cases of malarial fevers reported, 1,145; 376 treated with quinidia sulphate, 359 with cinchonidia sulphate, and 410 with cinchonia sulphate. From 8 to 10 grains daily were administered. Out of the total only 4 deaths occurred from pneumonia or diarrhœa complicating. Of the remaining 1,141 cases only 30 failed to recover.§ Judging from these facts the Commission are of opinion that these alkaloids are scarcely inferior, if at all, to quinia—the difference being looked on as one of degree, not of kind.

From the above period (March, 1867, to April, 1868), 2,472 cases were treated with the sulphates of the four alkaloids—quinia, quinidia, cinchonidia, and cinchonia—in order to make the comparative trial as perfect as possible.‖

Of the 2,472 cases 2,445 were cured, and 27 failed of cure.

* Practitioner, vol. xii., p. 321.
† Edinburgh Med. Journal, vol. xix., p. 193.

* Lancet, May 15, 1875.
† Indian Annals of Medical Sciences, No. xxv.: and King's Manual of Cinchona Cultivation in India. Calcutta, 1876.
‡ For the reports, which are too long to be here given in full, see Blue Book: East India Cinchona Cultivation (London, 1870), p. 107 *et seq.*
§ The total of failures was 34, *not* 27 as given in the original report. The error made by the Commission is one of addition.
‖ Loc. cit., p. 156 *et seq.*

Quinia sulphate was used in 846 cases; 840 cured, 6 failed. Time taken to effect a cure, 1 to 7 days. Doses varied from 2 to 20 grains daily.

Quinidia sulphate was used in 664 cases; 660 cured, 4 failed. Time, 1 to 8 days. Doses, 2 to 30 grains daily.

Cinchonidia sulphate, 403 cases; 399 cured, 4 failed. Time, 1 to 4 days. Doses, 2 to 30 grains daily.

Cinchonia sulphate, 559 cases; 546 cured, 13 failed. Time, 1 to 8 days. Doses, 2 to 30 grains daily.

We may tabulate the result thus:

	No. Cases Treated.	Failures.	Ratio of Failures per 1,000 Cases.
Quinia sulphate...	846	6	7.09
Quinidia " ...	664	4	6.02
Cinchonidia " ...	403	4	9.92
Cinchonia " ...	559	13	23.25

The Commission, in their two reports, tabulate, as treated, 3,617 cases, with 61 failures. These cases we have footed up in the following table, so as to give the ratio of failures per 1,000 cases. This, we think, will give the most correct basis to estimate on:

	No. Cases Treated.	Failed.	Ratio of Failures per 1,000 Cases.
Quinia sulphate...	846	6	7.09
Quinidia " ...	1,040	15	14.42
Cinchonidia " ...	763	17	22.80
Cinchonia " ...	969	23	23.84

The conclusion expressed by the Commission is as follows:

"In regard to the relative effects of the three alkaloids, and with them chemically pure quinia sulphate, the evidence derived from their use shows that, with the exception of cinchonia sulphate, they in a remarkable degree so closely resemble each other in therapeutical and physiological action, as to render distinctive description of little or no practical utility." "In a large proportion of cases in which they were tried chemically pure quinia sulphate and quinidia and cinchonidia sulphate appeared to indicate nearly equal febrifuge power, and in equal circumstances their use produced almost the same physiological results." "The result confirmed the general opinion expressed by the Commission last year, and likewise conclusively established beyond doubt that ordinary quinia sulphate, chemically pure quinia sulphate, and quinidia sulphate possess equal febrifuge power; that cinchonidia sulphate is only less efficacious, and that cinchonia sulphate, though considerably inferior to the other alkaloids, is notwithstanding a valuable medicinal agent in fever.*

We will now turn to the testimony as given by physicians in our own country.

The Medical Board of Bellevue Hospital reported in 1876,† after one month's trial of cinchonidia sulphate, almost to the exclusion of quinia, as follows:

The surgical members of the Board declare cinchonidia to be a valuable tonic, and anti-febrile remedy, but find it to be totally inadmissible in severe surgical injuries, especially to the genito-urinary tract and in cases of shock, when it is apt to produce emesis. In such cases cinchonidia had to be abandoned and quinia used. In purely medical affections, however, it was found to act with promptness and certainty, but sometimes requiring a larger dose than quinia. Since this report was made cinchonidia has been used in Bellevue and Charity Hospitals, replacing quinia to a greater or less extent. As no published reports have been made, the writer has to depend on oral communications.

In April, 1877, a circular letter was issued by the supervising Surgeon-General of the U. S. Marine Hospital Service—Dr. Jno. N. Woodworth—calling the attention of the medical officers of the service "to the accumulating testimony in favor of the employment of quinidia, cinchonidia, and cinchonia sulphates, of which the two first named are believed to be as efficacious as the quinia sulphate." The circular suggests that these salts be accorded a fair trial. No published reports have, as yet, been made, but Dr. Woodworth informs us "that many of the officers of the service have reported favorably upon the action of the quinidia and cinchonidia sulphates, which they have used in place of quinia sulphate." He further states, "that the reports so far received would seem to indicate that in the future the salts of quinidia and cinchonidia will be as extensively used in the service as those of quinia, and possibly more so, should the prices continue as heretofore."

Dr. N. D. V. Howard, of the St. Louis Insane Asylum, states that he has used, in the past seven months, forty ounces of cinchonidia sulphate; he has tabulated 100 cases of intermittent as treated with this salt. The average length of treatment was 4.3 days; average amount taken, 83.7 grains, or 19½ grains daily. In no case did it fail to do all that could have been expected of quinia sulphate. "Observation of its effects has tended to strongly convince me that, when fully as efficient as quinia, it is much more gentle in its action, rarely producing tinnitus aurium, deafness, or other head symptoms."*

Dr. Love, physician to the St. Louis Dispensary, reports that he has treated 596 cases of malarial diseases with cinchonidia sulphate. It was quite as effectual as quinia, and given in the same doses. Out of the 596 cases there were six cases of failure and fifteen relapses.†

Dr. Pardum, of Illinois, states that he has used cinchonidia sulphate since the early part of 1875 quite extensively in intermittent and remittent, with results, he says, equal to quinia, and with the further advantage that his patients suffer less from cinchonism.‡

Dr. Hobbs tabulates 300 cases of intermittent and remittent, treated, in the past three months, with cinchonidia sulphate, almost to the exclusion of quinia, and out of the whole number has been compelled to resort to other drugs in but five cases. He gives it in doses one-third larger than quinia.§

From many letters received from the South and West we are satisfied that cinchonidia sulphate is fast replacing quinia, and the advanced price of the former salt would lead us to suppose that the demand for it has increased markedly in the past six months.

The writer's personal experience would lead him to favor quinidia sulphate over all the cinchona bases, quinia sulphate only excepted. He has used it in intermittent and pneumonia, and has found it equal to quinia in all respects.

In estimating the value of the reports, given in this paper, it must be borne in mind that the chemically

* Loc. cit., p. 158.
† New Remedies, vol. v., p. 271.

* St. Louis Med. Journ., vol. xii., No. 12.
† Ibid.
‡ Chicago Med. Journ. and Examiner. 1876.
§ Louisville Med. News, Nov. 24, 1877.

pure salts were used only by the East India Commissioners, and that the reports made by Americans are the result from the use of commercial salts, which are all more or less contaminated one with the other; hence they were actually mixed salts of the different alkaloids.

The sample of quinidia sulphate, with which the writer was having such good results, proved, on analysis, to contain quinia sulphate in small quantities, and from thirty to forty per cent. of cinchonidia sulphate.

We would deduce from the above reports that the cinchona bases compare with quinia as follows, in the order given:

Quinidia sulphate, when chemically pure, is almost a duplicate of quinia, and may be given in the same doses; it does not cause any more gastric troubles than quinia; even the commercial salt is as efficacious as quinia.

Cinchonidia sulphate is also closely allied to quinia in its effects, and may be given in the same doses; but it is more apt to cause nausea and vomiting, and even purging, than quinia or quinidia. This salt is not recommended in diseases of the genito-urinary system, or after operations on this tract; neither is it to be given when shock exists.

Cinchonia sulphate is a valuable anti-periodic, but must be given in larger dose than the other salts. It is quite apt to produce gastric disturbances and cause purging.

Thus it may be seen that the three alkaloids may be substituted for quinia; but that quinidia and cinchonidia are better substitutes for that salt.

The statement made by a number of observers that some of the salts do not produce cinchonism must be a mistake, as we have noticed this train of symptoms when any of the salts were used. We think that the evidence given above proves that any of the bases may be substituted for quinia, and that even the mixed salts may be used, in many cases, with good results.

The question does not interest the city practitioner from an economic point of view, but it is one of importance to charitable institutions and to the country practitioners who furnish patients with medicines, and who buy in large quantities.

Since the above was written Dr. L. Johnson has reported on the results he has had from the use of cinchonia sulphate, in his class at the Demilt Dispensary. He has used the salt for years and in a great number of cases. He concludes that it "may be relied upon, in a measure, as a substitute for the sulphate of quinia, whenever, from motives of economy, the practitioner desires such a substitute."* He calls attention to the fact that Prof. Wm. Pepper, of Philadelphia, reported on the use of the salt as long ago as 1853;† also that Dr. A. P. Turner had good results from its use—one hundred cases of intermittent without failure—which he reported in 1864.‡

MONUMENT TO CLAUDE BERNARD.—The Société de Biologie, Paris, has taken the initiative in starting a subscription to erect a fitting monument in memorial of the distinguished services to science of the late Claude Bernard, who was one of the founders of the Society; and a committee for that purpose, composed of prominent men in the leading scientific institutions, has been appointed.

* New York Med. Journ., Feb., 1878.
† Amer. Journ. Med. Sci., Jan., 1853.
‡ Ibid., April, 1864.

Progress of Medical Science.

REFLEX ECCENTRIC, OR IRRITATIVE ALBUMINURIA.—The induction of albuminuria by the irritation of surgical dressings is a possibility which has hitherto received but little attention from surgeons. Dr. G. Gorrequer Griffith, in a paper read at the Manchester meeting of the British Medical Association, claims to have met with many such cases, and reports one as typical and well illustrating his meaning.

Miss M. had wintered in Egypt on account of tubercular symptoms in her lungs, with best results to her condition. On her return she suffered from a fistula in ano, which was operated upon July 10, 1871. This was dressed in the usual way, but in a few days signs of uræmic poison appeared, and examination showed the urine to be loaded with albumen. Believing that the dressings were main elements in the causation of the symptoms, they were discontinued; the bowels were swept out by compound jalap powder, and the kidneys by diuretics, and in a few days all the symptoms had disappeared. The dressing of the wound was resumed, but return of the symptoms again compelled its abandonment. Cautiously, the dressing was commenced for a third time, was well borne, and the wound healed without further bad symptoms.

There is little doubt, says Dr. Griffith, but that the dressing was the immediate cause of the albuminuria and uræmic symptoms; the irritation caused by its insertion into the wound, producing a stasis of the blood within the kidneys, congestion of the renal circulation, arrest of the urinary secretion, and transudation of the albuminoid elements of the blood. While attending Miss M., the Doctor was greatly exercised over a similar case that had ended fatally, and he feels convinced that had he not recognized the condition, *and the cause of it*, in this case also, a fatal result must have ensued. The congestion of the renal circulatory system, and the arrest of urinary secretion, would result in such structural, organic changes in the kidneys themselves as would be incompatible with life. What was a mere functional derangement, would, if the irritation were persisted in, become developed into organic disorganization, inducing in its turn destructive uræmia, and in this way irritative albuminuria, an element merely temporary, because perfectly remediable, if unrecognized and misunderstood, would be converted into incurable and rapidly fatal albuminuria, dependent on true, permanent kidney disease. — *The Practitioner*, January, 1878.

PROGRESSIVE PERNICIOUS ANÆMIA.—Dr. Stephen Mackenzie reports a very characteristic case of progressive pernicious anæmia occurring in a school-boy of ten years, a much younger age than that at which the disease is usually seen. The child came of a healthy family, and no exciting cause could be discovered. No history of shock or fright was elicited. The diminution in the size of the colored blood-corpuscles (microcythæmia) was well marked, but no nucleated corpuscles were detected. Hemorrhagic extravasations into the retina are usually noticed in pernicious anæmia, and were well marked in this case. According to Litten they have no diagnostic value in distinguishing this form of anæmia from others, for he has found retinal hemorrhages in anæmia from uterine cancer and hemorrhage, menorrhagia, and hæmatemesis. Dr. Mackenzie has examined a large number of eyes of persons suffering from cancer, chlorosis, and anæmia from other causes, without finding hemorrhages, but he is not prepared to dispute

Litten's assertion. A point of much interest in this case was the presence of double optic neuritis. Dr. Mackenzie does not recollect optic neuritis being described, though others may have observed it in connection with pernicious anæmia. Many (*Centralblatt f. d. med. Wissensch.*, 1875, s. 675), in an account of a case, speaks of the papilla being deformed, and of the whole retina being cloudy; but it does not appear from his description that there was neuritis. In this case the swelling of the disc was considerable, and the vessels in places were buried in exudation. The veins were very tortuous, as usual in neuritis, but of a pale color, with a broad light streak. The existence of neuritis caused hesitation in diagnosis in some who saw the case, and taken in conjunction with the pain in the head, and the discharge from the ear with deafness, it certainly suggested coarse cerebral disease. But the headache was not so severe as is usual in intracranial tumors or abscess, and when first seen, although optic neuritis was present, there had been no purposeless vomiting. Moreover, the assumption of coarse intracranial disease did not explain the extreme anæmia. The occurrence of microcythæmia assisted to the diagnosis of progressive pernicious anæmia, and the subsequent progress of the case, the vomiting, febrile attacks without assignable cause, the recurring epistaxis, and bleeding of the gums confirmed the diagnosis. Arsenic, which has been so useful in Dr. Byrom Bramwell's hands, was administered in the form of Fowler's solution without any amelioration of the symptoms. The post-mortem appearances were those usually observed. Dr. Wilks, than whom probably no one has had greater experience in this disease, says that usually no coagula are present in the heart. In this case clots were present in both ventricles, but quite peculiar in character. The enlargement of the heart (undoubted, though the organ could not be weighed) remains unexplained. The examination was made by candle-light. The marrow of the rib and clavicle was observed to be red, but has not yet been examined microscopically. The case will be published in detail when a histological examination of the retina and all the organs has been completed.—*The Lancet*, Jan. 5, 1878.

The Pathological History of Cysto-phosphatic Deposits.—In a paper published in *The Lancet*, Sir Henry Thompson gives an interesting account of the formation of cysto-phosphatic deposits, which he attributes primarily to urinary decomposition. The urine remaining unexpelled from an atonic bladder may, for a long time, retain its normal characteristics, but with the appearance of cystitis, is set up a catalytic action by which decomposition takes place. The urea is broken up and ammonia is formed; the phosphates of lime and magnesia decompose, their earthy bases being precipitated, and from these actions are produced the ammoniaco-magnesian, or "triple" phosphate, as well as some bibasic salts. Associated with these products are found mucus in abnormal quantity, and pus. At first the bladder may be able to expel these products, but soon abrasions occur on the mucous membrane, and the exuded lymph becomes loaded with phosphates, forming a tenacious mixture not easily removed. Phosphates are deposited upon this, and when the aggregation assumes a certain size, it is detached, falls into the bladder as a concretion; the process goes on at the original point and may be repeated again and again. These phenomena explain the reason why cysto-phosphatic deposits in some cases obstinately persist and recur. So long as the mucous lining of the bladder retains its polish, so long as no serious denudation of epithelium takes place, no precipitated phosphates, as a rule, will be detained in the interior, provided the organ can empty itself or can be emptied artificially. The following are the conclusions Sir Henry has formulated in relation to this subject:

1. "That, in its healthy condition, the bladder rarely, if ever, retains, but on the contrary, expels all phosphatic deposits.

2. "That when the bladder is not healthy, but affected by chronic inflammation, provided it is not considerable nor very prolonged in duration, the power of expulsion is still almost as great as in the healthy organ.

3. "That there is a diseased condition of the inner coat of the bladder, in which the ability to expel phosphatic deposits is almost lost, and in which the formation of concretions—and if these are neglected of stone—is certain to occur."—*The Lancet*, Jan. 19, 1878.

Rectal Alimentation.—Feeding per rectum is not a novelty in medical practice, but it has only within a few years received the attention it deserves. Prof. Austin Flint cites some cases which not only illustrate the tolerance with which the rectum receives nutritive enemata, but prove that the body may be well nourished by this means alone for an indefinite period. In one case rectal alimentation was wholly relied upon for a year and three months, and subsequently much of the time for five years; in other cases it was continued for less time, but with equally successful results, the patients frequently increasing markedly in weight. This treatment is indicated when the passage of food into or from the stomach is obstructed, as in disease of the œsophagus, or of the cardiac or pyloric extremity of the stomach; when absolute rest of the organ is required, as in gastric ulcer, hæmatemesis, acute gastritis; in that functional affection of the stomach characterized by almost complete intolerance of food, which is occasionally met with in young women; in those cases of invincible anorexia, occurring in middle or advanced life, which probably depend upon degeneration of the gastro-intestinal tubules; when, owing to blunted mental perceptions, or to coma, an adequate amount of food cannot be introduced into the stomach. Whenever, therefore, the quantity of food injected and assimilated, is insufficient to support life, rectal alimentation is indicated. Prof. Flint's clinical experience is opposed to the assumption of Leube, who supposes that milk, eggs, meat-broths, are unsuited to rectal alimentation. Dr. Flint has found that the rectum digests and assimilates these articles without difficulty, but he does not deny that the addition of such substances as pepsin, pancreatin, hydrochloric acid, etc., may hasten and improve rectal as well as stomach digestion. As a rule, the injections have not been carried above the rectum, though, by means of a flexible tube, they may be easily introduced into the colon. The quantity should not be large, from three to six ounces being the average size of the enemas, but they may be frequently repeated. As soon as the large intestine becomes cleared out, and the bowel becomes accustomed to the injection, the food is retained without trouble, no evacuation taking place for days or weeks. This occasions no inconvenience, and, indeed, the patients are so well satisfied with the process that many are loath to return to ordinary feeding per orem. The injection should be tepid, and directly after administration, firm pressure should be made, by means of a sponge or napkin, upon the anus until the desire for their expulsion passes away.—*The American Practitioner*, January, 1878.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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NATIONAL QUARANTINE REGULATIONS.

From present appearances the chances for the establishment of a national system of quarantine seem to be exceedingly good. Already a bill having such an end in view has passed the House of Representatives, and there does not seem to be much doubt but that it will receive equal indorsement by the Senate. Every one who has given much attention to quarantine matters must have been struck with the necessity for some system which, while it was competent to protect the country as a whole, should not interfere with special regulations at particular ports. How this could be accomplished to the best interests of all, has been a question the practical solution of which has been attended with much perplexity. It would seem, however, that all the principal difficulties have been overcome in the bill referred to, and that a wise conservatism has recognized apparently conflicting interests, and thus secured harmonious and systematic action. In its present shape, the bill provides that no vessel or vehicle coming from any foreign port or country where any contagious or infectious disease may exist, or carrying persons, merchandise, or animals affected with infectious disease, shall enter the United States contrary to the quarantine laws of any State; that consular officers or other representatives of the United States at or near such port, shall immediately inform the Surgeon-General of the Marine Hospital service thereof, and the Health Officer of the ports of destination of such vessels in the United States, and they shall make weekly reports of the sanitary condition of the respective ports at which they are stationed; and the said Surgeon-General shall frame all needful regulations for that purpose, subject to the approval of the President; but such regulations shall not conflict with sanitary or quarantine laws of any State or municipality. Officers of the Marine Hospital service and customs officers shall aid in the enforcement of these regulations, without additional compensation. That the Surgeon-General immediately notify the proper State and municipal or United States officers at the threatened port of destination of any infected vessel, and shall make weekly abstracts of the consular sanitary reports to be sent to sanitary and customs officers of the United States; that State or municipal quarantine officers shall be authorized to act as officers of the national quarantine system, but without pay from the United States; at all other ports officers of the Marine Hospital service shall enforce the quarantine regulations under this act; provided, that there shall be no interference in any manner with any quarantine laws or regulations as they now exist, or may hereafter be adopted under State laws.

It will thus be seen that no attempt is made to enforce absurd regulations, but, on the contrary, there is a simplicity about the whole system which cannot fail to impress every one, and to give a reasonable belief of its practicability. The general principle of protection, and the general necessity of its enforcement are the main conditions insisted upon, while much of the detail is very properly left to the discretion of the officers of the ports at which an infected vessel may arrive.

Within the past few years we have made many improvements in our quarantine system. The experience in this port has shown it to be possible to establish a thorough protection against the spread of contagious diseases at the same time that mercantile interests are not interfered with. In fact, so radical has been the change of public sentiment due to the enlightened and liberal administration of our Health Officer, that opposition has given way to support, and complaints have given place to encouragement. As we have on former occasions asserted, this system is for all practical purposes as near perfection as it can be, and after a successful trial of "over six years in one of the largest ports of entry in the United States," t is probably the best model upon which to base the principle of management of the more comprehensive plan. The centralization of authority in the Marine Hospital service is not only eminently proper, but is decidedly the best that can be done to insure for the present at least a reasonably perfect success for the scheme. By and by it may be necessary to enlarge the functions of the office to create possibly a central bureau with requisite authority for supervision and for the modification of plans and the division of responsibilities which a still further elaboration of the plan may make necessary. We say this much, of course, merely by way of anticipation, inasmuch as the bill has not yet passed the Senate, but there appears to be such a small doubt concerning such passage that there is not much danger of being too sanguine regarding it, or too hopeful of the ultimate good which may be accomplished.

THE SPONTANEOUS GENERATION CONTROVERSY.

THE "reply" of Dr. Bastian appears to have generated much spontaneous wrath, if we may judge from the tone of Professor Tyndall's choleric rejoinder. Professor Tyndall first attacks what he terms the new formula of Bastian's, that "it is not the dead atmospheric particles themselves that are kindled into life; it is, on the contrary, the dead particles of the liquid that are kindled into life by the dead particles of the air."

"The former, we are told, is an absurd idea; while the latter, I suppose, is thought to be a sweetly reasonable one."

Tyndall ridicules this "frictionless way" of originating a new birth of living particles, and next directs attention to the doubt thrown out by Bastian, that bacteria originate from spores. On this point Tyndall states that the smallest organisms revealed by the microscope are grouped under the common name of bacteria, while they differ from each other both in size and form, some being globular, some staff-like (whence the name), some motile, and others still. In the staff-like bacteria, the usual mode of reproduction and multiplication is bisective. The staff is nipped in its centre, the nip deepens, and finally the bacterium is divided into two halves, which lengthen and are bisected in their turn.

According to a calculation of Dr. Burdon Sanderson, this process enables seventeen millions of bacteria to proceed in twenty-four hours from a single ancestor.

In cases, however, of certain large bacteria, which, because they are large, have been more thoroughly examined than the others, the rods or filaments are observed to resolve themselves into spores. This resolution was proved by Cohn and Koch, and is conspicuously illustrated by the bacillus of hay, and the bacillus anthracis of splenic fever.

"Both these organisms propagate themselves by spores, which may be rendered as plain to the eye of the microscopist as peas in a pod." In confirmation of this, Professor Tyndall states that he has himself seen the spores of bacillus anthracis which had been cultivated by Mr. Ewart, of University College.

Returning once more to the now historic experiment with the bottled infusions, which Bastian asserted merely proved facts foreign to the points at issue, Tyndall says: let the reader place before his mind one of the sealed chambers before described, and figure its series of test-tubes charged with infusions, which, exposed to optically pure air, have remained sweet and clear for six months in a warm room. Now, suppose the door to be opened and a bunch of dry hay to be shaken in the moteless air of the chamber. A beam thrown through that air shows it to be charged with dust. Forty hours after this dust has been let loose, the infusions are found to have a fatty corrugated scum upon their surfaces—it may be with a clear or a turbid liquid underneath. When this scum is examined, it is found to consist of countless multitudes of the hay bacillus matted together. What are we to conclude? Whence have these organisms come? The only interpretation is that the organisms *have come* from the germs of bacillus subtilis which have been shaken from the hay.

He then derides Bastian's interpretation that the dust of the hay is dead organic matter in a state of motor decay, saying: "This dead dust falls into the infusions, and although it does not commit the absurdity of becoming itself alive, it does go through the perfectly reasonable process of making the dead infusion alive." The value of such logic has been, he observes, duly appraised by the highest scientific authorities; its survival among the general public cannot last long.

Dr. Bastian, it will be remembered, asked, "What present warrant is there for supposing that a naked or almost naked speck of protoplasm can withstand four, six, or eight hours of boiling?" To which he answered, "None." On this point Tyndall first takes exception to the term naked protoplasm, and styles it "a creature of the respondent's fancy put into words," and further states that "not as a probable guess," "an assumption," or a "wild hypothesis," *but as an undoubted fact*, that the spores of the hay bacillus, when thoroughly desiccated by age, have, in special cases, withstood the ordeal mentioned. But, with a knowledge *that they are* germs, *they can be* destroyed by five minutes' boiling or less, by the following process: An infusion infected with the most powerfully resisting germs, but otherwise protected against the floating matter of the air, is gradually raised to the boiling-point. Such germs as have reached the soft or plastic state, immediately preceding their development into bacteria, are thus destroyed. The infusion is then placed aside in a warm room for ten to twelve hours. If for twenty-four hours, we might have the liquid charged with well-developed bacteria. To anticipate this at the end of ten to twelve hours, we raise the infusions a second time to the boiling temperature, which, as before, destroys all germs approaching their point of final development. This infusion is again put aside for ten to twelve hours, and the process of heating repeated. We thus kill the germs in the order of their resistance, and finally kill the last of them.

Finally, Professor Tyndall accuses "the respondent" of writing "*a reply*" on side issues only, and complains that no explanation is given why the guarded infusions remain free from living organisms. The evidence, observes Tyndall, against Dr. Bastian is immense, and the witnesses might be counted by the million, for every tin of preserved meat is an instance in which his instructions have been carried out, and which disprove his statements.

In conclusion, Tyndall says: "The present condition of this question is such that no medical man, seeking clearly to realize and effectually to remove the

causes of epidemic disease, need have his mind troubled by a doubt as to the derivation of those organisms to which modern physiology, with ever-increasing emphasis, assigns such momentous functions. Clearly assured that they are not spontaneous generations, his efforts will be directed to the discovery and the destruction of the germinal matter from which they spring. For their sakes I have spared no pains to render my demonstrations so clear that no amount of verbal 'effluence' will be able to obscure them. This accepted, the controversy comes to a natural end, for neither honor to the individual, nor usefulness to the public, is likely to accrue from its continuance, and life is too serious to be spent in hunting down in detail the protean errors of Dr. Bastian."

THE NEW MEDICAL BILL.

THE new medical bill, the text of which we reproduce in another column, is now before the State Senate Committee of Public Health. The question of medical legislation in this State is one that admits of careful consideration from many points of view. The present laws governing the practice of medicine are practically inoperative, and the first point that should demand the attention of the Legislature, is the advisability of any legislation whatsoever on the subject. In other words, is it conducive to the welfare of the people that the practice of medicine should be confined to those specially qualified for the purpose, or is it better that the lists should be open to all, whether qualified or not? The latter is practically the case at the present time. We leave for the Legislature to decide whether this is as it should be. America is perhaps the only civilized nation in the world in which such laxity is, as a rule, admitted. We make a few exceptions as regards some of the States in which laws of this character are in successful operation, but so much the more is it to be regretted that the Empire State should not be included in the list. It is true that safeguards are thrown about the practice of law, none being admitted to the courts, except they be graduates in law, and shall have passed an examination before a board appointed for the purpose. Are matters involving life and health of less consequence than those of liberty or property? As regards this particular bill, the requirements seem to be judicious and capable of enforcement. Although not ideally perfect in its provisions, it comes nearer that point than any previous legislation. The present state of affairs, far from protecting the people, really places a premium upon quackery, not only by offering facilities for the entrance of incompetent men into the profession, but by giving such fraudulent practices the stamp of legal authority.

DR. T. GALLARD, OF PARIS, FRANCE.—At a regular meeting of the New York Academy of Medicine, held March 7th, Dr. T. Gallard, of Paris, was elected corresponding member.

Reviews and Notices of Books.

THE ACTION OF MEDICINES. By ISAAC OTT, A.M., M.D., formerly Demonstrator of Experimental Physiology, University of Pennsylvania. Philadelphia, 1878. Lindsay & Blakiston. Pp. 168.

THE author's reputation as an experimental physiologist leads us to expect from him a well-written book. In some respects the volume before us meets with our hearty approval; in others we are disappointed.

The first part is decidedly the best; and three chapters upon the action of certain remedies upon the vascular and nervous systems, and the conduction of experiments upon animals, supply a place in the medical literature of the English language which has only been partially filled by the works of Wood. We cannot say as much for the last part of the work before us. It is but fragmentary, hastily written, and contains certain errors which we trust the author will correct in a subsequent edition. On page 113 he says: "In mitral obstruction the blood regurgitates into the pulmonary veins, the lungs become gorged with blood, aëration is imperfect, which causes dyspnœa. This obstruction causes the *right ventricle to have commencing hypertrophy.* If now the tricuspid becomes affected, then the veins are involved, and dropsy results. *Here digitalis does good by increasing the contractile power of the right ventricle.*" At a point a few lines below, the author says: "In disease of the *right side* of the heart, digitalis is of no avail." But one page is devoted to the action of strychnia, while four are given to the explanation of Ohm's law. In spite of these defects the book shows the author's familiarity with the subject he has chosen; and will, we trust, stimulate the profession to a more exact study of the effects of remedies.

1. MODERN MEDICAL THERAPEUTICS: A Compendium of Recent Formulæ and Specific Therapeutical Directions, etc. By GEO. H. NAPHEYS, A.M., M.D. Fifth edition, enlarged and revised. Philadelphia, 1878.
2. MODERN SURGICAL THERAPEUTICS: A Compendium of Current Formulæ, Approved Dressings, and Specific Methods for the Treatment of Surgical Diseases and Injuries. By GEO. H. NAPHEYS, A.M., M.D. Philadelphia: D. G. Brinton, 115 S. Seventh St., 1878.

THESE two works may be looked upon as companions to each other, inasmuch as the surgical volume grows out of the original medical therapeutics. The latter is a work very favorably known to the profession as a hand-book of actual medical practice, and the Surgical Therapeutics is upon the same model. The latter volume treats of the ordinary surgical diseases from a medical standpoint, and abounds in practical hints and suggestive prescriptions. Neither of the works can be looked upon as text-books, but merely as condensed manuals of practice, presenting facts from the experience of eminent practitioners here and abroad, with such comments only as are necessary for a proper appreciation of therapeutical points. No one in active practice can consult the pages of either volume without receiving some useful and suggestive hint, or without having his memory refreshed concerning some old and almost forgotten remedy.

MEDICAL ANNIVERSARY.—The one hundred and fifth anniversary of the Medical Society of London was celebrated on the eighth ultimo, with a dinner and addresses by Dr. Risdon Bennett and Mr. John Guy, of the College of Surgeons.

Reports of Hospitals.

NEW YORK CITY IDIOT ASYLUM, RANDALL'S ISLAND.

REFLEX PHENOMENA ASSOCIATED WITH GENITAL IRRITATION.

On Saturday, March 9th, Prof. Lewis A. Sayre, having had a steamboat placed at his disposal, by the Commissioners of Charities and Correction, for the purpose, proceeded to Randall's Island, accompanied by Commissioners Isaac H. Bailey and Townsend Cox, together with a number of medical experts and friends to whom invitations had been issued. When the party arrived at the island, they were met at the landing by Dr. J. C. Howard, physician in charge, and escorted to the Idiot Asylum, where they first had an opportunity of listening to some really excellent singing by about fifty of the children, who presented an appearance of cleanliness, neatness, and comparative intelligence which Dr. Sayre could not but remark was in most marked contrast to what was the case ten or twelve years ago.

Then passing to a private apartment, Dr. Sayre stated to the company present that he had come to visit the asylum in obedience to the request of the Commissioners.

In reply he stated that he had expressed his willingness to accede to the request, and, accordingly, had suggested the present date; while, with the permission of the Commissioners, he had invited the following gentlemen to accompany him: Drs. Meredith Clymer, E. C. Seguin, Fessenden N. Otis, A. E. Macdonald, Allan McLane Hamilton, George F. Shrady, B. F. Dawson, P. Brynberg Porter, Charles H. H. Sayre, and Cuttibach, of New York; Green, of Elizabeth, New Jersey; C. Van Bibber, of Baltimore; Nassau, of Burlington, Iowa; and Crenshaw, of Cadiz, Kentucky. Of this number, Drs. Clymer, Seguin, Shrady, and Dawson were unable to be present.

Dr. Sayre remarked that all mental improvement in the class of children found here must, of course, depend on the teaching which they received in the institution, but he had found that, in many such children, partial paralysis, lack of power of co-ordination, and apparent idiocy were dependent, in great part at least, upon some irritation of the genital organs. In males this was due to a constriction around the glans penis, producing continual priapism, the result of which was wasting and exhaustion of the nervous system sufficient to produce more or less paralysis, and, in some instances, complete loss of speech and of vision. In girls, on the other hand, much the same results were produced by an irritation of the clitoris, which was not uncommon. Therefore, notwithstanding however admirable might be their general management, a cure could not be hoped for in such cases until this source of irritation had been removed. Its action was precisely analogous to that of a thorn or other foreign body penetrating the tissues, where it was useless to expect relief as long as such foreign substance remained to keep up an irritation.

He was happy to state that in quite a number of instances he had been able to effect a proper cure simply by removing this source of irritation, and it was rather a curious circumstance that in the very last number of one of the journals, the *American Medical Bi-Weekly*, such a case had been reported by Dr. William N. Horne, of Yorktown, Indiana, a gentleman entirely unknown to him. On January 1, 1878, a male infant ten months old had been brought to him for treatment. The mother stated that for three or four weeks it had been losing the use of both upper and lower extremities, and had ceased to notice anything, while it had previously been a very lively child. Upon a careful examination of the infant, the doctor detected a lack of intelligence in the countenance, and great flaccidity of all the muscles, partial paralysis of the arms, and complete paralysis of the lower extremities. The prepuce was found to be preternaturally elongated and contracted, and the next day circumcision was performed. The attachments of the prepuce, which was closely adherent, having been torn loose, a quantity of smegma was disclosed behind the corona, and after this was removed, the frænum (which was much shortened), was cut. On the third of January the mother reported the child more like it used to be, putting its hand up to the breast and playing with it, a thing it had not done for some weeks. After this it rapidly recovered, and in two weeks was a well, stout child, able to stand by a chair, and with perfect control of all its muscles—no medicine whatever having been used in the case.

At the conclusion of Dr. Sayre's remarks, the party set out on a tour through the various buildings and wards of the institution. The first patient examined was a little girl, whose clitoris was found to be in a state of hypertrophy and irritation. Very little information could be obtained from the attendants in regard to her history or condition, but she lay with her legs crossed and seemed quite incapable of speaking coherently. Dr. Sayre recommended that she should be operated upon by the physician in charge.

In the second case, that of a young woman, there was also considerable irritation about the clitoris, and when sudden pressure was made upon it a marked spasm of the lower extremities, and notably of the toes, was instantaneously produced.

In the third case there did not seem to be any trouble about the genitals.

In the fourth patient, who was also nearly grown up, there was such rigidity of the tendons that it was almost impossible to produce flexion of the feet. In connection with this case, Dr. Sayre related that of a boy, thirteen years of age, who had recently been sent to him for treatment for club-foot, and who, being supposed to be hopelessly idiotic, was about to be sent to the training-school at Syracuse. On making an examination, he became convinced that the whole trouble was probably due to the condition of the penis, and having operated upon the prepuce, soon had the satisfaction of seeing the lad perfectly restored. He is now at a regular boarding-school, where he compares very favorably in mental and bodily vigor with any of the other boys in attendance there.

The fifth patient examined was a little girl whose clitoris was considerably inflamed, and here Dr. Sayre called particular attention to a white point surmounting it, which, he said, was composed of hypertrophied nervous tissue, and which acted like an electrical battery upon the lower extremities when it was irritated by the hand or otherwise. The child having been securely held by assistants, the clitoris was clipped with a pair of scissors, and the parts dressed with styptic cotton, the latter being held in position by a diaper. Dr. Howard was then requested to have her shoes and stockings put on, and a piece of lath, about a foot in length, secured between the feet, in order to prevent the irritating effect of the thighs in contact with the wounded surface. The portion of the clitoris thus removed was given to Dr. Hamilton for micro-

scopic examination, and Dr. Sayre stated that not infrequently there were no blood-vessels whatever found in this tissue.

The sixth case, a child of about the same age, presented a very marked contrast to the one just mentioned. Here there was no engorgement or enlargement about the clitoris, and the lower extremities were noticed to lie in a perfectly natural and easy position, no sensibility and no spasm being caused by pressure upon it.

In the seventh and eighth cases there was nothing abnormal about the genitals; so that there seemed to be no reason whatever for regarding the idiocy as attributable in any measure to the condition of these organs.

In the ninth patient, who was quite a pretty and intelligent-looking little girl of eight years, but who was evidently silly, distinct spasm of the lower extremities was produced by touching the clitoris.

In the tenth case there was slight, and in the eleventh (a girl fifteen years old), there was excessive sensibility.

There was nothing wrong noticeable about the twelfth, thirteenth, and fourteenth cases, except that there was a little redness seen in the thirteenth; but there was no crossing of the legs or other evidence of marked disturbance of the muscular or nervous systems.

The party now passed into the boys' wards, and here it was found that quite a large proportion of the children were of Jewish parentage, and had already been circumcised. While, however, circumcision had had no effect in averting idiocy in these cases, it was certainly worthy of note, as Dr. Sayre remarked, that none of the boys on whom the operation had been performed were suffering from want of co-ordination or any degree of paralysis; while some of those who had not been circumcised were more or less affected in this manner.

The first boy examined (the fifteenth case in regular order) was a little fellow of four years, about whose genitals there was found no source of trouble.

In the sixteenth case, however, a boy of eight, it was found that although the glans penis could be perfectly uncovered, there was behind it a constriction or girdle which nearly produced a paraphimosis. With the assistance of a grooved director passed up under the prepuce, this girdle, as well as the prepuce, was freely divided with a sharp-pointed bistoury. Styptic cotton was first applied, and then a piece of soft rag, which became adherent by means of the blood from the wound, after which a "bird's nest," or ring of twisted rags, through which a cold-water dressing could be laid over the head of the penis, was placed around the organ to protect it. Finally, in order to keep the whole in place, and to prevent the child from interfering with the dressing, a diaper was pinned on.

In the next thirteen cases examined there was no constriction, but in the fourteenth (the thirtieth of the series) the constriction was found to be very similar to that of the one just mentioned; and the same operation was performed, the same dressing being also applied.

Then followed two cases in which there was nothing wrong.

The thirty-third case was that of a lad thirteen years old, in whom there was an elongated and adherent prepuce, with a circle of hardened smegma just behind the corona.

In the next seven patients examined, there was no source of irritation about the penis.

The forty-first case was that of a boy upon whom some one had evidently operated previously; but, unfortunately, a redundancy of prepuce had been left, and this was now quite firmly adherent at the posterior portion of the glans. This was slit up and detached, and the frænum ruptured, after which the same dressing was applied as in the other cases.

In the forty-second case, there was no cause for interference; but in the forty-third there was found agglutination, but not adhesion proper, of the prepuce. There was no hardened smegma behind the corona.

The forty-fourth case was the most interesting one that had been seen up to that time, and was the only one as yet in which Dr. Sayre thought there was a chance of effecting much amelioration in the condition of the patient by means of operation. It was a boy, 7½ years old, who was very unsteady in his gait, and constantly falling down when he was walking or running. It was considered a fair sample of the class of cases in which the most relief can be afforded, and which call for circumcision proper in order to effect this. The prepuce was greatly elongated, and the orifice through which the urine had to pass exceedingly minute. The prepuce was snipped off with the scissors and turned back over the glans, and then the frænum having been torn with the fingers, the usual dressing was applied. In answer to a question put by one of the gentlemen present, as to how often this dressing should be changed, Dr. Sayre replied that it should not be changed at all, but allowed to remain about the parts until it dropped off. The only portion of it that was to be touched at all, was the rag over the glans, which was to be kept constantly wet for the first few hours.

The next case presented no point of interest in connection with the subject under investigation, but in the forty-sixth there was found a constricting girdle behind the glans, though there was no great redundancy of the prepuce. With the aid of a grooved director this band was thoroughly divided and the constriction relieved.

In the forty-seventh patient, an adult, there was found a certain amount of constriction, accompanied with a very extensive accumulation of smegma, and more or less priapism.

In the next six cases examined there was nothing abnormal about the genitals, except that the last of these patients (Case 53), had an exceedingly short frænum, causing marked deformity; and when this had been ruptured, the penis at once assumed a natural position.

The party now proceeded to the wards devoted to the most aggravated cases, and here the first patient examined in the male department was the well-known idiot, John Rouse (Case 54), who has such a striking resemblance to the so-called "Aztec children" who were on public exhibition a few years ago, and portraits of whom may be seen in Dalton's Physiology. Neither in him nor in the two succeeding cases, who were also grown up, was there any trouble about the genitals, and Dr. Sayre here made the remark that if they were only as well developed in their brains as they were in these parts, they certainly would not be inmates of an idiot asylum.

The next case (Number 57) was one of four (Number 44 being the first of these) which presented the greatest interest of the whole series. It was that of a boy seven or eight years old, who, according to the account given by the attendants, slept very poorly at night, and was constantly falling down when exercising. He was unable to talk, and always had to be fed; while his penis was in a state of half-erection

all the time. The prepuce was found to be elongated and adherent, and it was slit up upon a grooved director, after which the frænum was ruptured, and the usual dressing applied.

In the next three cases there was no cause for interference, while the fourth (Case 61) was the third of the four cases of greatest interest above alluded to. This patient was a boy of ten years, who suffered from constant priapism, and whose legs were covered with bruises caused by his continual falls. It was always necessary to feed him, and it was stated that he had never spoken a word in his life. He was operated upon in the same manner as Case 57.

There was nothing abnormal about the genitals of the next two cases examined.

The last ward visited was that occupied by females corresponding in mental condition to John Rouse and his fellows. There was no source of irritation about the genitals of the first patient examined, but the second, a little girl (Case 65), made the fourth of the interesting cases previously mentioned. It was found that she was in the habit of constantly slapping her head with the hands, that she usually lay with her legs crossed, and that both her arms and legs were black and blue on account of the numerous falls which she had had. She had never talked, and always had to be fed. On making an examination of the genitals, it was ascertained that the clitoris was hypertrophied and greatly irritated, and that when pressure was made upon it, instantaneous spasm of the muscles of the thighs and legs was produced, the effect being, apparently, very much like that of an electric shock passing down through the lower extremities. The upper part of the clitoris was clipped with the scissors in the same manner, and the same dressing applied as in Case Number 5.

The sixty-sixth patient examined was a grown-up girl, who gave evidence of very amorous tendencies, but in this case all sensibility of the clitoris had been destroyed by the constant handling to which the parts had been subjected. Dr. Sayre expressed it as decidedly his opinion that masturbation was frequently caused by the pre-existing irritation about the genitals, and that the latter was not ordinarily due to masturbation, as held by some authorities.

The sixty-seventh case presented no point of interest.

At the conclusion of the examination of the patients, Dr. Sayre expressed his obligations to the Commissioners of Charities and Correction for their courtesy on this occasion, and his deep appreciation of their desire to thus aid in the investigation of scientific truth. Even should no practical results ensue from this visit to the Idiot Asylum, they would at least have the consciousness of having done what they could for the advancement of medical science and the benefit of suffering humanity. Finally, he wished to offer his particular and personal acknowledgments to Commissioner Cox, through whose instrumentality the investigation had been brought about. The case of club-foot combined with idiocy, to which he had previously alluded, had been sent to him by Mr. Cox, and it was owing to the happy results obtained in that instance by the surgical removal of the source of irritation, that the opportunity for the present examination had been afforded.

Drs. Otis and Macdonald both expressed the opinion that enough had already been shown by this series of observations to warrant the recommendation that in all idiot and lunatic asylums, circumcision should be performed in all cases where there is an elongated or constricted prepuce, as a preliminary to any treatment in the institution.

A careful record of the cases operated upon will be kept by Dr. Howard, and the results made known at some future time.

Correspondence.

ULTIMATE RESULTS OF EXCISION OF HIP-JOINT.

To the Editor of The Medical Record.

Sir:—Dr. Sayre took occasion to say publicly at a meeting of the Medical Journal Association that eight cases upon which he had operated "had been discharged from the Hospital for the Ruptured and Crippled as incurable," and that under his hands seven of these "had made a good recovery."

Under other circumstances this attack might, with propriety, have been passed unnoticed, but in this instance it was upon the reputation of a public institution in which a large number of our most wealthy and charitable citizens are interested; the character of the gentleman making the charge or statement was, also, exceptional, and a denial seemed to be necessary. It was made in the number of your journal for March 16th by myself, one of the medical officers of said institution. To this communication Dr. Sayre has replied in the number of the same journal for March 23d.

Waiving for the present all questions or issues which may have since arisen, it will appear, from his own admissions contained in his reply to my denial, but not in his original statement, that Dr. Sayre made the declaration that these eight were discharged as incurable, upon no other authority than the statements of "the patients themselves and their friends." Dr. Knight and myself, to whom Dr. Sayre refers as having had charge of these patients, deny, first, that all of these eight were ever inmates of the hospital; second, that any of them were ever discharged as incurable. As against the testimony of the patients themselves, therefore, and of their friends, we offer our own testimony and the actual condition of the patients at the time of their removal (such as were ever in the hospital) as given in my first letter, and we shall accept the verdict of an intelligent profession as to which testimony ought to have the most weight.

We shall permit ourselves to say, however, that, if the statements of patients and their friends were always competent testimony, we would have it in our power to materially injure the reputation of many surgeons; for not a day passes but patients declare that they have been "given up" by their medical attendant as "incurable." We have learned, however, that such statements are seldom reliable, or worthy of a moment's attention.

In the second statement made by Dr. Sayre, viz., that under his hands seven of the eight were cured—"made a good recovery"—we have an interest only in common with all others. It would be much easier for Dr. Sayre to ascertain the facts than for us, yet so far as we can learn, he has not ascertained the facts fully; but the information I have thus far obtained seems to show that *one* "has made a good recovery," possibly, three, certainly not *seven;* and that *two* instead of *one*, as stated by Dr. Sayre, have died "from exhaustion."

In saying "possibly three" have made a good recovery, we include, for argument's sake, Chas. Smith, who, in our opinion, was never a hospital patient. If he was it would be easy, we suppose, for Dr. Sayre to establish that fact. The parents ought to have the

dispensary card. The condition of the boy is described by Dr. Sayre* at the time of the operation: "Five fistulous openings, one of them in the groin. Very much run down from *want of proper food and good air*" (my italics). With all the sins laid at our door, we are not charged with "want of proper food and good air." We include, also, in the "possibly three" the child of Mr. Potter, who was never a hospital patient, but Dr. Knight's private patient, being brought from Newport, R. I., at each visit, as stated in my last, and never discharged by him as incurable. We have reason to believe that he is not cured. As evidence that he is cured, Dr. Sayre read to me extracts from a letter, but he did not, as he affirms, "allow him [me] to read it." In the portions read to me the writer spoke of the boy as taking quinine, and of being in search of baths beneficial to patients with hip-disease. I asked Dr. Sayre whether he was giving the quinine for malarial poisoning, and he said "yes." The words "malaria" or "malarial poisoning" were not in the letter, as Dr. Sayre truthfully states. I have *never said* they were. When Dr. S. published portions of this letter he omitted what was said about baths and quinine. For what reason? I do not believe, however, that the wound is closed or was closed up to the latter part of January, 1878. From reliable information received since the date of my last publication, I am justified in this disbelief. I am not aware that Dr. Sayre has ever stated publicly that the wound in this individual case is healed. It occurs to me that the profession would like this question answered definitely before accepting the case as one of "good recovery."

Certainly the fact is well known to medical men that a boy may have diseased bone and fistulous openings before and after excision, and yet may "prove an admirable sailor," may "*never be ill a moment*" (crossing the ocean), may be "up on deck every day," may ride out sometimes in an open carriage and sometimes go on a donkey"—"enjoy it very much" too—may send "his love" to the doctor and say "he is very well." This is the information contained in the letter as published.

A word in regard to certain new issues; I mean issues not contained in Dr. Sayre's first public statement. He says the fact that they were all incurable without an operation is sufficiently established by the character of the surgeons who were present at the operations, and gave their approval and assistance. I am not aware that any one has called in question the propriety of the operations made by Dr. Sayre. I am in no position to decide that point, since all such patients ever treated in the hospital had been withdrawn months before the operations were performed, and in the meantime they may have become better or worse—may have "run down from want of proper food and good air." One was not operated on for ten months; one, three months; two, five months; two, nine months; and one at least thirteen months. If, therefore, Dr. Sayre means by the testimony to prove that they were all in a condition demanding excision when they left us, we deny that the testimony is conclusive, or even presumptive, and it is unscientific to offer it as such.

Dr. Sayre says there is a discrepancy or two which he asks me to explain: I said in my first paper "all who were ever treated here are indexed," and in reference to Mr. Potter's child I said "he was never treated as an in-patient of the hospital, and I find no record of his case." In the following lines I add that Dr. Knight has a distinct recollection of the case. The child was, in fact, brought that he might be a private patient, the circumstances of the parents being such that they would never have thought of making him an hospital patient. Dr. Knight objected to treating the boy at so great a distance from the city, and the term "out-door patient" used by me was not intended to convey the idea that he was in any sense a hospital patient. For this reason his name was not recorded.

Having made my explanation now, as requested, would it not be well for Dr. Sayre also to explain why, in quoting my printed language ("all who were ever *treated* here are indexed"), to prove me guilty of a "contradiction," the word "treated" is omitted, and I am reported as saying "*all* who were ever here are *indexed?*" I concur with Dr. Sayre in his appeal contained in his last note, that "the profession may suspend their judgment" until the facts are known.

With much respect,

V. P. GIBNEY.

135 E. 42d St., March 26, 1878.

* Medical Record, Vol. xi., p. 336.

THE COMMITMENT OF THE INSANE.

MISS DICKIE'S CASE.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—The balance of the testimony is in favor of the view that this lady not only was, but is insane. She was committed upon the testimony, among others, of Dr. Alfred C. Post, who still believes her deranged. She was accepted as such by Dr. Tilden Brown, in whom we all have confidence. The present Superintendent, Dr. Nichols, has no doubt that she is insane, and that the person who may be appointed her guardian will soon discover the mistake of taking her out of the asylum. This prediction it is said has not only already proved true, but that one of the so-called experts who testified to her sanity had previously given an opposite opinion. Dr. McDonald, who has had charge of her longer than any other person, says if she is found to be really insane, he is willing to share the blame with Dr. Ramsey, who used to visit her there, and acquiesced in her detention, of permitting her to remain so long in the asylum. Up to the latest moment before her discharge she was constantly annoyed by whispers, which came to her through the waste-pipes from the stories above and below her, and believed that persons were sent to these places especially to annoy her. She has several times supposed that she was going to be married to a person who gave her no encouragement, has fixed several different days for her wedding, ordered her marriage paraphernalia, and sent out cards of invitation. She is so very small that her fits of rage do not amount to much, and she can be easily controlled; but she has the usual insane dislike to all her relatives and friends, and prefers strangers who pander to her infirmities.

The whole proceedings in her case by the judge, jury, commissioners, lawyers, and experts, were either founded upon the grossest ignorance, or culpable prejudice. The judge's charge was only a step above a newspaper sensation.

MEDICUS.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from March 24 to March 30, 1878.

BACHE, D., Major and Surgeon. Leave of absence extended one month. S. O. 44, Div. of the Pacific and Dept. of California, March 18, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending March 30, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
March 23, 1878...	0	5	92	3	81	82	0
March 30, 1878...	0	2	77	0	84	48	1

AN ACT TO BETTER REGULATE THE PRACTICE OF PHYSIC AND SURGERY IN THE STATE OF NEW YORK.— The People of the State of New York represented in Senate and Assembly do enact as follows:

§ 1. Every person now lawfully engaged in the practice of physic and surgery in the State of New York shall, on or before the first day of October, 1878, and every person subsequent to the date of the passage of this act, commencing the lawful practice of physic and surgery in the State of New York, shall register his name in full, the place of his residence, the place of his birth, the character of his qualifications, whether diploma, license, or certificate, the date of said diploma, license, or certificate, and the name of the society, college, or body granting the same, in a book kept for such purpose by the clerk of the county in which such person resides or practices at the office of such clerk. Such registration shall be made under oath before a notary public, who shall also affix his name thereto. Each county clerk in the State shall provide a book to be kept for said purpose in his office, and said clerk shall receive a fee of twenty-five cents for each name registered therein, to be paid by the person so registering. And said book is to be kept open for the inspection of the public during business hours.

§ 2. It shall be the duty of the censors of each incorporated county medical society to inspect said book, kept in the county of his residence, during the first week of October and April in each and every year, and to record their names therein at the time of such inspection, as evidence of such inspection having been made.

§ 3. It is hereby declared a misdemeanor for any person, excepting those now lawfully engaged in the practice of physic and surgery in the State of New York, to practice physic and surgery in the State of New York unless such person shall have lawfully obtained the degree of doctor of medicine from some one of the incorporated medical colleges in the United States or from the Regents of the University of the State of New York, pursuant to Chapter 746 of the Laws of 1872.

§ 4. A violation of the provisions of Section 1 of this Act is hereby declared to be a misdemeanor.

§ 5. Any person found guilty of a violation of the provisions of Section 3 of this Act shall be deemed guilty of a misdemeanor, and shall for the first offence be fined not less than two hundred dollars nor more than three hundred dollars, and shall be imprisoned until such fine be paid, and, in addition to such fine, such person may be sentenced to imprisonment for a term not exceeding six months. And for any subsequent offence said person shall be fined not less than four hundred dollars, nor more than six hundred dollars, and shall be imprisoned until such fine be paid, and, in addition to such fine, such person may be sentenced to imprisonment for a term not exceeding eighteen months. Such terms of imprisonment are, however, subject to the terms of limitation prescribed by the provisions of Chapter 61 of the Laws of 1876. One-half of all such fines shall be paid to the president of the medical society making the complaint, for the uses of the society.

§ 6. Proceedings for a violation of the provisions of this Act may be instituted by the president of any one of the incorporated county medical societies of the county in which the offence was committed on his written complaint. Said complaint, together with the affidavits upon which the warrant is granted, must be sworn to before a police justice or a notary public. Proof of the fact of a demand having been made on the person accused for the production of his diploma by the President of the Board of Censors of the County Medical Society, the President of which Society makes the complaint, and of the refusal or failure of the accused to make such production, shall be for the purposes of the proceedings before the police magistrate, *prima facie* evidence of the guilt of the accused.

§ 7. The Act of May 11, 1874, regulating the practice of medicine and surgery in the State of New York, is hereby repealed.

TALKING MACHINE.—Mr. Edison, by this invention, has done for sound what Daguerre did for light—made it possible to fix and permanently retain the most fleeting impressions. We pointed out, last month, the marvellous capacities of cold iron, magnetism, and an electric wire; but the capacities of the phonograph are still more marvellous, for, with only a vibrating plate, a sheet of tin-foil, and a crank, it is possible to arrest and fix all kinds of sound, and, having preserved them as long as metals will hold their properties, to give them forth again in all their original qualities. The voice, indeed, is somewhat muffled and minified when returned from the iron tongue of the phonograph; but its intonations, inflections, pauses, and quality are rendered with surprising fidelity. By the simple turning of the crank, the machine talks, sings, shouts, laughs, whistles, and coughs, so naturally and distinctly, that the listener can hardly believe his senses, or escape from the suspicion that there is some ventriloquist hocus-pocus about it, or a little fellow concealed somewhere about the arrangement. But the fact is established, and must be made the most of. A machine, as simple as a coffee-mill, hears a speech or a song, and gives it back as perfectly as it was at first uttered by the living organs of voice. And so, again, we have the lesson repeated, with still greater emphasis, that we must raise our estimate of the powers and potencies of "mere dead matter."—PROF. YOUMANS, *in Popular Science Monthly for April.*

PROF. D. W. YANDELL, OF LOUISVILLE, KY.—During his visit to this city, on his way to Europe, this distinguished gentleman has been the guest of Prof. F. J. Bumstead, and has been the recipient of many hospitalities from his numerous friends. On the eve of his departure (Tuesday) Dr. Bumstead tendered him a brilliant reception, at which was present a large number of representative medical men.

BROWN-SÉQUARD'S TREATMENT OF EPILEPSY.—Our attention has been called to a formula of Brown-Séquard, which is claimed to have been used by Dr. Ayer, and which is given in *Boston Surg. Journ.*, Dec. 27, 1877, and copied by us in our issue of Feb. 9, 1878. There seems to be an error in the prescription. The original formula stood *iodidi bromidi*, and in our issue as *iodinii bromidi*, the dose of which, if ever ad-

ministered in medicine, appears to be excessive. We beg of our readers not to make use of the formula until we have investigated it more fully.

HELMINTHOLOGY.—Important additions have been made to this science during the past year, and the necessity for more extended investigations is evident. An epidemic of diarrhœa was traced to the presence of two nematode worms (Anguillula stercoralis and A. intestinalis). In Italy, good work has been done, tending to prove the great tenacity of life of those organisms giving rise to the pork and beef measles, Dr. Payne and several students having courageously submitted themselves to experiment, and infecting themselves with "Tænia medio-canellata." A more recent discovery in helminthology has important relation to the origin of many obscure diseases. It appears that a Mr. Bancroft wrote from Brisbane in April, 1877, and incidentally remarked: "I wonder if mosquitoes could suck up the hæmatozoa and convey them to water? They appear to die in water. I will examine some mosquitoes that have bitten a patient, to see if they suck up the "filariæ." At the time "Bancroft" was surmising, Dr. Manson, of India, demonstrated this to be a fact. In November, 1877, Dr. Manson wrote to Dr. Spencer Cobbold, the eminent helminthologist, announcing the discovery of this parasite in the stomachs of the mosquitoes, which had fed on hæmatozoal patients, describing also the developmental changes it undergoes during its residence in the insect.

He also supplements the fifteen cases of this human hæmatozoa, giving details of no less than thirty-five additional cases, and a mass of valuable statistics in relation to the prevalence of "*Filaria sanguinis hominis.*" Thus, what the Russian traveller Tedscheuko showed in relation to the case of the "cyclops," considered as the host of the Guinea worm, Manson has shown to obtain in the case of the "Culex mosquito." True, there was a difference in detail, but both play the rôle of intermediate bearer, the little crustacean and the small mosquito. Dr. Cobbold, as a practical comment on these discoveries, well remarks that "if physicians will only reflect to what extent diseases hitherto obscure are to be associated with the bite of a gnat, they will, perhaps, be not less ready than hitherto to extend a helping hand to those who, at great sacrifice, labor in the fields of helminthology."

BACTERIA.—Dr. Arthur Downes and Mr. T. P. Blunt presented to the Royal Society (England) the result of some very interesting observations on the effect of light upon bacteria and other organisms. The experiments were carried out in great detail, and their record is too lengthy to be given in full. The deductions to be drawn may be summed up as follows: 1. Light is inimical to the development of bacteria and the microscopic fungi associated with putrefaction and decay, its action on the latter organisms being apparently less rapid than upon the former. 2. Under favorable conditions it wholly prevents that development, but under less favorable ones it may only retard. 3. The preservative quality of light, as might be expected, is most powerful in the direct solar rays, but can be demonstrated to exist in ordinary diffused daylight. 4. So far as the investigation has gone, it would appear that it is chiefly, but perhaps not entirely, associated with the actinic rays of the spectrum. 5. The fitness of a cultivative fluid to act as a nidus is not impaired by insulation. 6. The germs originally present in such a liquid may be wholly destroyed, and a putrescible fluid perfectly preserved by the unaided action of light.

In the course of the investigations it was observed that when bacteria appeared early and in large numbers in the solutions used, the mycelium of penicillium, or other microscopic fungi was rarely seen, the bacteria apparently preoccupying the ground; when, however, the development of bacteria was from some cause retarded or prevented, tufts of delicate mycelium were frequently found in the solutions after they had been incased or removed into diffused light. No mycelium, however, appeared during the period of exposure of a solution, except under certain conditions, nor indeed afterwards if this was sufficiently prolonged.

These gentlemen, therefore, infer that light may retard, or altogether prevent, the appearance of mycelial fungi, but that its influence in this respect is slower and less powerful than upon the schizomycetes. They also suggest that this may explain, in part at least, the sparing distribution of bacteria in ordinary air, as compared with the prevalence of the spores of penicillium, etc., a fact observed by Burdon Sanderson and others.

POSITION IN LABOR WITH A BREECH-PRESENTATION.—Dr. J. M. Ward, of Cornelia, Missouri, writes: "Some twenty years ago I met with my first case of breech-presentation, and I was so unfortunate as to lose the child. I thought that I ought to have done better, and so determined to do in future cases, notwithstanding the authorities state that one in three die. I was not long in waiting for an opportunity, and when the case had so far proceeded that the breech would likely be delivered at the next pain, I placed the woman on her knees with the breast resting on the head-board of the bed, which was high enough to place the body at an angle of 45°.

"I found that I had gained a great deal over the method of delivery on the left side or back, as the woman could exert more force aided by gravitation, and then there was the best possible chance to give effective assistance. The result has been that I have never failed to save the child since I adopted that method, and I believe it should be the rule in obstetric practice. Physicians to whom I have communicated the idea approve it, and wonder that they had not been taught so simple a procedure."

MORTALITY IN ST. PETERSBURG.—St. Petersburg, according to recent vital statistics, is, with a single exception, the unhealthiest city in the world, official returns giving the death-rate as 57 per 1,000, against 24 per 1,000 in London, and 20 in New York, 36 per 1,000 in Calcutta, 38 per 1,000 in Turin, 39 in Naples, 40 in Alexandria, 41 in Bombay, 27 in Edinburgh, 33 in Dublin, and 30 in Liverpool. The rate at Madras is 101.

BRITISH PRIZE AWARDS.—The Fothergill gold medal for 1878, of the London Medical Society, has been awarded to Dr. J. Milner Fothergill for the best essay on the "Antagonism of Therapeutic Agents." The silver medal for the best paper read during the last session, was awarded to Dr. J. Althaus, for a paper on "Disease of the Anterior Cornua of the Cord."

DEFECTIVE DRAINAGE AND DIPHTHERIA.—The sometimes strongly argued causal relation of defective drainage to diphtheria has received a striking illustration in a recent report of the Medical Officer of Health for Hackney, England, who describes the late serious outbreak at Upper Clapton. A personal inspection of the houses in which the cases occurred showed that in every instance save one, the overflow

pipes of the cisterns were connected with the drains, so that sewer gas could readily obtain admission to the house. In one case no less than five pipes emptied themselves into the drains without being trapped, so that sewer gas came up the waste-pipe of a fixed wash-basin whenever the plug was taken out.

STRUCTURE OF SPERMATOZOA IN MAN.—In a paper read before the Sixth Congress of German Surgeons, Dr. A. Menzel records some observations upon the milky fluid taken from a spermatocele, from which it appears that the spermatozoa in man exhibit, under certain circumstances, a very distinct transverse striation. The sperm-cell he finds to exhibit very lively movements, and to show a disposition to throw out long filiform processes. The seminal animalcules, it seems, proceed without exception from the nuclei, and never from the protoplasm of the cells.

MORTALITY FROM SMALL-POX IN LONDON.—The *Lancet* furnishes some interesting statistics as to the mortality from small-pox last year in the hospitals of London, from which it appears that 6,728 cases were admitted, and the whole number recorded was 7,242, of whom 1,284 died and 5,958 recovered. During the epidemic of 1870–71–72, the number of cases treated was 14,808, with a rate of mortality of 18.7 per centum. Last year the rate was 17.7 per cent., but varied greatly at different seasons, being for the first quarter 19.7, for the second 16.4, for the third 10.9, and for the fourth 29.6.

TREATMENT OF OPIUM-POISONING WITH ATROPINE.—At a recent meeting of the Medical Society of London, Dr. Milner Fothergill related an interesting case of opium-poisoning successfully treated with hypodermic injection of atropine. The patient had taken the equivalent, in laudanum, for twelve grains of opium. Three hours after taking the dose, Dr. Fothergill saw the woman, and immediately administered, by injection, a solution containing one grain of atropia sulphate.

MEDICAL OBLIGATION IN RUSSIA.—A strong agitation has been set on foot in Russia to procure the abrogation of a law that compels a physician to attend any one who may call for his services, and subjects him, in case of refusal, to a fine of from five to ten roubles for the first, ten to fifteen for the second, and fifty to one hundred for the third offence. In 1869 a similar law was repealed in Prussia.

DIAGNOSIS OF BRAIN TUMORS.—Dr. Dreschfeld, in the course of a valuable paper on the diagnosis of tumors of the brain, observes that, when situated in the cortical portion of the ascending parietal and ascending frontal convolutions, the symptoms correspond to those produced by lesion of the striated bodies; while, if situated in the anterior lobes, the phenomena are more strictly psychical. In lesion of either of these regions convulsions or epileptiform seizures supervene, but when the tumor is in the first-mentioned situation, the attacks are always preceded by an aura, whereas, when in the latter situation, no aura occurs. Vomiting is not common in lesions of the anterior lobes. On the other hand, optic neuritis is frequent, cephalalgia is a persistent symptom.

AWARD OF THE MARSHALL HALL DIPLOMA.—At the last annual meeting of the Royal Medical and Chirurgical Society of London, the diploma of the Marshall Hall prize was conferred upon Dr. John Hughlings-Jackson for distinguished contributions to the medical knowledge of aphasia, to the clinical relations of epilepsy, and to the physiology of the brain. This is the first instance in which this honorary diploma has been conferred.

DIPHTHERIA IN PARIS.—From statistics collated by *Le Progrès Médical*, it appears that the mortality from diphtheria has more than doubled in Paris since 1872, when the disease was responsible for 1,135. In 1873, the number rose to 1,164, but fell in 1874 to 1,008. In 1875 it was 1,328; in 1876 it had risen to 1,571; last year, to 2,393. Density of population has little, if any, influence in determining the disease; but poverty, observes M. Besnier, is very distinctly concerned in promoting its development.

RELATION TO LIFE OF AEROSTATIC PRESSURE.—The notion that the fatal effects experienced from exposure to a highly rarefied atmosphere is caused by the diminished pressure, is disputed by Prof. Paul Bert, of Paris, in an essay which has been awarded the great prize, issued every two years by the Institute of France. By an ingenious series of experiments, Prof. Bert shows that when a bird, placed under a bell-glass from which the air is gradually exhausted, commences to exhibit symptoms of dissolution, it may be immediately restored by the addition of a little pure oxygen to the highly rarefied medium; while by continuing the action of the air-pump, as well as the admission of oxygen, the rarefaction may be kept at a standard supposed to be sufficient to cause death, without resulting in serious inconvenience to the animal. After having experimented upon various animals, Prof. Bert placed himself within a large cylinder, with the nozzle of an oxygen bag in his hand, and caused the air to be slowly exhausted. At the expiration of twenty-one minutes, with a barometrical pressure of 590 millimetres, his pulse was 70. At the expiration of thirty-five minutes, with a pressure equivalent to that of 13,000 feet above the sea-level, his pulse was 84, and a feeling of nausea nearly overcame him. Two minutes later the nausea disappeared, the abdomen became a little swollen, and signs of congestion appeared in the face. After being in the cylinder two hours and forty minutes, the pressure being 430 millimetres, and the pulse 84, he took three whiffs of oxygen, and the pulse instantly descended to 78. Four minutes later, he inhaled more oxygen, the disagreeable symptoms vanished, and the pulse went down to 70. In another curious series of experiments, the professor finds that aerostatic pressure, even of oxygen itself, extinguishes life, and is destructive to organic compounds. Ferment organisms, such as bacteria, are almost instantly killed by the action of compressed air, or of compressed oxygen gas, while fermentations due to dissolved matter, such as diastose, perfectly resist the influence of atmospheric pressure. The ripening of fruit being arrested by compressed oxygen, Prof. Bert concludes that the phenomenon is one of cellular evolution. The poison of the scorpion, on the contrary, wholly resisting the action of increased aerostatic pressure, he concludes to be due to the pressure of compounds similar to the vegetable alkaloids. Fresh vaccine lymph, after having been subjected to the pressure of 50 atmospheres for a week, retained its virtue; and Prof. Bert concludes from this fact, that its active principle is not the cell found in it, as many have supposed. The poison of glanders remained active after similar treatment, and carbunculus blood, though freed from bacteria by aerostatic pressure, still retained its dangerous properties. He concludes, therefore, that the bacteria, germs, cells, penicilium spores, etc., found in these poisons, are not the cause of their virulence.

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THE

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And Diseases of Women and Children.

PAUL F. MUNDÉ, M.D., EDITOR.

WM. WOOD & CO., Publishers, 27 Great Jones Street, New York.

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TO ADVERTISERS.—Permit us to direct your attention to "THE MEDICAL RECORD." It has now been published over twelve years, and has become the most popular and most extensively read of any medical journal in America. Its circulation is widespread over the entire continent—probably there are few of the active, intelligent members of the Profession who are not among its regular readers. The value to Advertisers of this large list of subscribers has long been recognized, as practically shown by the great number of pages of advertisements, rendered necessary by the patronage of those who have found that

IT PAYS TO ADVERTISE IN THE MEDICAL RECORD.

THE MEDICAL RECORD HAS THE LARGEST CIRCULATION OF ANY JOURNAL OF ITS KIND IN AMERICA.

Issues over 800,000 a Year.

ITS CIRCULATION IS WELL DISTRIBUTED OVER THE NORTH, SOUTH, EAST AND WEST.

Recent Testimony of Experienced Medical Advertisers who have Tried it.

GENTLEMEN:—Having advertised for a term of about two years in THE MEDICAL RECORD, I cheerfully express to you my appreciation of its value. Its high professional standing entitles it to the first place as an advertising medium, and the results I have obtained for all my goods through it, verify this. I likewise consider its rates, in proportion of the number of copies which it distributes to the best class of the medical profession, as cheaper by far than most all the so-called, low-priced papers. Very truly yours, F. ALFRED REICHARDT, Pharmacist.
NEW YORK, *January* 30, 1878.

GENTLEMEN:—The results obtained by our advertising in THE MEDICAL RECORD have been very satisfactory, and we cheerfully recommend it as being one of the best mediums for reaching physicians. Yours truly, W. H. SCHIEFFELIN & Co.
NEW YORK, *January* 31, 1878.

GENTLEMEN:—We have renewed our contracts with you this year, as we are well satisfied with our advertisements in your MEDICAL RECORD, which have extended over a number of years. We believe the RECORD to be very ably edited, and its large subscription list of physicians is well merited. Yours respectfully, MCKESSON & ROBBINS.
NEW YORK, *January* 28, 1878.

GENTLEMEN:—Having advertised in THE MEDICAL RECORD almost continuously from the time it was first published, we consider it the best medium for reaching the medical profession of this country. Yours respectfully, CASWELL, HAZARD & Co.
NEW YORK, *January* 28, 1878.

GENTLEMEN:—It gives us great pleasure to speak of the merits of THE MEDICAL RECORD. The able manner in which it is edited and managed give it a wide influence amongst the medical profession of this country. Sincerely yours, WM. R. WARNER & Co.
PHILADELPHIA, *February* 5, 1878.

GENTLEMEN:—Continued advertisement in THE MEDICAL RECORD, lead us to say that we regard it as the *best* journal for reaching the medical profession that we know of, owing to its wide circulation and the thorough manner in which it is circulated. Yours truly,
PHILADELPHIA, *February* 5, 1878. KEASBEY & MATTISON.

GENTLEMEN:—During the time we have had our advertisement in THE MEDICAL RECORD we have found it to be the very best advertising medium, and we beg to say that we cannot recommend it too highly. We have had more orders in consequence of our advertisement in THE MEDICAL RECORD than from all other journals we advertise in combined.
NEW YORK, *January* 30, 1878. F. G. OTTO & SONS, New York.

GENTLEMEN:—Having advertised in THE MEDICAL RECORD for a number of years, we can confidently recommend it to advertisers as one of the best mediums known to us.
NEW YORK, *January* 30, 1878. Yours respectfully, GEO. TIEMANN & Co.

GENTLEMEN:—As constant advertisers in THE MEDICAL RECORD, we are happy to state that we consider the RECORD one of the very best mediums for reaching the medical profession.
NEW YORK, *January* 28, 1878. We are yours truly, E. FOUGERA & Co.

GENTLEMEN:—Your MEDICAL RECORD has been very satisfactory as an advertising medium; nearly every mail bringing orders and inquiries from its readers. From letters received, the "RECORD" must reach all quarters of the globe. Yours truly, A. J. DITMAN, Druggist.
NEW YORK, *January* 28, 1878.

GENTLEMEN:—We are entirely satisfied with the results of advertising in THE MEDICAL RECORD. There is no better medium for reaching the medical profession in the United States.
Very respectfully, TROMMER EXTRACT OF MALT Co.
FREMONT, OHIO, *February* 10, 1878.

Advertising Terms furnished on application.

WM. WOOD & CO., Publishers, 27 Great Jones St., New York.

Office of McKESSON & ROBBINS,

IMPORTERS, WHOLESALE DRUGGISTS & MAN'F'G CHEMISTS,

91, 93 Fulton Street & 82, 84 Ann Street, N. Y.

As the extreme scarcity of Quinine both in Europe and America will probably not be relieved until summer, and manufacturers have been unable to supply our wants, we have been obliged to again advance our list of Quinine Pills, as below.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt in experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders,

Yours respectfully,

March 27th, 1878.

McKESSON & ROBBINS.

Sent by mail on receipt of price.	Bottles 100 pills	Bottles 500 pills
Iron, Quinine and Strychnine..... { Ferrum, Redactum, 1 gr. { Quiniæ Sulphas, 1 gr. { Strychnia, 1-60 gr.	2 25	11 00
Neuralgia, (Dr. Gross')..... { Quiniæ Sulphas, 2 grs. { Morphiæ Sulphas, 1-20 gr. { Strychnia 1-30 gr. { Acid. Arseniosum, 1-20 gr. { Ext. Aconiti, 1-2 gr.	4 50	22 25
Neuralgia, (Dr. Gross') no Morphia.	4 25	21 00
Phosphates Iron, Quin. and Strych. { Ferri Phosphas, 2 grs. { Quiniæ Phosphas, 1 gr. { Strychniæ Phosphas, 1-60 gr.	2 25	11 00
Quinine, Carbolate, 1 gr.....	3 50	17 25
Quinine, Salicylate, 1 gr.....	3 50	17 25
QUININE, BROMIDE, 1 gr.....	3 50	17 25
QUININE, BROMIDE, 2 grs.....	5 00	24 75
QUININE, BROMIDE, 3 grs.....	7 00	34 75
Quinine, Sulph. and Bi-Sulph., ¼ gr.	1 00	4 75
Quinine, Sulph. and Bi-Sulph., ½ gr.	1 25	6 00
Quinine, Sulph. and Bi-Sulph., 1 gr.	2 15	10 50
Quinine, Sulph. and Bi-Sulph., 1½ grs	3 00	14 75
Quinine, Sulph. and Bi-Sulph., 2 grs	4 00	19 75
Quinine, Sulph. and Bi-Sulph., 3 grs	6 00	29 75
Quinine, Sulph. and Bi-Sulph., 4 grs	7 50	37 25
Quinine, Sulph. and Bi-Sulph., 5 grs	9 50	47 25
Quinine, Sulpho-Carbolate, 1 gr....	3 50	17 25
Quinine, Sulpho-Carbolate, 2 grs...	5 00	24 75
Quinine, Sulpho-Carbolate, 3 grs...	7 00	34 75
Quinine, Sulpho-Carbolate, 5 grs...	11 00	54 75
Quinine and Aloes, 1 gr..... { Quiniæ Sulphas, 3-4 gr. { Pulv. Aloes Soc., 1-4 gr.	2 00	9 75

Specify McKesson & Robbins.	Bottles 100 pills	Bottles 500 pills
Quinine, Arsenic and Nux Vomica. { Quiniæ Sulphas, 1 gr. { Acid. Arseniosum, 1-60 gr. { Ext. Nucis Vomicæ, 1-4 gr.	2 25	11 00
Quinine, Phosphorus and NuxVom. { Quiniæ Sulphas., 1 gr. { Phosphorus, 1-60 gr. { Ext. Nucis Vomicæ, 1-40 gr.	2 75	13 50
Quinine, Phosphorus and NuxVom. { Quiniæ Sulphas., 1 gr. { Phosphorus, 1-60 gr. { Ext. Nucis Vomicæ, 1-4 gr.	2 75	13 50
Quinine Compound..... { Quiniæ Sulphas., 1 gr. { Ferrum Redact., 1 gr. { Acid. Arseniosum, 1-30 gr.	2 25	11 00
Quinine Comp. and Ext. Dandelion { Quiniæ Bi-Sulph., 1 1-4 grs. { Ferri Sulph., Exsic., 2 grs. { Acid. Arseniosum, 1-94 gr. { Extract Taraxici, 1 1-4 grs.	2 50	12 25
Quinine Comp. and Strychnine.... { Quiniæ Sulphas., 1 gr. { Ferrum Redactum, 1 gr. { Strychnia, 1-90 gr. { Acid. Arseniosum, 1-90 gr.	2 25	11 00
Quinine and Iron..... { Quiniæ Sulphas, 1 gr. { Ferrum Redactum, 1 gr.	2 25	11 00
Quinine and Capsicum..... { Quiniæ Sulphas, 1 gr. { Pulv. Capsici, 1-4 gr.	2 25	11 00
Quinine & Carb. Iron (1 gr. & 2 grs.)	2 25	11 00
Quinine, Iron and Nux Vomica....	2 25	11 00
Quinine & Strychnine (1 gr. & 1/30 gr.	2 25	11 00
Quinine, Valerianate, ¼ gr.....	2 00	9 75
Toule (Dr. Aiken).....	2 25	11 00

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.....	70	3 25
"HOSPITAL QUININE," ½ gr.....	85	4 00
"HOSPITAL QUININE," 1 gr.....	1 40	6 75
"HOSPITAL QUININE," 1½ grs...	1 90	9 25
"HOSPITAL QUININE," 2 grs....	2 50	12 25
"HOSPITAL QUININE," 3 grs....	3 75	18 50
"HOSPITAL QUININE," 4 grs....	4 50	22 25
"HOSPITAL QUININE," 5 grs....	6 00	29 75
Quinidia, Sulphate, 1 gr.....	80	3 75
Quinidia, Sulphate, 2 grs.....	1 50	7 25
Quinidia, Sulphate, 3 grs.....	2 20	10 75

Chinoidine, ¼ and 1 gr.....	60	2 75
Chinoidine, 3 grs.....	75	3 50
CINCHONA BARK ALKALOIDS. { Quiniæ Sulph., 1-2 gr. { Quinidiæ Sulph., 1-2 gr. { Cinchoniæ Sulph., 1-2 gr. { Cinchonidiæ Sulph., 1-2 gr.	2 00	9 75
Cinchonia, Sulphate, 3 grs.....	1 00	4 75
Cinchonidia, Sulphate, 1 gr.....	60	2 75
Cinchonidia, Sulphate, 2 grs.....	1 00	4 75
Cinchonidia, Sulphate, 3 grs.....	1 50	7 25
Cinchonidia, Sulphate, 5 grs.....	2 50	12 25

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PHILLIPS' "PALATABLE"

COD LIVER OIL

IN COMBINATION WITH

PHOSPHO-NUTRITINE

(A NEW AND IMPORTANT PREPARATION OF THE SOLUBLE WHEAT PHOSPHATES).

This article is offered to the Medical Profession as HAVING ESPECIAL ADVANTAGES OVER ANY AND ALL OF THE COD LIVER OIL PREPARATIONS for the cure of CONSUMPTION, EMACIATION, COUGHS and all PULMONARY COMPLAINTS. The vast importance of the PHOSPHO-NUTRITINE will be perceived in giving to this preparation the HIGHLY-NUTRITIOUS and TONIC properties of the PHOSPHATES exactly as nature provides them, greater NOURISHING, STIMULATING and BUILDING POWER being thereby added, and which not only renders it PALATABLE, LIMPID and EASY OF ASSIMILATION, but ENTIRELY REMOVES ALL NAUSEOUS TASTE AND SMELL, and, unlike any other Cod Liver Oil Compound, is miscible with, and should be taken in water. ITS TASTE IS ACCEPTABLE TO THE MOST SENSITIVE and DELICATE STOMACH.

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Unequalled for rapid and efficient action in **Phthisis, Deficient Nutrition, etc.** Agrees with the most delicate stomach, never causes eructations, is a positive tonic. Its taste is far more agreeable than that of any other combination. It is a perfect emulsion of fifty per cent. of oil and twenty-five per cent. of bark, from which the oil does not separate, and which keeps indefinitely without change.

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Peck's Elixir of Phosphorus.

For **Paralysis, Melancholia, Lapse of Memory, etc.** A powerful Aphrodisiac. A clear, permanent, palatable solution, containing $\frac{1}{100}$ gr. unaltered Phosphorus in each teaspoonful.

Sold by apothecaries generally.

H. T. PECK & CO., Chemists, Philadelphia.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HÆMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris.

To be had of all Respectable Chemists throughout the world.

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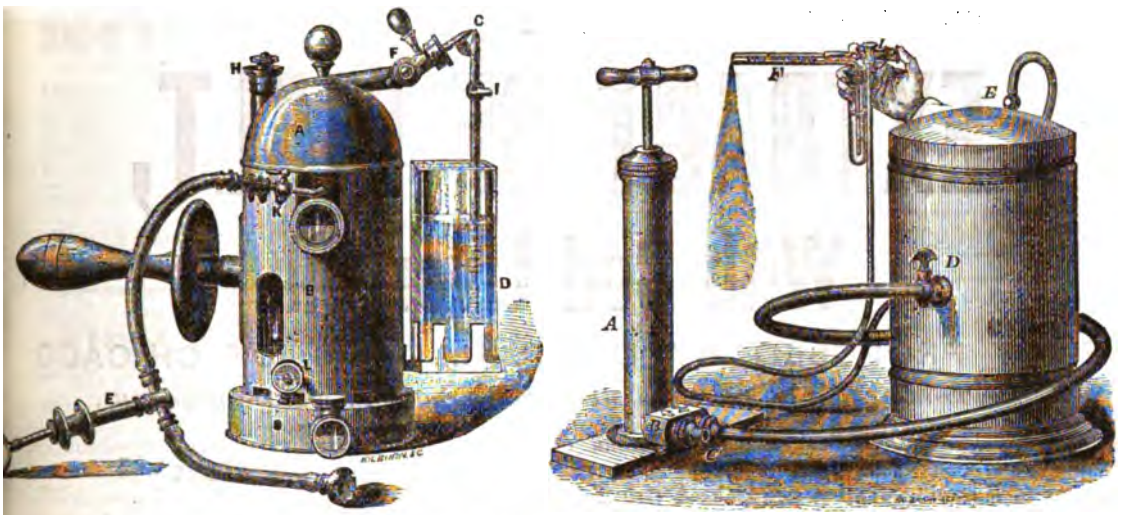

In this apparatus we have incorporated some of the best features of the Atomizing Apparatus heretofore made by us, already familiar to the profession. It is of best materials and workmanship—strong, durable, convenient, easily regulated, and by means of a new attachment of our own design, adequate without cessation of spray for any operation, or series of operations, however extended. Full description on application.

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PRICES REDUCED.

The Complete Atomizer	.....	**$5.00**	**Clarke's Atomizer**	.....	**$3.00**
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Shurtleff's "	.....	**3.50**	**Dr. Knight's** "	.....	**2.50**

The Boston Atomizer, $2.50.

See our pamphlet for description of a great variety of Atomizers, Tubes, etc.

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MAKERS AND IMPORTERS OF SUPERIOR SURGICAL INSTRUMENTS,

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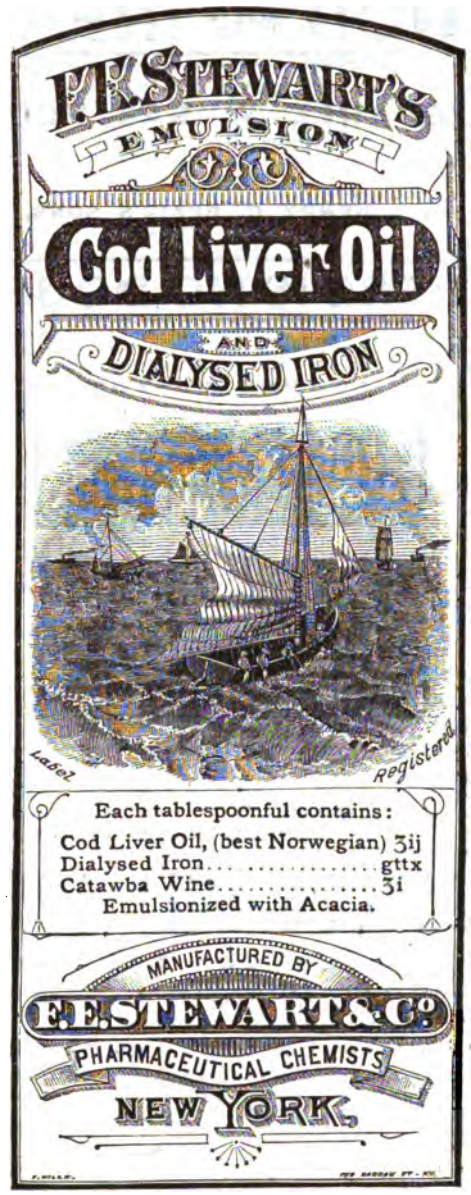

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278 Greenwich St., New York.
For sale by all Druggists.

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Doors and Window Frames of all descriptions made to order at short notice. Stores and Offices fitted up. Jobbing of all kinds promptly attended to. The fitting up of Jewelers' and Hatters' Shops a Specialty. Book Cases, &c., made to order.

VANITY FAIR TOBACCO AND CIGARETTES

TWO ARTICLES OF REAL MERIT.

Unsurpassed for PURITY, DELICACY AND EXCELLENCE.

Their standard will ever be maintained. Sold Everywhere. ☞ Beware of Imitations and Counterfeits!

Peerless Tobacco Works. (5 First Prize Medals.) WM. S. KIMBALL & CO., Rochester, N. Y.

DENNISON'S ABSORBENT COTTON.

This Cotton, prepared from the best material for use as a Surgical Dressing, commends itself on account of its purity, uniformity of texture, and its property as an absorbent.

It is perfectly pure, having been carefully and thoroughly cleansed from oil, resin, and all extraneous matter; is uniform in texture, free from threads and knots, and the felting together of its fibres makes it preferable to scraped lint for many surgical purposes.

Sold by Dealers in Dental and Surgical Articles, and Apothecaries.

A liberal sample package sent by mail for 25 cents by

DENNISON & CO., Proprietors, 198 Broadway, New York.

Quote MEDICAL RECORD.

CHAMPION SPOUTING SPRING NATURAL WATER

FROM SARATOGA.

For sale by all respectable Druggists and Dealers in Mineral Waters, on Draught and in Bottles.

THE CHAMPION SPOUTING SPRING contains a very large preponderance of the elements which render mineral waters valuable as medicine, and which are in constant use by Physicians of the various schools; and the remarkable cure of some of the prevailing diseases has given the water of this Spring great favor among professional men. For *Headache*, or disordered state of the Stomach arising from the use of wines or hearty eating it is a fine corrective, giving immediate relief. It is invaluable for the treatment of Biliousness, Dyspepsia, Constipation, Piles, Rheumatism, Neuralgia, Cutaneous Diseases, Scrofula, &c., and owing to the presence of Lithia Magnesia and Bi-Carbonate of Lime, is recommended by Physicians for Bright's Disease of the Kidneys, and Diseases of the Bladder.

DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast, and at a moderately high temperature. If prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

The constant and increasing success of the CHAMPION WATER is due to its hygienic properties; it is *refreshing* and *healthful*, and should be found in every home.

PRICES:

In New York. *Delivered free of Charge.*

Pints, 4 dozen in a case	$9 00
Quarts, 2 dozen in a case	7 00

In Saratoga. *Delivered at the Cars.*

Pints, 4 dozen in a case	$8 00
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Orders addressed to **Champion Spouting Spring, Saratoga, N. Y.**, or to the Company's office, **205-213 E. 12th St., New York**, will receive prompt attention.

What will the Weather be To-morrow?

POOL'S SIGNAL SERVICE BAROMETER,

Or Storm Glass and Thermometer Combined

WILL TELL YOU!

It will detect and indicate correctly any change in the weather 12 to 48 hours in advance. It will tell what kind of a storm is approaching, and from what quarter it comes—invaluable to navigators. Farmers can plan their work according to its predictions. It will save fifty times its cost in a single season. There is an accurate thermometer attached, which alone is worth the price of the combination. We will send it FREE to any address on receipt of **$2.00.** This great WEATHER INDICATOR is endorsed by the most eminent Physicians, Professors, and Scientific men of the day, to be the *BEST IN THE WORLD.*

U.S.N AGENTS WANTED **OVELTY Co**

BEWARE OF IMITATIONS! None genuine without our **Trade-Mark.** Every instrument warranted PERFECT AND RELIABLE. When you order, please state your Post Office address, and mention the name of Express Co., and their nearest office *to your place.* Post Office Money Orders or Registered Letters may be safely sent at OUR RISK. We make good ALL DAMAGE THAT OCCURS BY SHIPPING.

AGENTS WANTED. Send stamp for circular. Exclusive control of territory granted. Manufactured only by the

U. S. NOVELTY COMPANY,

105 Maiden Lane, New York.

LIBERAL DISCOUNT TO THE TRADE.

We clip the following indorsement from the *Cultivator and Country Gentleman*, of Albany, N. Y., May 24, 1877:

A GOOD STORM GLASS.—For the benefit of the readers of the COUNTRY GENTLEMAN, I beg to say that I fully tested, through all the storms of March, one of the U. S. Novelty Co.'s combined barometers and thermometers, and find it in all respects reliable. It tells accurately 24 hours beforehand the approach of violent storms of any kind, and is cheap at $2, and quite a little ornament.

WM. HORNE, M.D., Janesville, Wis.

In corresponding with Advertisers please mention **The Medical Record.**

Boericke & Tafel's

MEDICINAL TRITURATIONS

—AND—

Fresh Plant Essences.

TRITURATIONS.

We have prepared and put on the market since a number of years Triturations of Minerals, Chemicals, Metals and other Medicinal Substances, which are carefully triturated with purified Sugar of Milk, for one full hour at a time, in the proportion generally of one in ten, or one in one hundred; and it is found that by this process the action of the remedies is rendered more prompt and effective, even in minute doses, than when prescribed in the usual form in larger quantities.

Fresh Plant Essences.

Tinctures made in the usual manner, from dried roots and herbs, are variable in their effects—are often found untrustworthy. It is conceded that in drying many plants and roots lose most of their volatile constituents, and some even undergo a decided change. A case in point is Hydrastic Can., the fresh root of which possesses narcotic properties which in the dried are wanting. It is at all times difficult to detect old from freshly-garnered dried plants; hence, often old and shop-worn materials are used, sometimes from sheer carelessness, more often from necessity.

To obviate this difficulty, we procure of all remedies indigenous to this country, the fresh plants or roots when in their full vigor, and carefully prepare therefrom essences or tinctures, which retain their full efficacy unimpaired for years.

Of medicinal plants indigenous to Europe, we import the essence ready prepared. The exact proportion of fresh plant or root to the tincture or essence is given with each bottle, so as to enable the practitioner to accurately determine the quantity administered.

These standard preparations are furnished in original packages, from one ounce to one pound, each bottle having our firm's name blown into the glass, the cork being secured by a metallic capsule, also bearing the firm's name.

Physicians can order either direct or through their Druggists, who can readily procure our goods through the jobbing houses.

Explanatory price currents, with lists of such preparations as we carry in stock, furnished free on application.

Address,

BOERICKE & TAFEL,

Manufacturing Pharmacists,

No. 145 GRAND ST., NEW YORK.

CONCERNING

BELLADONNA PLASTER

A Few Words to Physicians and Surgeons.

BY A PHYSICIAN.

Until quite recently Manufacturing Chemists, in offering new combinations and improvements in Pharmacy to the Medical Profession, have found the Faculty very hospitable to the introduction of improvements adapted to their use.

But within a short time, conscientious Physicians have begun to discuss among themselves, very seriously, the propriety of welcoming the newer products of Pharmacy.

Why is this?

Because it is found that certain manufacturers, appealing to the convenience and profit of the apothecary, have been sacrificing merit and therapeutic value to elegance of appearance, and have employed officinal forms and professional nomenclature to foist upon the physician, by aid of the druggist, compounds of little or no value, and altogether unworthy of the high claims made for them.

Thus, the manufacture of medicinal agents for the use of Physicians is rapidly degenerating into empiricism, and is becoming almost as objectionable as the ordinary clap-trap of the "patent medicine" business.

Notably is this true with reference to that important and useful agent, *Belladonna Plaster*.

Dr. J. M. Grosvenor, graduate of Dartmouth, was the first to appreciate and turn to practical account, an improvement in compounding Belladonna Plaster by using purified rubber as a basis of combination.

His experiments in affecting the combination in therapeutic and mechanical perfection were long continued, exhaustive and expensive.

But he finally succeeded perfectly, and his improved Belladonna Plaster was everywhere welcomed by the Faculty, as being the best form of this agent yet presented. It was universally adopted as the standard Belladonna Plaster.

Why?

Because it proved to be an entirely reliable preparation — presenting the drug uniformly, accurately, and with the most precise and skilful attention to convenience and activity.

The widespread popularity of Dr. Grosvenor's Improved Belladonna Plaster at once attracted the cupidity of empiricism, and the drug market was soon flooded with so-called "Belladonna" Plasters, branded "U.S.P.," and offered to Druggists upon one recommendation, *namely:* "It is 50 per cent. cheaper than Grosvenor's!"

A good many gudgeon-like dealers promptly took the bait, and before long physicians began to express surprise and chagrin because Belladonna Plaster did not respond to their expectations in its effects as formerly.

Dr. Grosvenor found himself in receipt of numberless indignant communications upon the subject.

Belladonna Plaster is sold to the druggist in yard rolls, enclosed in a tin case. He cuts it into strips for dispensing as the physician may order.

The mechanical appearance and characteristic odor of Dr. Grosvenor's Improved Belladonna Plaster were closely simulated in the empirical articles; and if the druggist saw fit, for his own profit, to deceive the physician, the latter had no means of detecting the imposition except by noting the effect, and thus it happened that for a long time Dr. Grosvenor's legitimate and always reliable product had to bear the odium belonging justly to the empirics who had assailed him by simulating his article.

Finally he adopted, for the protection of the profession, the expedient of stamping his name at short intervals across the back of his "Belladonna Plaster" in violet ink, but omitting the words "Belladonna Plaster," for reasons which practitioners will understand.

Thus the fraud was checked, wherever the Faculty were informed of the precautionary measure; and the object of this article is to ask physicians everywhere to observe this test of genuineness, and in prescribing, to write for "*Emp. Belladonna Grosvenori.*

The true Belladonna Plaster in rubber combination will always bear this guarantee of genuineness—J. M. Grosvenor, M.D., (accompanied by a "trade-mark," consisting of a Belladonna Leaf, with the letters B and P upon it in monogram), printed in *fac simile*, at intervals of three inches across the back of the plaster in violet ink.

The profession are reminded that a true Belladonna Plaster, accurately prepared, *cannot* be a *cheap* product. Dr. Grosvenor originally sold his Plaster at the lowest practicable price, and that price has never been changed. Any plaster professing to contain the same elements that is sold at any price considerably lower, stamps itself at once as being the work of quackery.

Dr. Grosvenor has prepared a brief treatise upon Belladonna Plaster, which will be mailed (with sample of plaster) to any physician desiring it.

Physicians, if unable to obtain Dr. Grosvenor's improved Belladonna Plaster at their drug stores, will be supplied direct from the laboratory, by mail, upon receipt of one dollar. This concession is made to physicians only, and to those who cannot obtain the veritable article at home.

Address,

J. M. GROSVENOR, M.D., *22 Park Place,* **NEW YORK.** or **GROSVENOR & RICHARDS,** *97 Oliver Street,* **BOSTON.**

FOOD IS THE BEST TONIC!!

TRADE MARK.

MENSMAN'S

PEPTONIZED

BEEF TONIC.

The great necessity for a fluid food that would possess all the elements necessary for the support of the system, having been long felt by the medical profession, we call their attention to this preparation, containing the entire nutritious properties of the muscular fibre, blood, bone, and brain of a healthy bullock, dissolved and semi-digested by aid of heat and pepsin, and preserved by spirit; thus constituting a most perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease.

It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drug or chemicals.

It is prepared after a thoroughly tested and scientific method.

PROPRIETORS,

CASWELL, HAZARD & CO.,

DRUGGISTS AND CHEMISTS,

Fifth Ave., cor. 24th St.; & Sixth Ave., cor. 39th St., New York.

McKESSON & ROBBINS'
GELATINE-COATED PILLS.

COCA EXTRACT, 1 gr.

Made from freshly imported leaves. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the Physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration accompanying its use, is said not to be followed by any depressing effects.

ERGOTIN, 8 grs.

Each pill is equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe.

GRINDELIA ROBUSTA EXTRACT, 3 grs.

The Solid Extract is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

GUARANA EXTRACT (PAULLINIA), 3 grs.

The Solid Extract is eight times the average strength of the drug. The value of Guarana, in many phases of sick, nervous and sun Headache, as well as in Neuralgia, and in irritations of the mucous membrane, has become well-known to practitioners, and its happy effects, in Diarrhœa, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

JABORANDI EXTRACT, 3 gr.

These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and Syphilitic troubles of long standing. (Dose, 1 to 3.)

CALCIUM SULPHIDE, 1-10 gr.

Strongly recommended "in cases of Scrofulus and other unhealthy sores, glandular enlargement, boils occurring in crops, &c." In many skin diseases it is strongly indicated, being not only anti-parasitic and anti-herpetic, but also stimulant and tonic.

SALICYLIC ACID WITH MORPHINE.

{ Acid. Salicylicum, 2 1-2 grs. }
{ Morphiæ Sulphas, 1-12 gr. }

SALICYLIC ACID WITH MORPHINE.

[Acid. Salicylicum, 5 grs. Morphiæ Sulphas, 1-8 gr.]
Strongly recommended in Rheumatism, both acute and chronic.

SANDAL WOOD EXTRACT, 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration.

IRON, DIALYZED, 2 grs.

Made from Merck's scales or plates of Dialyzed Iron, and about twenty times the strength of the solutions in market.

I have in stock every Gelatine-Coated Pill made by McK. & R.

T. H. SAYRE, Dispensing Chemist,

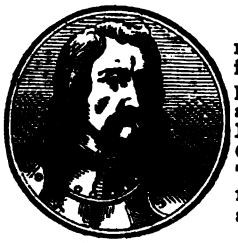
Sixth Avenue, cor. 46th Street, New York.

In corresponding with Advertisers please mention **The Medical Record.**

THE GREAT EUROPEAN NOVELTY.

HUNYADI JANOS.

NEW APERIENT WATER.



Specially recommended for richness in aperient salts, and its efficacy in Bilious attacks, prevention of Gout, Piles, etc., and as an ordinary aperient, by LIEBIG, VIRCHOWS, CANZONI, and SIR HENRY THOMPSON, and the entire medical profession in England and Germany.

DR. J. MARION SIMS, New York: "As a laxative, I prefer it to every other mineral water."

DR. JAMES R. WOOD, New York: "Certain, but gentle and painless; superior to any other bitter water."

DR. WM. A. HAMMOND, New York: "The most pleasant and efficient of all purgative waters."

DR. ALFRED L. LOOMIS, New York: "The most prompt and most efficient; specially adapted for daily use."

DR. FORDYCE BARKER, New York: "Requires less, is less disagreeable and unpleasant than any other."

DR. LEWIS A. SAYRE, New York: "Preferred to any other laxative."

A WINEGLASSFUL A DOSE.

Every genuine bottle bears the name of THE APOLLINARIS COMPANY, (limited,) London.

FRED'K DE BARY & CO.,

Nos. 41 and 43 Warren St., New York,

Sole Agents for United States and Canadas.

FOR SALE BY DEALERS, GROCERS AND DRUGGISTS.

Pullna Bitterwater.

The only Bitterwater that received the Prize at the International Exhibition in Philadelphia in 1876.

This is the most effective and least weakening of any of the Alkaline Springs known. It is used with remarkable success in gastric difficulties, torpidity of the liver, and habitual constipation. It also has a specific curative effect in malarious fevers of any kind, as it increases the activity of Quinine Sulphate, and considerably shortens the time of reconvalescence. According to the most minute analysis by Barruel, the Pullna Water contains in one litre of water, the enormous quantity of sixty-two grammes of Salts in a crystallized state, of which twenty-one are Sulphate of Soda, and thirty-four Sulphate of Magnesia. This quantity is more than sufficient to explain the purgative qualities of the water. The other Salts, especially the Lithium and the Bromide of Potassium, increase in a high degree its medical effects in giving to it the peculiar qualities by which a natural Mineral Water is distinguished from an artificial solution of Salts. There is no Mineral Water better qualified to be sent to all parts of the world—a chief reason for its recommendation.

It can be used at every season of the year, and taken either warm or cold. No open-air exercise is necessary.

The dose is from 1—2 wine-glasses for adults; 1—2 tablespoonfuls with milk for children, to be taken before going to bed. An open bottle can be kept for days without change, as the water contains no gas.

Children are equally benefited by it, and it is prescribed for them in doses of a tablespoonful in milk at night, either cold or warm.

PRICE.—Case of 20 Pint Jugs.....$3.25 by
" Case of 50 Pint Jugs..... 8.00 "
Less discount according to quantity.

FOR SALE BY ALL DRUGGISTS.

Quotations for quantities may be had, as well as circulars, free from

P. SCHERER & CO.,

IMPORTERS OF

PULLNA and all other EUROPEAN MINERAL WATERS,

72 & 74 Park Place. New York.

APOLLINARIS

NATURAL

Mineral Water,

THE QUEEN OF TABLE WATERS,

HIGHLY EFFERVESCENT.

DR. LEWIS A. SAYRE. "A delightful beverage—Great relief for sea-sickness."

DR. WILLIAM A. HAMMOND. "Far superior to Vichy, Seltzer, or any other."

DR. ALFRED L. LOOMIS. "Most grateful and refreshing.

DR. R. OGDEN DOREMUS. "Absolutely pure and wholesome; superior to all for daily use; free from all the objections urged against Croton and artificially-aerated waters."

PROF. WANKLYN, London, Eng. "Impregnated only with its own gas."

DR. E. R. PEASLEE. "Useful and very agreeable."

DR. AUSTIN FLINT. "Healthful, and well suited for Dyspepsia, and cases of acute disease."

DR. JAMES R. WOOD. "Mildly antacid; agrees well with dyspeptics, and where there is a gouty diathesis."

DR. FORDYCE BARKER. "By far the most agreeable, alone or mixed with wine, useful in Catarrhs of Stomach or Bladder and in Gout."

DR. J. MARION SIMS. "Not only a luxury, but a necessity."

To be had of all Wine Merchants, Grocers, Druggists and Mineral Water Dealers throughout the United States, and wholesale of

FRED'K DE BARY & CO.,

41 & 43 WARREN STREET, NEW YORK.

WARBURG'S TINCTURE.

Made from the original recipe of Dr. Warburg and used as a specific in malarious fevers and all diseases arising from malaria. This preparation is recommended by the English Government, and extensively used in all the English military hospitals, particularly in the East Indies. (see London *Lancet*, Nov. 18, 1876.)

Please specify, in ordering from any wholesale house, **Warburg's Tincture**, made by **F. A. REICHARDT.**

Price per bottle, 1 oz., **75c.**; per doz., **$5.00.** Per pint, **$5.00**; per doz., **$50.00.**

CRAYON'S D'IODOFORM,

Of Dr. Leblond (Annales de Gynæcologie) for Superficial Ulceration of the Neck of the Uterus extending to Uterine Cavity. **$1.00** per dozen, sent by mail. Orders executed by return of mail.

F. A. REICHARDT, 404 Fourth Avenue, New York.

REICHARDT'S NITRITE OF AMYL PEARLS.

Specific for Sea Sickness, in 5 drop Pearls.

Let the patient lie down for a few minutes, crush a 5 drop capsules and inhale it, and the symptoms will disappear in a few minutes.

These Pearls supply a long felt want in the administration of this powerful remedial agent. A finely blown glass bulb is filled with a given quantity of the Amyl, each 2, 3, 5 and 8 drops, the glass is then drawn out and hermetically sealed. The patient who shall inhale it carries the Pearls in a little box, and at the approach of premonitory symptoms crushes one in a handkerchief and inhales the medicine: the glass is so very thin that the patient runs no danger whatever of wounding himself. The great advantage of this new contrivance is in the rapidity with which a correct dose of the Nitrite of Amyl can be administered by the patient himself, and in all cases of Asthma, Angina Pectoris, Epilepsy, or other diseases where this is essential, these glass Pearls form as yet the best known method of applying it.

Price, 2 and 3 drops, 75c. per doz.; 5 and 8 drops, $1.00 per doz.

Reichardt's Adjustable Brush Holding Rubber Stopple.

This is a tapering rubber stopple, closing the mouth of the vial tighter than ordinary corks, much more durable, impervious to Acid, Iodine, etc., and on account of its length and taper fitting equally well in bottles varying in size from ½ to 6 ounces.

The lower or inner part of the stopple is provided with a tapering hole formed in it to receive the handle or quill of the brush so that whether the stopple is inserted in a bottle or removed from it the brush will be securely held by the stopple.

Put up 1 Dozen Assorted Sizes in a Box. For Sale Wholesale and Retail. **90c.** per dozen; **$10.00** per gross.

F. A. REICHARDT. Pharmacist,

404 Fourth Avenue, corner 28th Street, New York.

In corresponding with Advertisers please mention **The Medical Record.**

VACCINE VIRUS.

EASTERN DISPENSARY——VACCINE DEPARTMENT.

PURE BOVINE (ANIMAL) VIRUS.

This Virus is the result of a continued reproduction from the famed Beaugency stock, propagated under our own immediate supervision at Pearl River, N. Y. It is furnished at the following reasonable

SCALE OF PRICES:

One Quill Slip,	**$ .25**	**Fluid in Capillary Tube,**	**$1.00**
Seven Slips,	**1.00**	**Three Tubes,**	**2.00**

N.B.—Each tube will vaccinate from five to ten persons.

Concrete Vesicle—i. e., Crust or Scab, $1.00 to $3.00, according to size.

HUMANIZED VACCINE VIRUS constantly on hand, as heretofore, at same rates as above.

We guarantee success with 95 per cent. of Quill Slips, and, if used with due care and within one week of reception, will duplicate all failures.

AUGUSTUS W. WEISMANN, *Chair. Vac. Com.*

Address, **S. S. BOCERT, M.D., Eastern Dispensary,**

57 Essex Street, Station B New York City.

A New Form of Non-Humanized Vaccine Virus.

PATENT SOLID LYMPH CONES.

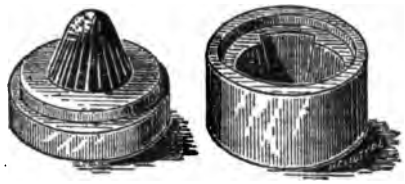


Fig. 2. Fig. 1.

We wish to call the attention of the profession to this new form of animal virus. Having been among the earliest purveyors in this country, we have, during the last six years, conducted a continued series of experiments, hoping to be able to furnish physicians with an article more convenient, economical and durable than quill slips, ivory points, or crusts. Now, after a long trial of solid lymph in our own practice and that of friends in the profession, we have been induced to offer it to physicians as the ultimatum of durability, economy, convenience and reliability. Each cone can be made to vaccinate one hundred or more persons, will remain ert three months or more, and will bear the temperature of all climates. We are satisfied that physicians once using it will use no other form of vaccine virus.

We have constructed an air-tight receptacle for storing and transporting this cone, which is to be used in the following manner: File off a portion of the cone into the cup-shaped depression (shown in Fig. 1), which, previously, partly fill with water. This powder in solution is equal in power to fluid lymph. Into this, uncharged ivory points are to be dipped. and when dried, are ready for use.

We also make a specialty of furnishing reliable, heavily-charged ivory points.

TERMS.

One Solid Lymph Cone and Vaccinating Outfit, consisting of Ten Uncharged Ivory Points, File and Receptacle,	$3.00
Ten Heavily-Charged Ivory Points,	1.00
Single Points,	.20

All virus warranted.

Remit by P. O. Money Order, Registered Letter, or Draft. Send for Circular. Address

New England Vaccine Co., Chelsea, Mass.

ANIMAL VACCINE VIRUS

OF THE

NEW YORK DISPENSARY,

Cor. Centre & White Sts., New York.

The New York Dispensary will continue to supply the ***Medical Profession, Health Boards*** of Cities, and all ***Public*** Institutions of the country, either by direct order or through the best dispensing Druggists of this and other cities, with

FRESH ANIMAL VACCINE VIRUS.

The reliable character of the Vaccine Virus furnished by the ***New York Dispensary*** is fully established in the test of the last seven years.

Having discontinued our engagement with Dr. F. P. Foster, and accepted his resignation, the Trustees have elected Dr. Nathaniel A. Robbins, as Vaccine Director, whose whole time will be given to the interests of this ***Department***. Dr. E. A. Lewis will be associated with Dr. Robbins, each having had a long and successful experience in the production of ***Animal Vaccine Virus.***

A recent trip to Europe has given us much valuable information of the most accepted methods of producing Virus. We are prepared to introduce a new stock of Lymph, known as the "Vanves," at present in the highest favor in Germany, Belgium, and France.

Quill Slips (¼ quill charged at square cut end convex surface),	***25c.***
Capillary Tubes,	***$1.00***
Crusts—In powder,	***2.00***
Ivory Points (to order), in packages of 5 to 10,	***75c.*** to ***1.50***

We would recommend Quill Slips as preferable, and in all cases of primary vaccination will fully guarantee.

Fresh supplies of Vaccine, every three days, can be obtained of New York Dispensary, Centre and White Sts.; at Laboratory, 94 Pineapple St, Brooklyn; Caswell & Massey's, Broadway and 25th St.; New York Hospital, West 15th St., and of all the leading Druggists in the City.

Liberal terms made with Druggists, Health Boards, and Public Institutions.

NEW YORK DISPENSARY, Cor. Centre & White Sts., N. Y.

Drs. ROBBINS & LEWIS, 94 Pineapple St., Brooklyn.

BOVINE VIRUS (RHODES').

This Animal Vaccine Virus, now used exclusively in the North Eastern Dispensary, is obtained in its purest form, under the immediate direction of Dr. Warren Schoonover, and is endorsed by many of our leading Physicians, such as Willard Parker, M.D., Professor of Clinical Surgery College of Physicians and Surgeons, New York City, and many others, and is offered to the profession the following rates:

One Quill Slip (charged in convex surface at square cut end),	***20 cents***
Seven " " " " "	***$1.00.***
Crusts, (Humanized, first removal from heifer,) each,	***2.00.***

Each Quill is completely excluded from the action of the atmospheric air by a closely-fitting hermetically-sealed gutta percha covering, impervious to water or other destroying influence, and is guaranteed in all cases of primary vaccinations—if used in accordance with printed directions accompanying the same within eight days of their receipt. Should any fail, a second supply will be furnished gratis. All orders and letters of inquiry may be addressed to

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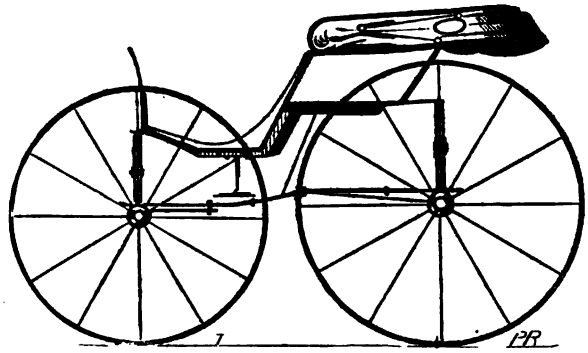

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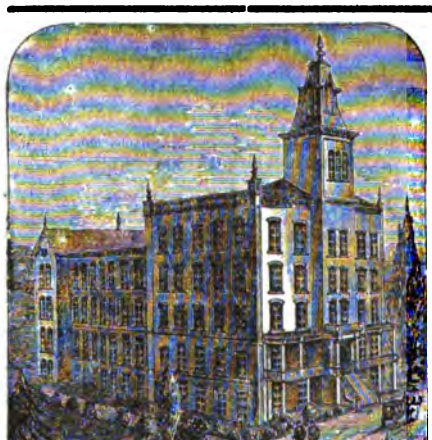

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LECTURE II.

TYPHOID FEVER (CONTINUED)—SYMPTOMS—TREATMENT.

GENTLEMEN:—In the concluding part of the last lecture we were studying the symptoms of typhoid fever. We will continue the same subject to-day, and the next symptom to be described is the *eruption*. This makes its appearance on the seventh or eighth day from the first chilly feeling. It sometimes occupies the entire body, and in some cases it is chiefly found upon the abdomen and upon the back. It can usually be seen upon the chest also, and sometimes upon the limbs. It rarely occurs upon the face. The eruption consists of small red spots, not more than a line and a half or two lines in diameter. These spots may be so numerous as almost to run together, or they may be so few in number that you will be obliged to search diligently to find them. The eruption is not attended by pain, itching, or any peculiar sensation. The spots remain red or rose-colored until they disappear; and they disappear pretty quickly. During its entire existence each spot can be bleached by the pressure of the finger, but the color will return as soon as the pressure is removed. In this respect it differs from the eruption of typhus fever. It differs from the typhus eruption in another respect; the typhus eruption disappears through some shades of yellow staining, and that staining is due to changes which occur in the coloring matter of the blood, but as there is no effusion of blood in the eruption of typhoid fever, the yellow discoloration does not appear. The eruption disappears at the end of a week; but disappearing, sometimes a new crop of the eruption makes its appearance. Mr. Louis, in studying this point, made markings upon the surface with nitrate of silver for the purpose of ascertaining whether the new eruption appeared on the precise site of the old, or whether it occupied new positions. He found that the sites occupied by the old spots were not occupied by the new ones, but that it was a new eruption occurring on new sites. The eruption is not always present, and its occurrence is much less frequent in this country than in France. Still, we always search for it, and when it is found we recognize in it a very valuable diagnostic indication.

A few words must be added to what has been said regarding the *temperature* in typhoid fever. It has been claimed within the last few years that there is a special mode in which the temperature of typhoid fever increases. For example, it is claimed that at the beginning of the fever the advance is gradual until it reaches its maximum; that it remains at the maximum height until the fever begins to abate; then the morning remissions become more and more marked, and finally the normal standard is reached. On the second day of typhoid fever the temperature in the morning should, according to this doctrine, be 101° F., in the evening of the same day 102° F. On the morning of the next day it should be 102° F., and in the evening of that day 103° F. Again, on the morning of the following day it should be 103° F., and in the evening 104° F. By the *fifth* day of the disease, then, the temperature may have reached 104° F. in the morning, and 105° F. in the evening; at least the rise in temperature is said to be gradual until the highest point is reached. The highest point being reached it remains about the same, with daily variations, a remission in the morning and an exacerbation in the evening during the second and third weeks. That feature I have noticed—namely, that there is but little subsidence of the temperature during these weeks, and that when it does begin to abate the morning remission becomes more marked. For three or four days before the fever comes to its termination there will be between the morning and evening temperature, instead of a variation of only one degree or a degree and a half, a variation perhaps of three or three and a half degrees. Such a fever is defervescing, as the technicals say. Since this observation regarding the gradual rise of temperature in the early days of typhoid fever was announced, I have given particular attention to it. It is true, that we have not had many cases of typhoid fever in the city within the last two or three years, so that the opportunity for observation has been rather scanty. But in the instances in which it has been observed this precise mode of increase in temperature has not been noticed. We noticed very frequently a great variation between the morning and evening register, as the temperature began to subside, but there was not the regular advance mentioned as occurring in the initial days of the disease.

There has been one embarrassment in this respect, however, for I see cases of typhoid fever, as they occur outside of hospitals, only in consultation, and then the disease is generally pretty well advanced. I have, therefore, had few good opportunities to study this rule in private practice. In the hospital we do not commonly get the cases until the end of the first week, and that is at the end of the time when this important observation should be made. We had one case which originated in Bellevue Hospital from some unknown cause, and we had the opportunity to make the requisite observation, but it did not come under the rule relating to the steady increase of the initial temperature. It may be, therefore, we shall be obliged to study anew the temperature of typhoid fever as it occurs in this country.

Now let us take a case in the third week of severe and dangerous typhoid fever. We shall find the patient with a pretty rapid pulse, and yet the pulse throughout the course of an average case is not rapid. A great many patients go through an entire course of the fever with a pulse never exceeding 100. But in the supposed case the pulse is perhaps 120 or 130. The countenance is dull; the patient is inclined to stupor; has but little perception of what is going on around him; possibly is comatose; perhaps has the *coma vigil* which is seen in typhus fever; he is inclined to slip down in the bed; he is probably quite deaf; if pinched, he does not feel it very much; his sight is obscure; his mouth is filled with sordes; his tongue is dry and cracked, or it has the color of beef; the evacuation from the bowels occurs without his knowledge; the urine is retained in the bladder until it forces its way by drops from the urethra; the respiration is pretty rapid; and there is more or less fall in the temperature.

When this condition has been reached, the man is very likely to die; but, at the same time, with these symptoms a few do get well. A great many thousands,

however, go through typhoid fever with the development only of symptoms of moderate severity, and those cases usually recover.

DURATION OF THE DISEASE.

The duration of this disease is about four weeks; and yet I have seen a woman who had symptoms of typhoid fever for 120 days. It was on the one hundred and twenty-first day that I saw her, and there had been no marked defervescence at any time during her sickness. How was the case to be explained? The explanation is that she had a fever resulting from the lesions of typhoid fever just described as affecting the glandular structures of the intestines, the mesenteric glands, and the spleen. The disorder of the spleen may not yield readily; the alterations in the intestines may hold on, and produce a diarrhœa which lasts for a long time. The lesion of the stomach may be more prominent in certain cases than in others, and the lesion of the lungs may hold the patient down for an unexpected period of time. The typhoid fever proper does not extend beyond four weeks; the period of communicability is not probably more than six, and what of fever and sickness is continued beyond that time is probably free from the danger of communicating the disease.

NATURE OF THE POISON BY WHICH THE DISEASE IS SPREAD.

Next with regard to the nature of the poison by which the disease is spread. From several instances which I have cited in which a disease resembling typhoid fever has been produced by dejection from a typhoid patient mingled with water in various ways, it is pretty certain that these dejections are capable of poisoning well persons. Then the question arises, are they capable of poisoning well persons simply because they carry some general poison that is disseminated or diffused about the sick person, or is it that some fermentation occurs in the dejections, and thus produces the poison? This latter is the doctrine of to-day. It is farther claimed that there is no diffusion of poison about the patient, except such as comes from the clothes that have been soiled by fæces. That point is not yet settled, and requires farther study. It is a point, however, of great importance, and one which has a direct bearing upon the management of the patient.

ABORTIVE CASES OF TYPHOID FEVER.

A word with reference to abortion of the disease. There are some abortive cases of typhoid fever. The disease runs on for a few days and then spontaneously subsides, not running through its regular course. The abortive cases are seen more commonly among children than among adults.

It has been known for a long time that infantile remittent fever is typhoid fever. For, when the disease exists for a certain length of time, there are found, at post-mortem examination, the same lesions found after typhoid fever occurring in adults. I have over and over again seen this fever in children terminate in nine days; and not infrequently in seven days. Occasionally the same thing occurs in the adult; possibly because the system is not susceptible of the disease to the same degree as in other persons; possibly because there may be some protective influence from some other fever; or the person may have had a previous attack of typhoid fever.

ACCIDENTS OF TYPHOID FEVER.

There are certain accidents liable to occur in the course of this disease, which require some attention. Persons having typhoid fever are liable to *abscess*, and a rather favorite seat of abscess under these circumstances is the region about the parotid gland; it is a peri-parotiditis. It usually occurs, if developed at all, in the second or third week, and when the inflammation has once commenced it almost always advances to suppuration. It occasionally happens that inflammatory abscess occurs in other parts of the body. But there is another kind of abscess to which the typhoid fever patient is liable; it is called the *cold* abscess. Such an abscess may occur upon the arm, over the sternum, perhaps upon the leg, but more frequently upon the upper part of the body.

There is little or no evidence of the existence of an inflammatory process as shown by heat, redness, or pain, but a swelling and fluctuation is usually the first thing noticed. Once observed, it is found that the abscess advances, dissects up the muscles, and, if left to itself, it will be found that a great deal of mischief will be done.

Hemorrhage from the bowels is liable to occur in the course of typhoid fever. I attended 100 cases of the disease before I saw one in which hemorrhage from the bowels took place, and I began to feel that the importance of this accident, as regards its frequency, was greatly exaggerated. But just then the cases came in a kind of shower; several came under observation in pretty rapid succession. The hemorrhage is of two kinds; first, that which occurs early in the disease; and second, that which occurs late, sometimes even during convalescence. When it occurs early, my conviction is that it is not because of gangrene of the intestine, as Niemeyer says, but that it is from hyperæmia in the parts where ulcers are forming. The ulcers have not yet formed; there is no destruction of blood-vessels, and this early hemorrhage is apt to be quite innocent. The hemorrhage which is most alarming is that which occurs in the manner referred to, by the destruction of a blood-vessel of moderate size, as an ulcer advances. When it occurs during convalescence, it is evidence that the ulcers are not all healed when the fever subsides.

Of *perforation of the intestine*, perhaps sufficient has been said, except with reference to treatment.

MODE OF TERMINATION OF TYPHOID FEVER.

The disease terminates rather suddenly and in this respect resembles typhus fever. For example, you see the patient in the evening and find that his pulse, temperature, and the appearance of the countenance indicate the continuance of the fever, but at the morning visit you find that his face is pale, that his temperature and pulse have fallen, that his reason has returned, if he has previously been delirious, and when asked how he feels, he will answer, "Doctor, I am so weak!" the same as does the typhus fever patient. From that time he slowly recovers from the effect of the disease. His appetite returns; he is soon able to sit in a chair; and soon after he is able to walk. Recovery of strength, however, is almost always slow; it takes a month, perhaps two or three, and sometimes six months, to fully recover this.

With regard to the mode of termination of the disease, it is commonly in the manner described, but in a few cases termination occurs by *crisis*. In my own case, the first thing remembered after losing my senses was that four persons were moving me from one bed to another upon a sheet, and that I was dripping with perspiration; that perspiration lasted for an entire day. During its continuance I recovered my reason, and the doctor said, "You are better." After the

sweating ceased, I myself was conscious of being better and stronger.

There is a curious fact with regard to convalescence from typhoid fever, and that is, before the patient recovers his full strength, he often acquires an *unusual quantity of fat*. He looks as though he had sufficient strength, but he feels weak. It is to be noticed that this accumulation of fat all finally disappears, and the patient is brought back to the condition he was in previous to the occurrence of the fever.

There is another point with reference to the convalescence, and that is, the patient usually *loses his hair*. This may go on to such an extent that he becomes entirely bald. It is often the case that he becomes nearly bald; but there need be no apprehension regarding the permanency of the baldness, for the hair follicles remain, and a new growth of hair will be produced which will be nearly as good as the old.

TREATMENT OF TYPHOID FEVER.

We will now pass to the consideration of the treatment of typhoid fever. Active treatment of this disease has been long abandoned. It used to be the fashion to bleed, and also to produce ptyalism. I remember doctors who said with confidence that where they saw evidence of the special action of mercury in these cases, they were sure of recovery. But all that has been abandoned.

Again, there were doctors, and perhaps there are some now, who put great confidence in a purgative plan of treatment; or, perhaps more strictly, an emetico-cathartic plan. An emetic and cathartic were administered together, and the cathartic was always calomel. It was claimed by those who resorted to this plan, that in certain cases abortion of the disease has been actually produced. I doubt that. In the course of an epidemic of typhoid fever, cases of ephemeral fever occur. These terminate of themselves within a few days, and the general opinion now is that those cases which have been reported as aborted cases were really cases of ephemeral fever, or cases of themselves abortive. At all events, since "Graves fed fevers," the tendency in the profession has been to treat typhoid fever with as little medicine as possible.

I may safely say to you that a case of typhoid fever of average severity needs no medication except for the relief of certain symptoms, such as sleeplessness, perhaps a little urgency in the diarrhœa, sensation of burning upon the surface of the body, etc. There are a great many cases of typhoid fever which need no treatment whatever by way of drugs, but everything by way of management of the case. Still, it does happen in many of the cases that some one of the symptoms requires treatment. The *diarrhœa*, for example, in many cases requires restraint.

Diarrhœa does not occur in every case of typhoid fever in this country; perhaps it does not occur oftener than in two-thirds of the cases. But when it does occur, the usual remedies are serviceable here as in other forms of diarrhœa. The astringent which I have referred to so frequently is found to answer a very good purpose. It consists of:

℞. Bismuth. subnit..... ʒi.
Morphiæ sulph..... gr. i.
M. et div. in chart. No. xii.
One to four a day.

The common astringents tr. kino and tr. catechu may be employed, and the decoction of blackberry root is sometimes very serviceable. In some cases it requires the moderately free use of opium to restrain the diarrhœa.

There is always a *cough* in typhoid fever, but as it is not important in the average case, I have not mentioned it until now. There is slight bronchial irritation, which appears early in the disease, and continues usually until the period of imperfect anæsthesia is reached, when it may cease. The material raised is commonly a glairy mucus, but in some cases the slight bronchitis becomes a catarrh, and will require treatment. It will need the same treatment as bronchitis occurring under any other circumstances, except that the tonic expectorants will be most likely to do good. Perhaps one of the best that can be used is the *Co. Tr. of Benzoin*, in doses of ten drops on sugar once in three or four hours. A very good combination is the tincture of the balsam of tolu and the mistura guaiaci.

℞. Mist. guaiaci..... ʒj. to ʒss.
Tr. balsam tolu... gtts. vj. to x.
M.

This can be repeated every two, three, or four hours. Sometimes the inhalation of the vapor of warm water seems to be required for one or two hours each day.

Restlessness is one of the prominent features of the disease, and that will very frequently be entirely quieted by sponging the surface of the body with warm or cold water. If the temperature is high cold water is better than warm; and in some cases a Dover's powder will be required.

The *temperature of the body* will require your attention. In many cases of typhoid fever it does not rise to a dangerous point; in a few cases it does. You will see the greater number of cases go through the entire course of the disease without the temperature at any time reaching 105° F. In a case of average severity the maximum temperature is about 104° F.; in occasional cases it reaches 106° F. or 107° F., and then you will either give quinine in pretty decided doses or use cold water for its reduction. If the patient is a young person, the cold bath is the most convenient means for reducing the temperature, and certainly the most efficacious. The temperature of the bath should be only ten degrees below the temperature of the body when the patient is first put into it. If the temperature of the body be 105° F., the patient may be placed in a bath having a temperature of 95° F.; then some of the warm water can be removed, and be replaced by cold water until the bath has been reduced to 80° F. If the patient is permitted to remain in such a bath twenty minutes, the temperature is usually reduced 1, 2, 3, 4, or even 5 degrees.

He is then removed from the bath, put back into bed, and it will be several hours, usually, before the temperature will rise as high as it was before using the bath. When it rises, another bath is to be given, and in that manner you will go on repeating the bath as often as may be necessary to keep the temperature below the point of danger.

The son of one of the professors in this college has within the present session had typhoid fever. In his case the bath was used about five times a day for several days, and always with the result of reducing the temperature and affording great relief to the patient.

For the *hemorrhage from the bowels* there is but little that can be done, unless, in addition to absolute rest, the fluid extract of ergot be administered.

For the *perforation of the bowels*, I have some faith in the opium treatment. As I told you, I feel confident that I saved one doctor's life by the narcotizing influence of opium, and there is no objection in typhoid fever to the administration of this drug.

"Graves fed fevers," typhoid fever as well as typhus; and now we come to the two essentials in the treatment

of this disease. I am in the habit of repeating the old proverb, "Stuff a cold, and starve a fever," and then add that we stuff them both now. First, then, the administration, steadily and perseveringly, of such food as can be absorbed by the stomach. We cannot talk much of digestion; the stomach is in a diseased condition, and cannot digest well, consequently everything solid in the way of food is out of the question. Most of these patients dispose of milk pretty well. For all those who can dispose of it, milk is the best food that can be used. For those who cannot use it, you will be obliged to do the best you can with beef-tea, raw egg beaten up with water, and made of such consistency that it can be taken with a spoon; and the expressed juice of beef. The beef-tea does not contain a great deal of nourishment, and when it can be used, milk is a much better article of food.

The expressed juice of beef answers very well, and can be obtained by cooking a piece of steak so as just to crust the two surfaces, and then cutting it into pieces and squeezing the juice out with a lemon-squeezer. The broths are given rather as diluted food in the early part of the disease, when it is supposed that the patient should not take much nourishment, but as the disease advances, the food should be more and more sustaining. In cases in which the stomach fails to retain food, nutritious enemata should be employed. You will remember that the disease which produces the diarrhœa, is in the small intestine, not in the large.

The other essential of which I wish to speak is *fresh air*, but I will reserve that for the opening of the next lecture.

THE OPERATION OF LAPARO-ELYTROTOMY.

By MONTROSE A. PALLEN, M.D.

BEING REMARKS MADE AT A MEETING OF THE NEW YORK ACADEMY OF MEDICINE, MARCH 21, 1878.

MR. PRESIDENT:—After the publication of Prof. T. Gaillard Thomas's first paper on this subject, at a meeting of the American Medical Association held in Philadelphia, five years ago, I then strongly advocated "laparo-elytrotomy," and predicted that it would ultimately take the place of the Cæsarean section as usually performed in cases where the integrity of the uterine neck existed. From the tenor of the remarks uttered this evening in the Academy, I felicitate myself that I was so fortunate as to recognize its advantages, so skilfully demonstrated since 1873 by Professors Thomas and Skene, in the successful issues of operations under their hands. Hereafter the obstetric surgeon will approach a labor demanding craniotomy or abdominal section, with a degree of confidence in the result hitherto unknown. The statistics of saved mothers will be most materially benefited, and I hope the "slaughter of the innocents" will be of the past. The destroying angel will seldom sprinkle the door-posts with the sacrificial blood by and through the murderous perforator and craniocast. Henceforward, with the perfection and promulgation of laparo-elytrotomy, so admirably executed by Professor Thomas, many of the trials and tribulations of the accoucheur will be obviated, and I, for one, most heartily thank him for the valuable work done in what has heretofore been regarded as the most dangerous and hazardous of surgical procedures, because it involves two lives instead of one. The Cæsarean section is as old as medicine itself, for, if we are to believe Ovid, Esculapius himself was cut from his mother Coronis by Apollo, after he had slain her for infidelity. Bacchus likewise was removed by Mercury from the belly of Semele, after she had been destroyed in the embraces of Jupiter. Virgil mentions in the Æneid that Lycus was thus snatched from the dead body of his mother. These poetic fables, together with the *lex regia* of Numa Pompilius (wherein it was ordered that no pregnant woman should be interred until her abdomen was opened, lest the child be alive), as well as a passage found in the seventh book of the ninth chapter of Pliny, lead us to believe that *Cæsarism* was frequently practised among the Greeks and Romans. Scipio Africanus, Manlius Carthagenius, and Julius Cæsar were said to have been thus delivered. If it were true of Cæsar, his mother Aurelia survived the operation, as she was alive when he returned to Rome after his expedition to Britain. Mansfield relates that the Semitic races not only practised gastro-hysterotomy, but in the chapter *Mischjoth* of the Talmud it is expressly stipulated that the Israelitish women subjected to the operation were to be exempt from the forty days of purification required of lying-in women, and that a child so born had none of the rights of primogeniture. Shakspeare utilizes the traditional superstition when Macbeth declares his belief in the witches, and says:

> "I bear a charmed life, which must not yield
> To one of woman born."

And Macduff replies:

> "Despair thy charm,
> And let the angel whom thou still hast served
> Tell thee Macduff was from his mother's womb
> Untimely ripped."

The first recorded operation upon the living subject is related by Rousset as having taken place in 1500, when Jacopus Nufer, a sow-spayer, operated upon his wife, Elizabeth Alepaschin, in the Department of Siegershausen, Turgovia. This man received a special permit to operate from the local magistrate, after the midwives and physicians had declared it impossible to deliver the woman. Strange to say, Elizabeth afterwards bore several children *per vias naturales*.

After the publication of Rousset's book on *Hysterotomokia* (Paris, 1581), the profession began to investigate what had been said upon the subject, more particularly with regard to the woman Godon, whom Rousset declared to have been operated upon seven times, and to the case Lenoir and Lebrun opened in three successive pregnancies. The facts were also sought concerning Nicole Béranger, who is described by Paré and Schenck to have been delivered, two years after an alleged section, of a daughter, and subsequently a son. The statements of Rousset, Bauhin, and Simon were not believed to be absolutely correct, although they collated over sixty operations. Guillemeau failed twice, and Viart, Brunet, and Charbonnet each lost a case. Mauriceau, at first favoring it, afterwards looked upon it as an impossibility, "notwithstanding the statements of several impostors," although the section by linea alba is still known as his method. Peu declared he had no desire to perform it, and Dionis thought any surgeon who practised it upon the living subject should be punished. Delamotte, although he had once witnessed a successful issue at the hands of a surgeon of Pont-L'abbé, was as bitter in his denunciations of Rousset as was Deventer loud in his praises.

In the last decades of the seventeenth and in the earlier ones of the eighteenth centuries, continental obstetric literature teemed with disputive dissertations on the Cæsarean section.

Baudelocque, however, has collected ninety-three cases, of which nine were successful prior to 1750, and twenty-four from that date to 1787. Velpeau also published an additional table of about fifty more successes by various French, German, Dutch, and Italian surgeons, bringing the dates up to 1830. But from 1750 to 1830 very many writers have recorded fatal issues. Thus, in Baudelocque's table of ninety-three cases, sixty were fatal either from the operation or from conditions coincident therewith. Spreng-l says that sixty-one were fatal of the one hundred and six cases collated by him. Kelly and Hull record even greater mortality, one hundred and twenty-three dying out of two hundred and thirty-one sections. The British obstetricians have, until recently, but rarely performed laparotomy, either from a dread of the magnitude of the procedure or because they were wedded to craniotomy. A question well worthy of study is this peculiar fixedness in English, Scotch, and even Irish midwifery in favor of destroying the child by perforation or embryotomy, with the attendant dangers to the mother—very frequently fatal, as evidenced in the statistics of Blundell, Merriman, Burns, Rigby, Murphy, the Ramsbothams, Churchill, Simpson, and others. The British writers generally, prior to the last quarter of a century, either condemned the operation, or were so sparingly in favor of it that it may safely be said to be a *questio vexata*, if not a *questio damnata*.

Burns and S. Cooper did not know of one single successful effort in all Britain. Merriman, in his "Synopsis of Difficult Parturition," relates but one favorable result (that of Barlow). Denman never performed it, nor had he any knowledge of its performance in England. According to Hamilton, Fielding Ould declared Cæsarean section to be a "proof of detestable inhumanity, illegal and barbarous." It is not at all improbable that British obstetrics was in a measure controlled by the teachings of Smellie and Denman, and not a little because of the supposed religious influences governing the continental accoucheurs, as Baudelocque impressed the French and Italian schools with his profound convictions on the subject of baptism, which were distasteful to the anti-Catholic views of the Saxon, who was equally strong in his belief that the life of the mother should never be weighed as against her unborn infant. Whatever may have been the cause, the Cæsarean section found no home in Great Britain. May we not hope that the murderous sacrifice of so many infants will cease hereafter under the beneficent workings of laparo-elytrotomy. Had I been sooner permitted to know of this paper of Prof. Thomas, it would have been very gratifying to enter more into its merits, as well as details of the methods, indications, and performance of the Cæsarean section, the Sigaultian symphisotomy of the pubes, and the exsection of the branches of the pubic bones, first described by Aitken in 1785, then proposed by Desgranges and Champion, and afterwards performed by Prof. Catolica, of Naples, in 1825. This operation consisted of sawing out the horizontal rami of the pubes (bi-pubotomy); but the patient succumbed from peritonitis, and a dead child was delivered.

Whatever was hoped from these divisions of the pubic symphisis, as well as the removal of the pubic bones, resulted unfortunately; but they furnish most interesting chapters in the history of obstetric surgery. With regard to this operation of Prof. Thomas, of laparo elytrotomy, I wish to show that to him alone belongs all the credit for the new era inaugurated by its performance. Since his first paper on the subject in 1871, it has been frequently said that it was Ritgen's method, and for that reason I have particularly investigated the history of the procedure. It might as well be called Physick's and Baudelocque's (nephew). All three of these surgeons have proposed similar methods, but it is doubtful if any of them ever succeeded with it on the living woman. In fact, it is well known that in Baudelocque's operation (exactly as is Prof. Thomas's) he made a most signal failure, and had to complete the delivery by resorting to section through the linea alba.

Moreau, in his great work on midwifery, first published in 1840, speaking of the different methods of performing the Cæsarean section, records four different operations: "1st. That of Levret, or rather Rousset, which consisted in dividing the abdominal parietes parallel to the outer edge of one of the two recti muscles, preferring the left, at an equal distance from these muscles, and another line drawn from the extremity of the third false rib to the superior spine of the iliac bones. 2d. That of Mauriceau, adopted by Platner, Solayrés, Deleurye, and Baudelocque, in which the incision was made in the linea alba. 3d. That called after Lauverjat, although known prior to his time, consisting in a transverse incision from the outer edge of the rectus muscle to a level with the anterior superior spine of the iliac bones. 4th. Lastly, that which consists in making an *incision parallel to Poupart's ligament from the spine of the pubes, beyond the anterior superior iliac spinous process, pushing back the peritoneum from the iliac fossa into the cavity of the pelvis, opening the upper part of the vagina, bringing the os uteri opposite to the wound in the belly, and then abandoning the delivery to the efforts of nature alone, or assisting her either by the hand or the forceps.*"

After considering the three first described efforts, Moreau says: "The idea of those who wished to isolate the peritoneum and the organs contained in it, in order to prevent their injury, is worthy of all praise; but we do not see how this method is exempt from the objections made to the others. Is not equally acute inflammation liable to follow the tearing up of the peritoneum, as an incision made through it? Effusion into the abdomen, indeed, is not to be apprehended; but can this plan be readily followed in practice? Baudelocque the nephew, who attempted it once, failed, and was obliged to resort to Cæsarean section properly so called. And again, who will guarantee that, after its separation, the peritoneum will not be lacerated at the time of the passage of the child's head?"

These objections have been answered by the successful issues in the hands of Professors Thomas and Skene. In a supplementary paper by Paul Dubois (tr. Desormeaux's article on the Cæsarean section, in the *Répertoire Général des Sciences Médicales*, Paris, 1834), this distinguished accoucheur took very adverse grounds to this procedure. He says: "Since the publication of the article several new methods have been proposed hitherto unknown, which consist in the operations of Ritgen, Physick, and Baudelocque. Ritgen's method consists in an incision transversely dividing the great muscles of the abdomen above the iliac crest, and a separation of the peritoneum down to the superior strait, and then to divide the upper portion of the uterine neck under the serous investment. The procedure of Baudelocque (nephew) is in cutting parallel to Poupart's ligament, terminating at the anterior superior spine of the ileum, either on the right or left side, opposite to the uterine inclination. After dividing the abdominal walls and securing the epigastric artery, the operator rolls the peritoneal re-

flection of the iliac fossa up from the excavation, and frees the superior portion of the vagina, which he opens sufficiently to give free passage to the fœtus. A finger is then carried through the wound, by which the uterus is tilted towards the opening, whilst an assistant presses the body of the organ in the opposite direction. With the os uteri presenting to the wound, if the contractions are sufficiently energetic, the labor may be left to unassisted nature; otherwise the cervix should be dilated with the fingers, and the infant withdrawn either by the hand or by the forceps. The procedure of Physick is a combination of Ritgen's and Baudelocque's, and consists in an incision immediately above the symphisis pubis, a separation of the peritoneum from the bladder, and a diversion of the uterine neck.

"We have described these operations, because it was proper so to do, but we do not believe that they offer any advantage or possess any superiority over those hitherto performed. In fact, they present difficulties and dangers from which the others are exempt.

"An incision through the body of the uterus, as is done in the ordinary operation, opens an easy mode of egress for the fœtus, and does not delay the operator or endanger the infant's life, or increase the mother's perils. Whereas, an incision made in a narrow compass much more limited and more difficult to reach, renders the operation extremely hazardous and makes the inconveniences inevitable. In opening the anterior wall of the uterine body, in dividing the great blood-vessels ramifying in its texture, there is undoubted danger of hemorrhage, but the energetic contractility of this portion of the uterus renders the danger a minimum. *On the contrary, by opening the lateral region of the uterine neck, or the vagina, which contains numerous large plexuses of blood-vessels, and under circumstances where this contractility is wanting, we cannot avoid an almost certain serious hemorrhage, besides the additional dangers of Cæsarean section performed in the ordinary way.*" Dubois then dismisses the subject and proceeds to point out various methods, indications, and cares for the performance of the older methods of gastro-hysterotomy.

From the condemnation of Ritgens, Baudelocque's and Physick's methods by contemporary obstetric surgeons, from their failure to make successful operations themselves, and from the fact that Prof. Thomas has succeeded in laparo-clytrotomy, I feel quite confident that the profession at large will accord him the merit due his skill, by hereafter designating it as "Thomas's operation."

Physical Signs of Madness.—The celebrated Legrand dû Saulle is contributing to the *Gazette des Hôpitaux* a series of papers on the physical indicia of that form of intellectual degeneration designated as *folie raisonnante* (mania without delirium). In a great number of cases, he observes, with the recent deposition of Dr. Macdonald, that the period of puberty is to be credited with the etiology of the phenomenon, while in others some anomaly of the genital organs or perversion of their function is the starting-point of the disease.

Sanitary Science in Russia.—A Russian Society of Public Health has been established at St. Petersburg, under the presidency of Dr. Zdekauer, who, at its inauguration on the tenth of February, paid the highest compliment to English sanitary science as far in advance of that of other European States.

Original Communications.

ON URINARY FISTULA IN THE ANTE-SCROTAL REGION.*

By ROBERT F. WEIR, M.D.,

SURGEON TO THE NEW YORK AND ROOSEVELT HOSPITALS.

The paper now presented to you is intended to call attention to a method, heretofore but little known, of treating fistulæ occurring in the ante-scrotal portion of the urethra. These fistulæ (excluding those of congenital origin), you are aware, can arise from peri-urethral abscesses; from direct violence, such as blows, incisions, and gunshot wounds; from sloughing produced by strings, etc., tightly tied around the penis; from the too long retention of a metallic catheter in the bladder; from the presence of a calculus in the urethra, etc.

In these latter instances the point of ulceration is generally close to the scrotum, where not only the weight of a catheter is mostly felt, but where also the narrowing of the bulbous portion of the urethra into the spongy part is most likely to impact a calculus, whole or broken. Further forwards, and near the meatus, fistulæ are met with, resulting from chancrous and chancroidal ulcerations; from paraphimosis; and sometimes from a peculiar follicular inflammation complicating a gonorrhœa. The fistulæ arising from the urinary abscesses following stricture, are more commonly found in the perineum, though cases occasionally present themselves with openings from the same cause, in the anterior part of the penis, as well as in more distant localities. In the treatment of penile or perineal fistulæ resulting from stricture, or complicated by the presence of such a contraction, the restoration of the calibre of the canal is evidently the first thing to be attended to. After this has been accomplished we may perhaps find to our chagrin, that the fine hair-like opening into the urethra will not close by any of the simpler methods of cure which may have succeeded in the treatment of fistulæ of much large size. The procedures that are rightly employed prior to any resort to operation are: first, to cut off all passage of urine through the fistula by teaching the patient to use a soft rubber catheter whenever he wishes to urinate, and to withdraw it after the bladder is emptied with the outer end tightly compressed or occluded, so that the urine left in the catheter will not escape into the urethra. This latter manœuvre is all-important, and the whole method, well carried out, often suffices to accomplish the healing of the opening. Second, if it should be found necessary to do more, the application to the edges of the opening of some irritant, such as the nitrate of silver, nitric acid, or tincture of cantharides, is to be tried. The latter remedy was highly recommended by Dieffenbach, who, prior to using it, dilated the small fistulous tract by inserting a piece of catgut in it for a few hours, in order that the irritating fluid should reach to the mucous membrane. Sometimes the red-hot needle, heated either in the flame of a spirit lamp or by the galvanic current, is of the most service.

Such remedies were tried in the following case, which came under my charge when I was connected with St. Luke's Hospital:

Case.—Edward F. B., æt. 22, was admitted to St. Luke's Hospital March 18, 1874, Dr. George A. Peters

* Read at the Meeting of the State Medical Society, Jan. 15, 1878.

being on duty, with the history that he had contracted gonorrhœa for the second time a few months previously, and that shortly after its appearance an abscess had formed along the course of the urethra anterior to the scrotum, which was opened by a small incision that had not yet healed. He had been two years before, in 1872, a patient in the hospital for the treatment of his first attack of gonorrhœa, and had then a urinary abscess and a subsequent fistula in perineo. This healed under proper treatment, but broke out again during the second attack of urethritis, so that he now, at the date of his second admission to the hospital, had two abnormal openings into his urethra—one antescrotal and one in the perineum. Examination showed that he had quite a tight subpubic stricture; and bearing in mind the results obtained by Ségalas in 1840, who dilated a perineal fistula to drain and cure an anterior one, and also by Ricord in 1841, who, as originally suggested by Dieffenbach, purposely made an opening in the perineal urethra to place at rest the anterior part—remembering this, I say, Dr. Peters wisely did external perineal urethrotomy, cutting through the perineal fistula. But as the wound of this operation gradually closed, some urine would escape anteriorly, and thus bathe and keep open the fistula there. When my term of service came, I found him with his two urethral openings, one from the abscess and one from the operation. The use of the rubber catheter to empty the bladder and keep the urethra free from urine, as before detailed, with the application of nitrate of silver, was resorted to with persistent care, and with as equally persistent want of success. A subsequent examination detected one or two slight so-called strictures of large calibre, and these were divided by Otis's urethrotome. The red-hot needle was also applied. All these means accomplished nothing. Dr. Sabine, who succeeded me in service, tried the vesical siphon as suggested by Grippat; viz., a soft catheter was left in the bladder with its external end continued by rubber tubing to a lower level than the bed. This had, however, to be abandoned on account of the cystitis that was excited by it. Another exploration then showed that the urethra near the yet open perineal wound was not up to a normal size, and this opening was consequently enlarged to divide this point, and also to allow of freer escape of urine. Dr. Little, another of the surgeons of the hospital, subsequently employed in the patient's behalf what is known as Dieffenbach's lace-suture, which is made by carrying a threaded needle around, and a little distance from, the freshened edges of the anterior fistula, in and out like the string of a purse—taking care, however, not to dip through the mucous membrane of the urethra, for that would have probably caused several minute fistulæ to form along the course of the thread. The thread was finally made to emerge at the same opening it entered, and its two ends were then tightly drawn together and tied. This had the effect to pucker up and snugly close the fistula. It is an operation which often succeeds, but here it failed. The most successful of the simpler operations for the cure of these fistulæ is the denudation of the edges over a wide extent with coaptation by sutures, preferably of silver. Czerny, in a recent paper on the subject, in the *Archiv f. klinische Chirurgie*, vol. xxi., p. 25, states that in twenty-three cases where this was done, seventeen cures were effected, and much prefers this method to the lace-suture. Unfortunately so few cases have been reported (Czerny could only collect less than sixty), and so many methods of operation have been proposed, that we are not at all able to enter statistically into this part of the subject. To return to our man:

The lace-suture having failed, as did also the freshenning and ordinary suture (just alluded to), he again came under my charge in December of the same year. The anterior opening then admitted a large probe freely, and was situated about two inches from the meatus, and the other opening in the perineum was nearly one and a half inches in length, and through which he micturated freely. A little time was occupied in testing the result of a device of mine to thoroughly exclude the passage of urine along the anterior urethra. This was done by passing a half-inch rubber tube, fastened at each end to a bandage around the waist, across the perineum, just behind the scrotum, somewhat snugly, but not painfully. By the moderate pressure of this the urethra was so closed as to entirely prevent any urine coming forwards. This expedient effected but little in healing the fistula, but it overcame to a marked degree in the patient a difficulty which is an important one in connection with plastic operations on the penis. I refer to the erections that so often pull upon and tear asunder the delicate flaps made in such operations. Usually they are combated with more or less success by the administration of camphor, lupulin, or by large doses of chloral or morphine, carried to a considerable degree of narcotism.

As we were now fairly driven to the consideration of a plastic operation for the cure of this obstinate fistula, this exclusion of the influence of erections was most fortunate. The next question to be settled was, what plan of operation should be chosen. The fault that is common to nearly all the simpler urethro-plastic operations from the time of Cooper and Earle, who in 1818 and 1819 were the first to perform such, to the present, whether the flaps be taken from the penis itself or from the prepuce, scrotum, thigh, or abdomen (Delpech), whether lateral or antero-posterior, glided or twisted, is, that the line of junction of the wound is either immediately over or so nearly adjacent to the fistula, that any leakage that may occur is likely to defeat the operation. Hence, other methods were to be entertained, and to appreciate their value a properly brief outline of them must be given (illustrated by diagrams).*

The endeavor in all is to carry the suture line away from the fistula, and also to form large surfaces for adhesion, in order that a partial primary success may be rendered a complete one by subsequent granulation and cicatrization.

Arlaud, in 1857, tried to accomplish this by simply superimposing one short flap over another longer one, the skin surface of which he scraped off, having first, as all operators do, scarified the edges of the fistula.

FIG. 1.

Rigaud, in 1852, took a square flap just below the fistula, turned it up and over like a hinge, so that its skin-surface rested against the fistula. This left the raw surface outwards and exposed, to be covered in turn by two small lateral flaps drawn or glided over it. Sédillot, in 1859, modifying one of Dieffenbach's methods, made two lateral flaps, dissecting from the outside up to near the fistula, turned them over and sutured them in such a way that the ends of the threads could be carried out through the meatus urinarius, and finally covered the raw exposed surfaces by a flap from the prepuce. (See figure 1.)

* Only a few are here reproduced.—W.

The best of these doubling or hinge-flap operations is, I think, that known as Szymanowski's (figure 2), and was the one I decided to use. Its conception is

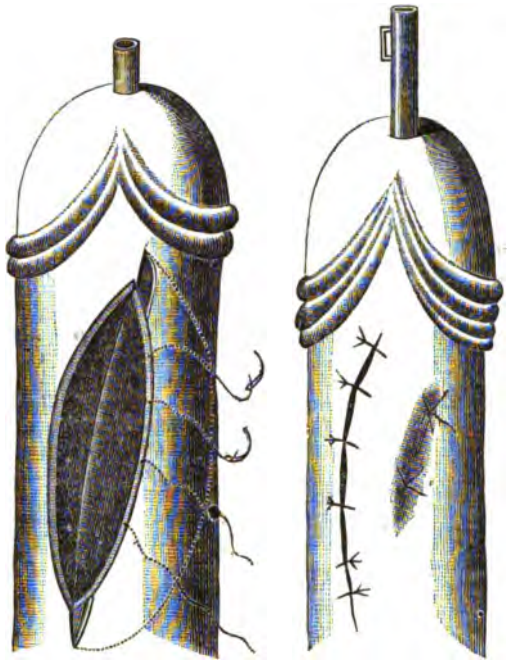

FIG. 2.

attributed to Langenbeck by Szymanowski, but the latter was the first to perform it.

The method consists in making a semicircular oval flap and dissecting it up to the edge of the fistula, after having first scraped off its epidermis, then turning it over and tucking it into a skin pocket formed by incising the skin along the other side of the fistula, and raising it up so as to make a receptacle for the first flap. Before the first flap is pocketed two or three points of suture are carried through its free edge and then through the skin at the deepest part of the pocket and finally tied externally. The loosened skin of the second incision is then drawn over, to cover up the gap caused by turning over the first flap, and secured by sutures. As copied from the hospital case-book, the details were as follows: "A straight incision was made coming close upon the left side of the fistula and extending nearly three-quarters of an inch above and below it. A second and crescentic incision, joining the first at its extremities and extending three-quarters of an inch to the right side of the fistula, was then made, and from each of these incisions the flaps were undermined to the left, the skin between the two incisions having first been denuded of its epidermis by scraping it with a scalpel. Two fine silk sutures then turned over and drew the right-hand edge of the scraped skin under the inner edge of the left-hand flap, and secured the same there by being passed through and tied on the skin outside. Thus the freshly denuded skin covered over the fistulous opening and also rested upon a raw surface beneath, and in its turn, its own raw surface met a similar one above. The outer lips of the two incisions were now brought together by fine silk sutures, and the wound was dressed with a compress of lint and a bandage."

The deep surfaces united satisfactorily, but granulation closed a considerable portion of the superficial area. Five weeks after the operation total closure of the fistula occurred, a delay of two weeks being caused by an extremely minute opening that threatened to be stubborn. No special treatment was given other than the continuance of the rubber tube. He left the hospital February 11, 1875, to return later for the closure of the perineal opening, which was done for him by Dr. T. T. Sabine, March 13th, by a modification of the above procedure, in making double flaps and dovetailing and pocketing them in a similar manner. Rectal puncture of the bladder was at the same time resorted to, to save the urethra from being flushed with urine, but the cannula inserted per rectum was not well borne, and was removed at the end of two days. The perineal fistula closed partially by first intention, and finally by granulation at the end of four weeks, the patient thus having been under treatment for his urinary fistulæ over a year. Czerny, in the article quoted, gives seven and a half months as the average duration of treatment in his numerous cases.

Since then this method of operation has been three times used with success: once by Dr. S. B. Ward, of Albany, and twice by Dr. McBurney, one of the surgeons of St. Luke's Hospital. To secure a more thorough denudation of the skin than was obtained by scraping it, Dr. McBurney in one instance blistered the skin a day or so prior to the operation; but not liking the working of this, in his second case he shaved off a thin slice of tissue with a sharp knife, with a happy result.

I have intentionally deferred until now calling attention to sundry other methods of operating for these fistulæ, though they have been recommended by Erichsen, Thompson, and others. For instance, Dieffenbach (figure 3) proposed to close the edge of the freshened fistula after having detached it and the skin surrounding it from the subjacent tissues by means of two lateral incisions, which by this dissection communicated freely with each other. His idea was by this to allow the urine to escape easily through the

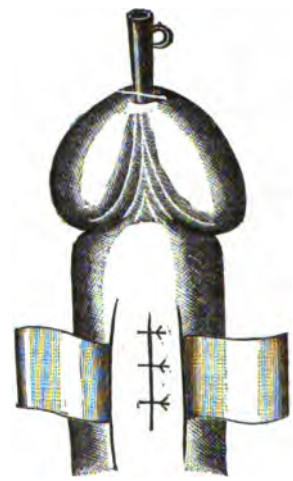

FIG. 3.

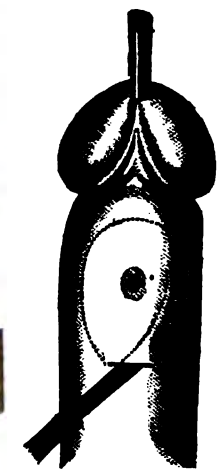

FIG. 4.

side cuts, while the sutured skin portion of the fistula closed, after which the recently made side openings were expected to rapidly close by granulation. Nélaton, in 1852, modified this "bridging process," as it is called, by making a small incision above or below (figure 4), and performing the dissection as much as possible subcutaneously.

I confess these methods do not strike me favorably, yet it must be admitted that no fixed rule can be set forth, as every case requires special study as to the

best manner to utilize remaining or adjoining tissues. Advantage may be derived in some instances by Reybard's (1856) or Delorne's (1874) (figure 5) method. These surgeons make large lateral flaps, bases outwards, whose raw surfaces are apposed over the fistula and held against each other not only by sutures at their edges, but also up to their bases, Reybard using the quilled suture, and Delorne interrupted ones, arranged like the tufts of a mattress—in fact, he calls them the "mattress suture." Le Gros Clark, of London, makes use of flaps similarly held together. By the large surfaces thus brought in contact a greater chance of union is obtained.

FIG. 5.

While the statement incidentally made a short time since, that there was frequently more difficulty in closing a small fistula than a larger one, is true, yet there is to this a limit. For Pemberton, an English surgeon of eminence, has stated that there is no satisfactory record of a fistula being closed where more than one inch of the *entire* circumference of the urethra has been destroyed. Still, the recent successful urethro-plastic operations of Duplay (*Archives Générales de Médecine*, June, 1874), for the reparation of congenital absence of the urethra for several inches, leads me to hope that this dictum may be reversed.

Though particulars are wanting as to whether the urethra was totally destroyed in the space given, nevertheless Ricord's (1849) formation of a covering to a fistula of 1¾ inches in extent moreover affords us an encouragement to the hope just stated. Also Earle's case, with a restoration of one inch, and Weinlechner's, of 1½ inches, are to be kept in remembrance before pronouncing as incurable a patient afflicted with a large fistulous opening into his urethral canal.

37 WEST 33D STREET, NEW YORK.

A SUBSTITUTE FOR COD-LIVER OIL IN SKIN DISEASES,

ORIGINATING IN, OR ATTENDED BY MARASMUS.*

BY SAMUEL SHERWELL, M.D.,

MEMBER OF N. Y. AND AMERICAN DERMATOLOGICAL SOCIETIES, ETC.

IT is well known that the "cake" which remains after the expression of linseed oil, is largely used by farmers and horse fanciers to fatten their cattle and horses, and to improve the appearance of their coats. This cake contains the principal nutrient albuminoid elements of the ground flaxseed, together with a varying proportion of the oil.

Having had of late a number of cases of cutaneous disease, in which marasmus from defective assimilation of the hydrocarbons was a prominent feature, and in which cod-liver oil was not well borne, it occurred to the writer that the oil of the flaxseed might prove an efficient substitute.

In its ordinary commercial condition, linseed oil is not a very palatable article of diet, but as met with in its natural combination in the fresh seed, is by no means unpleasant to the taste. Believing that the same effects might be expected in the human subject as are known to follow the use of linseed in the lower animals, I have made it a portion of the diet of a number of patients who were unable to take cod-liver oil in the ordinary manner.

The better qualities of flaxseed contain about thirty per cent. of oil, so that by the use of the unpressed seed, a very considerable quantity of oleaginous matter can be incorporated in the daily diet. The seed may be used in several ways: First, the freshly ground seed may be taken in the mouth, and thoroughly masticated before swallowing; second, it may be given suspended in milk; and third, the unbroken seed itself may be used. This last method is the one that I prefer. To carry this out, I commonly direct the patient to carry in his pocket or other receptacle a quantity of the seed, and from time to time to take a little of it in his mouth, and to chew it thoroughly before swallowing, in order to insure complete insalivation. In this way some patients will consume several ounces a day, the amount, of course, varying greatly in different cases.

Thus far this use of the seed has not been attended with any disagreeable accompaniments. The stools are rendered easy and natural, without any tendency to diarrhœa, or other unpleasant complications.

The cases of pemphigus foliaceus, pityriasis rubra, lichen planus, and lichen ruber, which were some time since exhibited at the Society, have been taking the seed in the manner indicated with very decided benefit. It will be remembered that they were all in a more or less marasmic condition when first shown. During the use of the seed, however, they have greatly improved in general nutrition and in the condition of their skin.

The ordinary seed of the drug-stores is not the best that can be obtained for this purpose. A much better article being that known as Calcutta seed. Care should be taken that it is free from admixture with other seeds, chaff, dirt, etc.

As a substitute, in many cases, for cod-liver oil, we believe that it will be found, on further trial, to fully justify our earlier expectations concerning it.

In view of the fact that there is so much sophisticated cod-oil in the market, and that an inferior quality can be readily disguised under the form of an "emulsion," a substitute that cannot be readily adulterated would seem to merit the consideration of the profession, and more especially that of dermatologists, in view of what I must consider its specific determination.

181 REMSEN ST., BROOKLYN, L. I.

* Synopsis of paper read before the New York Dermatological Society, Jan. 29, 1878.

A CASE OF RECOVERY IN A CHILD, AFTER A POISONOUS DOSE OF CARBOLIC ACID.

BY S. HENRY DESSAU, M.D.,

NEW YORK.

THE following case furnishes a remarkable instance of recovery in a child from a poisonous dose of carbolic acid. I was called in haste, Feb. 12, 1878, to see a boy 2½ years old, who had ten minutes before helped himself to about a teaspoonful of pure carbolic acid, equal in strength to Calvert's No. 2 preparation. The mother stated that immediately after the child had swallowed the acid he began to run around the room crying, when she took him in her arms, and he instantly became unconscious, turning livid in the face

his eyes staring, breathing slowly and noisily, and foaming at the mouth and nose. Sweet-oil was administered as soon as possible, and when I arrived he was still unconscious, breathing slowly and noisily, with a moan. The larynx was full of râles. His face was pale, cheeks livid, pupils dilated and not responding to light, and there were slight twitchings of the muscles of the extremities. The capillary circulation was very slow. There was a streak of excoriation upon the chin, where some of the acid had run. I gave more sweet-oil, and excited vomiting to a limited degree by irritating the fauces with a feather. Quantities of tenacious, partially coagulated mucus were expelled after each attempt at vomiting. The white of an egg was afterwards given. Consciousness was restored in a half-hour, and I left with orders to give frequently small quantities of milk and lime-water. I saw the boy again four hours later, when I was informed that about a half-hour after I left he twice vomited a large quantity of food that he had taken four hours before taking the acid. Shortly afterwards he again vomited a quantity of mucus mixed with arterial blood. I found him quiet and cheerful. I gave him small doses of subnitrate of bismuth and prepared chalk, to be taken every three hours. The next day I learned that he had not vomited since my last visit. He had been very restless and thirsty through the night. He had taken about a pint of milk and lime-water. His temperature in the rectum was 100° F. He occasionally coughed croupy. The throat was examined and the uvula found whitened and shrivelled. He had passed in the morning about a pint of clear urine, of a dark olive-green color, without odor.

Feb. 14th.—He was troubled in the night with a croupy cough, which has almost disappeared. Temp. 99 4-5° F. Bowels have not been moved since the day he took the acid. Tongue is coated, and he refuses food. Ordered him to have an enema.

Feb. 15th.—Bowels were moved after the enema, and the stools were of a greenish color. He is still a little hoarse, and, though cheerful, does not care for solid food. From this time on he was all right.

The urine was allowed to stand for five days before testing for carbolic acid. It remained clear and without odor up to the sixth day. When examined it was highly acid, of a dark, smoky color, and did not respond to the test for *free* carbolic acid, viz.: one per cent. watery solution of bromine. The bromine solution is a most delicate test for carbolic acid, showing a decided reaction in a solution of one drop to eight ounces. When the urine was slowly evaporated to dryness on a watch crystal and treated with strong nitric acid, there was a violent reaction, turning the residue first yellow, and afterwards red, and giving off distinct fumes of carbolic acid. These tests were kindly made for me by Mr. Geo. Kneuper, of Canal Street.

Dr. Ignazio Tortora's test for carbolic acid in the urine (*London Medical Record*, Nov. 15, 1877) was in part also used. He directs the urine to be gently heated, an equal part of nitric acid to be added, and then evaporated to dryness. The residue is then dissolved in alcohol, filtered, and treated with carbonate of potash. Picrate of potash, which is of a red color, is produced in solution. Tortora says in the article mentioned, that when urine, passed after taking carbolic acid, and nitric acid are gently heated together, yellow rings form in the capsule, which is a sure sign of the presence of carbolic acid. These rings were obtained by me upon the addition of nitric acid, without the aid of heat. These rings do not indicate the presence of *free* carbolic acid, as no reaction was produced with the bromine, which is certainly a far more delicate test. The points of interest to be derived from this case are: the fact of the stomach being full at the time the poison was taken, and so distributing it that it was not all absorbed at one time, nor allowed to seriously erode the mucous membrane of the stomach; the absence of spasmodic stricture of the œsophagus, which symptom has been observed in numerous cases of poisoning from carbolic acid; the tendency of the acid in its action to paralyze the pneumogastric nerve-centre; and finally, the presence of the acid in the urine in the form of *carbolates*, and not as *free* carbolic acid, as demonstrated by the tests. Some of the acid is probably eliminated by the bowels, as their contents were of a similar color to the urine.

75 West 55th Street.

Progress of Medical Science.

Injuries of the Head.—Every practical surgeon knows the difficulty sometimes attending the diagnosis of injuries about the head, especially when the patient has been drinking before the receipt of the injury. An unfortunate answer to the question, "Is he drunk or dying?" has frequently brought upon our police surgeons no measured censure. In this connection it is interesting to note the opinion of so eminent a surgeon as Mr. Erichsen, who says there is not one absolute method of diagnosis, except by waiting to see the result. "It is impossible," he says, "for any physician or surgeon to discover off-hand and say what the exact cause of the symptoms of coma or compression of the brain may be. This diagnostic point cannot be established by any practitioner, however skilled, or however experienced, unless you give him time." In order to relieve the surgeon of responsibility, Mr. Erichsen suggests the establishment of wards for the reception of such cases, that they may neither disturb the other patients, nor die of neglect.—*The Lancet*, January 26, 1878.

Hypodermic Injection of Dialyzed Iron.—Dr. J. M. Da Costa, of the Pennsylvania Hospital, reports an experiment of his own in the hypodermic injection of dialyzed iron in a case of anæmia, from which he concludes that extremely favorable results may be anticipated in such cases from the subcutaneous administration of the drug. The patient was an unmarried woman, twenty-one years old, with a history of hereditary lung trouble, but had never had rheumatism or malarial fever. Her digestion was fair, and she slept well, tongue pale, conjunctiva pearly, ears bloodless, rapid cardiac action, marked venous hum in the jugulars, total arrest of menses for three months. The nutrition had been excellent up to the date of admission. The daily quantity of iron injected was at first fifteen minims, diluted in water at the beginning, but subsequently given undiluted, and the treatment was continued for two weeks with a gradual advance to thirty minims per day; when menstruation reappeared, the unfavorable symptoms gave way, and the patient was pronounced cured. No abscesses resulted, nor was the slightest tendency to inflammatory action observed at the point of introducing the needle during the progress of the treatment. Dr. Da Costa argues from his success in this case, that the profession should give iron another trial in progressive pernicious anæmia.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

PUBLISHED BY

WM. WOOD & CO., No. 27 Great Jones St., N. Y.

New York, April 13, 1878.

CHLOROFORM AND DENTISTRY.

NOTWITHSTANDING all that has been said regarding the dangers of chloroform for ordinary dental operations, there are still to be found dentists who are willing to take the risks. It is difficult to understand why this is so, unless it be that some members of the dental profession are determined to defy professional opinion and ignore recorded medical experience.

But, whatever may be the explanation, we are every now and then startled by the report of another death from chloroform in the dentist's chair. The latest of the kind comes to us from Philadelphia, and, as it helps to point anew an old moral, we give its history in some detail.

On March 20th, Mrs. Elizabeth Neely, of Hatboro, N. J., went to the office of Dr. H. G. Winslow, dentist, of Philadelphia, to have some teeth extracted. Dr. Winslow asked the patient whether she was in perfectly good health, and, upon her answering in the affirmative, at once proceeded to administer chloroform without making any previous examination of the woman's heart. Three teeth were extracted following the first administration of the drug. The Doctor again applied the anæsthetic and had extracted another tooth, when he was alarmed by discovering that his patient had stopped breathing. Electricity and other restoratives were at once employed, and several well-known practitioners called in, but their combined efforts could not resuscitate the unfortunate woman; she had died from heart disease precipitated by the incautious use of chloroform. Dr. Winslow at once surrendered himself to the authorities, and has been upon bail ever since. The Coroner's office was densely packed the other day upon the occasion of the inquest upon the body of Mrs. Neely. The Coroner's physician detailed the result of the post-mortem, which showed that the heart had been diseased. After the hearing of all the testimony taken, the jury rendered the following verdict:

"We find that Elizabeth Neely came to her death March 20, 1877, at No. 224 North Tenth Street (Philadelphia), from chloroform, administered by H. G. Winslow, M.D., and we find the said Dr. Winslow guilty of criminal ignorance in administering so powerful a remedy without having made any previous examination of his patient."

Coroner Gilbert, addressing Dr. Winslow, said:

"Dr. Winslow, before discharging this case, I must perform a duty which I owe to the community as their representative in this office, and that is to censure you for using so dangerous a remedy as chloroform in so trifling an operation as the extraction of teeth, more especially when you have at your command a much safer substitute in sulphuric acid, and a perfectly harmless one in nitrous-oxide gas. You are not only to be censured for using chloroform in such a case, but also for using it without having previously made a careful examination into the physical condition of the various organs of your patient's system. Chloroform is a most powerful sedative, and far more dangerous to life than any of the other anæsthetics. On this account a number of hospitals have prohibited its use. The medical profession has, almost unanimously, settled down to the opinion that it should only be used in capital operations, and then only after the most careful examination. Although the verdict of the jury and this censure will not bring back the mother to the little ones, or the wife to the husband, it may be the means of directing the attention of dental surgeons to a more careful use of chloroform, and of the community—which is the party most interested—to the great danger attending its use, and thus perhaps similar accidents may be avoided in the future."

The accused was then committed by the Coroner to await the action of the grand jury.

The verdict in this case was an eminently proper one, and it is what might have been expected from the character of the testimony offered to the Coroner's jury. But it has an additional significance in connection with the fact that the jury was composed entirely of medical men. It is hard to arrive at any other conclusion than that the neglect to examine into the patient's condition, or even to feel her pulse, was not only culpable, but actually criminal. In this instance it would appear that death was the direct result of such negligence on the part of the gentleman administering the anæsthetic, inasmuch as a previous knowledge of the patient's condition, which an examination of the chest organs would have afforded, would have, or at least should have, ruled chloroform entirely out of the question. There is but little doubt that the grand jury will sustain the Coroner's verdict, and that the case will come up in the court for trial. There will then, doubtless, be brought up many interesting

scientific points connected with the case, which will invite further comment.

In respect to neglect of previously examining the patient, the case is similar to the recent Rahway tragedy, in which the boy died in the dentist's chair as the result of chloroform-poisoning. In that instance, however, the heart, and, in fact, all the organs of the body were in a healthy condition at the time, the only special contra-indication to chloroform being a full stomach, which condition was not ascertained previous to the administration of the anæsthetic. Although there was no doubt, from a medical point of view, that the boy's death was caused by chloroform carelessly administered it was difficult to prove that point, more especially as the prosecuting officer in that case did not seem to be equal to the occasion. As will be recollected, the line of defence was that of idiosyncrasy on the part of the patient, and the jury gave the prisoner the benefit of a doubt regarding that point. In the case of Dr. Winslow, however, it does not appear that such a defence can be urged, inasmuch as the heart was unhealthy, and of itself directly invited the fatal issue.

PAUPER LUNATICS IN ENGLAND.

It seems very doubtful, notwithstanding the somewhat rose-colored views of Dr. Wilbur, whether the pauper lunatics of Great Britain are any better provided for than ours. Not long since, according to recent medical advices, a deputation representing Leeds, Birmingham, and other large cities, had an interview with Mr. Sclater-Booth, with the purpose of asking the government to give, with regard to paupers maintained by the unions, the same relief that is given to county asylums; and it was argued that if the pauper lunatics in asylums entitled those institutions to certain payments in the nature of subsidies, similar payments ought to be made on behalf of lunatics of the same class in the special wards of workhouses. In reply to the petitioners, Mr. Sclater-Booth stated that the sum voted in 1875–76, to pay a subvention of four shillings a head for lunatics in asylums, amounted to 330,000 pounds per year, and that the amount to be found in the civil service estimates for that purpose for the year 1878, was 385,000 pounds, showing an addition of 55,000 pounds in the course of four years. Incidentally, the Commissioner supplied certain data for ascertaining the number of pauper lunatics in the poor-houses of London, by alluding to the state of facts existing there. He stated one instance, that 5,000 pauper insane were maintained in the London asylums for incurables, at a weekly cost per capita of seven shillings; but were a subvention of four shillings a head to be extended to the workhouses and poor-houses for the pauper lunatics confined in them, it would require 40,000 pounds a year for London alone, which, by calculation, provides for an aggregate of 4,000 pauper insane in that city, for whom no special provision exists. This, according to expert estimates, is about three times the number not specially provided for in the whole State of New York.

THE OUT-PATIENT DEPARTMENT OF THE NEW YORK HOSPITAL AND THE ABUSE OF MEDICAL CHARITY.

Concerning the present management of the out-patient department of the New York Hospital there appears to be but one opinion in professional circles. It is almost past belief that any board of managers of any respectable institution should, with such a set of rules, ever expect the countenance and support of its best friends. Perhaps, however, it dares to be ridiculous and absurd, because it presumes to be independent of popular or professional opinion. There is some ground for such a suspicion, from the fact that this board, from time immemorial, has been flattered and coaxed by many of the best men in the profession, until it would seem to be past the possibility of receiving any suggestion, or beyond the reach of any reasonable and respectful appeal. We believe, however, despite the recent action of the board concerning the protest of the East River Association, that some radical movement on the part of the profession will be made to bring up the matter for discussion again, with a view of effecting the necessary changes in the present management, and correcting the gross abuses of medical charity which are so directly invited by the existing regulations.

This out-patient department of the New York Hospital, although ostensibly established for the purpose of inaugurating the provident dispensary system, has, in reality, proved to be the greatest barrier to its realization. With a pretence of cultivating a certain amount of self-respect among those who can afford to pay only a small fee, it opens the door for the most bare-faced frauds, not only upon the profession, which always freely gives to the really poor, but to the poor themselves, to whom, and only to whom, such services belong. The management of this out-patient department is at the bottom of the worst possible abuses of medical charity, and until its plans are changed there is no use to hope for any of the necessary reforms which might initiate a proper and practical provident system.

We have repeatedly said that there was no objection to the small-fee system for those who could not pay more, but even the governors of the New York Hospital, and particularly the gentleman who has the reputation of being the dictator of the board, have no right to establish the low fee for all classes of applicants, and thus set a merely nominal price upon first-class medical services. It would have been eminently proper for the board to have striven to solve in a practical way some of the problems of the provident system. With abundance of means at its command,

and with the advantages of making new rules to suit a new administration, there was nothing to stand in its way. But instead of so doing, it has ignored all the rights of the profession, placed a premium upon fraud, and lost sight of every other consideration save that of adding to an already enormous income.

The profession asks for so little in this matter, it is surprising that its wishes were not long ago anticipated rather than ignored, as in the case of the East River Medical Association. Perhaps the committee of the County Society which has the matter now in charge may be more successful when it gets ready for work. If the proper spirit is shown, and the right determination manifested, there is no reason why some report should not be made at the next meeting of the Society. In the mean time it may not appear presumptuous to ask its opinion concerning the following articles which appear in the printed rules governing the admission of patients:

"All persons without distinction are entitled to receive the benefits of this branch (out-patient) of the hospital service, subject only to such regulations as may be deemed expedient." . . . . . "Applicants will be furnished with a card of admission which will give the privileges of the service for one month." . . . . "The price of the card of admission will be $1.00. Prescriptions will be put up for 10 cents each." . . . . "All patients from the country will be furnished with a written diagnosis of their disease, which will be directed to their local physician, with suggestions as to proper treatment and remedies."

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SECTION OF THEORY AND PRACTICE OF MEDICINE.

Stated Meeting, March 12, 1878.

DR. E. F. WARD, CHAIRMAN.

THE DIAGNOSIS AND TREATMENT OF DIPHTHERIA.

A REGULAR meeting of the Section was held at the rooms of the Academy, 12 West 31st Street, on Tuesday evening, March 19th, when the Chair announced the subject for discussion as above. It had been expected that Dr. T. H. White would read a paper on diphtheria; but, unfortunately, he had not had the time to prepare it, nor was he able to be present to state his views.

DR. ALEXANDER HADDEN was the first speaker. In order to open the discussion, he said he would ask a question, viz.: Is diphtheria a disease *per se*, or is it an affection which is superinduced upon a previously inflamed condition of the mucous membrane of the throat or other parts? From the tone of a number of papers that have of late appeared in the medical journals, he would be led to infer that it was to be regarded merely as a local condition which may supervene upon any inflamed surface, and which would bear much the same relation to that part that erysipelas or gangrene would to an ordinary wound. These papers, he went on to say (and he mentioned those of Drs. Jacobi and Billington particularly), leave us somewhat in doubt in regard to the matter. At first they seem to speak of diphtheria as a distinct disease, but afterwards to regard it largely as merely a condition, and local in its manipulations. As for himself, he would be inclined to believe that it is a disease in itself. The principal grounds for that opinion were found in the fact that though the local symptoms might be of a very trivial character, the affection might still be attended or followed by the most serious troubles, such as violent nephritis, enlarged liver or spleen, paralysis, etc., as he himself had not infrequently observed. He thought that the mere local lesions were quite insufficient to account for the after-symptoms, and he had never heard of a case of simple or follicular tonsillitis being followed by paralysis. Yet he had seen the most extensive paralysis result from very slight cases of diphtheria, and he had also observed the same phenomena in children who had had no pseudo-membranous exudations whatever upon any portion of the mucous membrane (as far as could be observed, or even suspected), but who belonged to families some other members of which exhibited the ordinary symptoms of diphtheria. He mentioned a case in point, that of a child three years of age. Nephritis, too, was very common, even where the local lesions were not at all well marked.

There was another class of cases, on the other hand, in which the local symptoms were of the most violent character, and accompanied by a very high degree of temperature. In these gangrene frequently set in, and death occurred very rapidly—sometimes in forty-eight or fifty hours from the commencement of the attack. In these he could easily understand how a septicæmic condition had been caused; for death could not be attributed either to asphyxia or to interference with the cerebral circulation, the lesions being usually confined principally to one side of the throat, and, therefore, not offering sufficient obstruction to prevent venous return from the brain.

DR. J. LEWIS SMITH said that, as regards grave constitutional symptoms in connection with very slight local lesions, he could recall two striking cases in which there was scarcely any pseudo-membrane in the fauces, and no catarrhal symptoms sufficient to account for any deposit at all upon the Schneiderian membrane, and yet in which, at the same time, the most violent nephritis was going on. One of the children barely escaped with his life, and the other one died from total suppression of urine. In his experience he had found that it was exceedingly common for diphtheria to attack the kidneys.

As regards the character of the affection, he thought that all the best authorities now admitted that there were two distinct forms of it, viz.: the idiopathic and the secondary. The latter might occur whenever there was any inflammatory condition of the mucous membranes, and not infrequently supervened upon scarlatina, pertussis, and typhoid fever. If the disease occurred in the idiopathic forms, its local manifestations would also perfectly show themselves whenever there happened to be any irritated or inflamed surface at the time, as, for instance, from bronchial catarrh, or the action of a blister.

DR. WARD stated, in this connection, that during the late war, when scurvy broke out in the army before Port Hudson, he not infrequently noticed the appearance of diphtheritic patches upon the surfaces of scorbutic sores. In some cases the throat was affected

and in others entirely free from any diphtheritic appearances. Typhoid fever was also prevailing in the camp at the time.

Dr. Smith then went on to speak of the treatment of diphtheria, which, he said, must ever be a subject of the greatest interest and importance to practitioners, and especially at this time, when, as far as he could judge from the recent increase of cases in his part of the city, another epidemic of the disease seemed commencing. In the first place, he wished to state distinctly that he did not believe that we had any specific for diphtheria, in the sense that quinine is a specific for malaria, though a number of so-called specifics had been from time to time urged upon the attention of the profession. Among these might be mentioned bromine, cubebs, the sulpho-carbolate of soda, and, more recently, alcohol, as advocated by Dr. Chapman, of Brooklyn, in a paper read before the Kings County Medical Society. In a letter which Dr. Smith had just received from Dr. C., he stated that he believed alcohol was as much a specific for diphtheria as quinine is for intermittent. If called in during the first day or two of the attack, he thought he could save every case by the administration of alcohol in intoxicating doses. In the monograph which he read before the Kings County Society, he reported a series of cases treated in this way, in which there was but one death out of sixty-five, and in a series of cases observed subsequently, but one death out of forty. Dr. Smith thought that we were hardly justified in calling any remedy a specific, for the reason that the agents which had been claimed as such, and all of which seemed to have produced such admirable results, were entirely dissimilar in nature, and acted in an entirely different manner. In the last two or three years, he said, we had some six or eight *specifics* offered us; but, of the whole number of remedies proposed, he was inclined to think that alcohol approached more nearly to a specific than any other which we have at our command at present.

Dr. Smith then made the statement that the more he saw of diphtheria, the more he felt compelled to depart from Œrtel's views that it is primarily a local, and only secondarily a constitutional affection. He could not but regard it as a general disease, the germs or contagium of which are transmitted to the patient by means of inspired air. He therefore thought it was just as useless to look for any specific (that is, any remedy that will absolutely cure it or abort it) as for scarlatina, measles, typhoid fever, or any other such idiopathic disease; and could see no reason why we should be more successful in finding one for this affection than for any of the others. If another epidemic were about to begin in this city, he intended to give Dr. Chapman's plan of treatment a thorough trial, because, with his present views upon the subject, it seemed to him to offer the best chance of good results. His method was to administer a teaspoonful of brandy every hour or even every half-hour, to a child one or two years old. Under ordinary circumstances, of course, this would produce marked intoxication; but, on account of the depressing influence of the diphtheritic poison, he had found that children would tolerate an exceedingly large quantity of alcohol without any such effect being produced. Personally, he had employed the treatment in a number of cases during the past month, and he had had every reason to be greatly pleased with it. At the same time he would not give up such agents as iron and quinine; but he thought that we should now abandon all forms of local treatment which will cause irritation and an increased area of redness, for by their use, as has now been already demonstrated, we only increase the area of exudation. We should, therefore, employ only such local remedies as are not at all irritating to the mucous membrane. Disinfectants were particularly called for when there was a gangrenous state of the exudation, for the reason that the patient was constantly inhaling the delcterious gases which were given off by the sloughing membranes. He thought it utterly useless, however, to employ local measures for the purpose of aborting the disease, under the idea that it was at first merely of a local character; for he did not by any means believe that such was its nature.

Dr. Hadden stated that he frequently met in consultation gentlemen who believed that follicular tonsillitis, membranous croup, and what is more strictly regarded as true diphtheria, were all of the same character, and should all be treated by means of tonics and stimulants, and that he should like to have some information on the subject. In his experience, some cases of real diphtheria were well treated by means of alcohol; but what he considered as membranous croup was not well treated with alcohol.

Dr. Smith replied that he did not believe it possible at the present time, in this city, to make a differential diagnosis between membranous croup and diphtheria, on account of the comparative prevalence of the latter here. He regarded local measures (and particularly the steam-atomizer) of the greatest possible importance whenever the larynx was invaded by the deposit of false membranes. He was of the opinion, however, that croup and diphtheria were two entirely distinct affections. During the period from 1804 to 1857, when diphtheria was entirely unknown in this city, there were cases of membranous croup continually occurring.

Dr. W. T. White mentioned that up to 1857 there was no such disease as diphtheria recognized in New York, and Dr. Smith thought that it was a strong argument for the difference of the two affections, because croup was observed constantly while there was no diphtheria whatever. He had recently conversed with a physician from Onondaga County, who told him that he saw, on an average, about three cases of membranous croup each year, but that there was no diphtheria at all in that region of country. In his great work, which appeared many years ago, when diphtheria was practically unknown, Rokitansky had distinctly stated that every mucous membrane was liable to croupous exudation, a statement that was based on the observations derived from thirty thousand autopsies. At the present time, however, when a practitioner reports having seen more than four or five cases of membranous croup, it was certainly questionable whether they were not really cases of diphtheria.

Dr. C. E. Billington thought it was a matter of great practical importance to clearly distinguish diphtheria from follicular tonsillitis, and one in which there was a good deal of confusion in the minds of some practitioners. In follicular tonsillitis the patches covered portions of the tonsils, but the margins differed from those in diphtheria, in which they are red and angry-looking. In follicular tonsillitis the patches disappeared very rapidly, leaving little excavations, which are characteristic of this affection and seen in no other. The rapidity with which they disappeared was so constant that in any doubtful case the diagnosis could be made perfectly clear by waiting a day or two, and in several instances he had resorted to this plan. To decide definitely upon the appearances in any given case often required a good deal of practice, and experience was the only safe guide in making such a diagnosis. When one has seen something of both affections, how-

ever, it was usually not at all difficult to distinguish the definite membranes of diphtheria from the creamy and pulpaceous patches of follicular tonsillitis.

Dr. E. D. Hudson, Jr., asked Dr. Smith if, when diphtheria was epidemic, the type of any ordinary sore-throat was not liable to become changed into diphtheria; when the latter replied that follicular pharyngitis was not only more apt to become diphtheritic than simple pharyngitis, and not nearly so much so as the scarlatinal variety. He did not doubt, however, that almost any form of angina might become diphtheritic under certain circumstances. In regard to the differential diagnosis of diphtheria there were two affections liable to be mistaken for it, viz.: follicular tonsillitis and the formation of a fungoid or vegetable growth upon the inflamed mucous membrane of the fauces. The latter was easily distinguishable, because this growth could easily be scraped off from the surface where it appeared. In follicular pharyngitis the white substance, as he had noticed it, appeared around the different follicles. If a patch were a quarter or half an inch in diameter, and penetrated the mucous membrane, he would be disposed to believe that it was a case of true diphtheria. So in ordinary croup, the exudation did not penetrate the mucous membrane, while, as had just been stated, this was always the case in diphtheria. There was also a line of demarcation. Still, in each affection the membranes were fibrinous, with epithelial cells between their meshes, and he did not believe it possible to make a differential diagnosis between them at the bedside.

Dr. Hadden—"Then you would at once put the patient upon alcohol and other supporting treatment, whether you thought the case one of croup or one of diphtheria?"

Dr. Smith—"Undoubtedly, though I should also attend carefully to the local treatment (especially the use of steam-inhalations) as of the very greatest service."

Dr. Billington said that it was now granted by the best authorities (whatever might be their theories as to the nature of diphtheria) that most of the cases of croup occurring at the present time are diphtheritic. He had seen cases of diphtheria in which the symptoms were very severe, and yet the amount of exudation apparently very slight; but in such cases he believed that there was always a good deal of membrane in such positions as to be invisible, as, for instance, upon the posterior surface of the tonsils and the soft palate. In several instances where he had suspected this to be the case, he had succeeded in washing out considerable quantities of membrane by thoroughly syringing the parts. He was in the habit of using copious injections of tepid salt water, which was not at all irritating to the surfaces.

The fact that diphtheritic exudation occurs in other affections, and supervenes upon wounds or ulcers, was suggestive to him that the contagium of the disease (whether chemical or organic in its nature) acted locally. It was well known that absorption was favored by a denudation of the epithelium, and it seemed to him that the point where the contagium was deposited was the local origin of a constitutional disease.

Dr. Smith differed from Dr. Billington in this matter. He said that he understood that now, contrary to the former teaching, the best authorities held that, when a chancre made its appearance, the constitution was already affected with syphilis. So in vaccination, when the characteristic vesicle appeared, the system was under the influence of the vaccine poison, or ferment, or whatever it might be called. It could not be doubted that, in a certain proportion of cases at least, the diphtheritic poison was conveyed into the system by inhalation, and he was therefore of the opinion that, when the membranes appear in the throat, the general system is already affected.

Dr. Billington thought there was one point in which the analogy between small-pox, or vaccinia, and diphtheria, instituted by Dr. Smith, did not hold good, and that was this: in small-pox it was impossible to cut the disease short, while he believed this was possible in diphtheria by the appropriate use of local measures. He was confident that he had been able thus to shorten and actually cure a great many cases, though, of course, others might not agree with him in this; and he urged upon the profession the more careful recording of the grounds for diagnosis and the history of all cases of diphtheria.

Dr. Ward mentioned another point in which he thought Dr. Smith's analogy was defective. The having had syphilis or small-pox once was supposed to be protective against future attacks, but this was not the case with diphtheria.

Dr. Smith replied that it was possible to have erysipelas twenty times, and yet it was a constitutional disease. Also, like diphtheria, it had no fixed period of duration. He had seen instances of scarlatina get well in three or four days, and sometimes in such cases he was on the point of reversing his opinion, under the idea that he had made a mistake in the affection, when the occurrence of one of the well-known sequelæ of this disease showed that the diagnosis had been correct.

After some remarks on the clinical history of diphtheria, Dr. Hadden gave a sketch of the plan of treatment which he is now in the habit of employing. If he saw the case early, he said, he usually produced free purgation by means of calomel, after which he relied simply on local measures. He had given up the employment of quinine entirely (until the patient had become convalescent), as he now regarded it as worse than useless. He had formerly employed alcohol freely, but as his patients frequently died while taking it, he had given that up also. His great reliance was upon keeping the affected parts thoroughly washed by means of a Davidson syringe, the injection which he usually employed being a mixture containing fifteen or twenty drops of bromine to the pint of water. He also depended a good deal on the local application of persulphate of iron in glycerine (a half-drachm or drachm to the ounce). If there was any phagedæna, he was in the habit of brushing the parts with Prof. Wm. H. Thomson's solution of bromine. Since adopting this plan of treatment, he was happy to say that he had met with highly satisfactory results in his diphtheria cases. He had had two recoveries from membranous laryngitis after tracheotomy, the second of the two cases being, apparently, an exceedingly unfavorable one. In this case he had injected iron and glycerine (of the strength of a drachm to the ounce) through the tube. He had used the application as freely in this manner as upon the tonsils, and it had the effect of dislodging the membrane, which had extended below the seat of the operation. In another case of tracheotomy performed the same day, in which no injections were made through the tube, the patient died.

Dr. Hudson thought it possible that Dr. Hadden's apparent success in diphtheria, by the method which he had detailed, might really be due to the season. It was well known that, during the last year or so, diphtheria had not been nearly so fatal in this city as for three or four years previously. Dr. Thomson at one time met with quite a long series of uninterrupted successes with his bromine treatment; but suddenly

he lost three or four cases almost at once, notwithstanding its employment. He was in favor of employing both local and constitutional remedies, and thought the practitioner who neglected either class laid himself open to criticism. Among the former he included all the various disinfectants which have been found of service. He was also inclined to think that in some instances the disease might be aborted, and then related a case by way of illustration. It was that of an adult living on Seventh Avenue, who had a violent chill and marked constitutional disturbance, and the excessive engorgement of whose throat led him to expect a case of diphtheria of the most serious character. Under the use of heroic and often repeated doses of quinine, however, and the constant application of the cold spray to the fauces, all the symptoms, both local and general, gradually subsided.

DR. RANDALL stated that he was the family physician in attendance upon the cases which had been alluded to as having died under the care of Dr. Thomson. There were eight children in the family, and they all had diphtheria. In the first of the cases the exudation extended to the larynx, and the child died from suffocation. In the second case the disease was of a much more violent type, and Dr. W. T. White was called in consultation. The treatment consisted of chlorate of potassium, glycerine, and carbolic acid. Under its use the exudation seemed to break down in flakes; but it afterwards reappeared in the larynx, and the child died. The fourth case was the most violent of all. On returning from school one day, the child had a chill, which was followed by high fever; the temperature running up to 104 or 105 degrees. In twelve or fourteen hours the fever suddenly abated, but the child lived only thirty-six hours after the commencement of the attack. An enormous slough had formed within twenty-four hours from the initial chill. Six of the eight children died: two from asphyxia (on account of the exudation in the larynx), and four from exhaustion. Three of them had died when Dr. Thomson was called in consultation. He proposed an entire change in the treatment, and, in accordance with his advice, all the remaining children were brought under the influence of bromine. The bromine treatment was carried out thoroughly, and he himself made the applications to the fauces of the children; but, notwithstanding, three more of the little patients died. Thus, out of four children upon whom the chlorate of potassium treatment was employed, three died, and out of four upon whom the bromine treatment was employed, three died. The father, mother, and grandmother also had the disease, but recovered.

DR. SMITH inquired if the urine of these children was examined, and DR. RANDALL replied that he thought it had not, though there was nothing abnormal about its appearance in any of the cases.

DR. SMITH then stated that in malignant cases albuminuria might be found as early as the close of the first day, though the urine was perfectly normal in appearance, having none of that smoky look which is so common in scarlatinal albuminuria. It was now his practice to examine the urine in every case of diphtheria that came under his care. In his experience, diphtheritic nephritis was an exceedingly frequent complication, and he regarded it as much more grave than the scarlatinal nephritis. Dr. Chapman's idea was that the early and free use of alcohol would prevent nephritis and other serious complications or consequences, and if it could be proved that this was really the case, the treatment would certainly soon be held in the highest estimation.

DR. RANDALL remarked, in conclusion, that after the unfortunate series of cases which had been described, he continued to use the chlorate of potassium and glycerine, with brandy-punch given freely, and that he had not lost more than two or three cases out of quite a large number, many of which were quite as severe as some of those in the family in which such frightful mortality occurred.

SURGICAL SECTION.

Stated Meeting, March 12, 1878.

DR. STEPHEN SMITH, CHAIRMAN.

REPAIR AFTER EXSECTION OF THE HIP-JOINT.

DR. LEWIS A. SAYRE gave, as an illustration of the repair which might take place after exsection of the hip-joint, a detailed history of the case of Rosa Mullins, who was operated upon in Bellevue Hospital, September 29, 1875. The patient died March 4, 1878. The report consisted of the history of the case and notes as made in his private case book, also as written in the hospital records, was accompanied by a post-mortem report as dictated by Dr. E. G. Janeway, and a report of the microscopical examination as made by Dr. C. Heitzman. The morbid specimen accompanied the paper, and exhibited a most remarkable amount of repair which had occurred since the operation. It was the case to which allusion had been made by Dr. C. Fayette Taylor, in a paper read before the New York Medical Journal Association, February 15, 1878, and published in abstract in THE MEDICAL RECORD for March 2, 1878. From the hospital record, it was shown that, on October 30, 1875, the incision made in the operation was closed, and that the child could walk by the aid of a wheel-crutch. At that time there was a small open sinus on the posterior aspect of the hip, and that sinus remained open during life, but, at autopsy, it was found that it did not communicate with dead or diseased bone. The repair which had taken place gave to the upper extremity of the femur a most striking resemblance to the great trochanter neck and head of the healthy femur upon the opposite side. There was considerable motion about what might be called the newly-formed head, and the microscopical examination demonstrated the presence of newly-formed cartilage. From May 19, 1876, until November, 1877, Dr. Sayre did not see the child, and from the hospital record it appeared that no means were employed with the view of maintaining extension, from the first date up to the time the child died, and yet the lower extremities were of equal length. The liver, spleen, kidneys, and intestines had undergone waxy degeneration, and there was angular curvature of the spine, although there was no carious bone present. The liver was enlarged, and there was evidence of waxy kidney at the time the operation was performed. Notwithstanding the unfavorable condition of the child, it seemed very evident that the operation had been followed by most extraordinary repair, and in no sense could it be said that the child died because of its performance. On the contrary, Dr. Sayre believed that the autopsy proved that the operation was not only justifiable, but demanded even in cases in which it was evident that waxy degeneration of internal organs had already taken place.

DR. C. FAYETTE TAYLOR remarked that he thought Dr. Sayre did not quite appreciate the object which was in view, when, in his paper, he referred to the case of Rosa Mullins, which had just been reported. Dr. Taylor had taken it for granted that disease had been reproduced at the seat of the operation, and he

did not see how any other conclusion could have been reached in absence of post-mortem examination, which at the time he read his paper had not been made. It seemed that the inference that the sinuses reached the joint was a mistaken one, as the specimen demonstrated. The specimen exhibited a most remarkable amount of repair. But what right had surgeons to assume that such wonderful reparative effort could not take place under other forms of treatment as well as after excision. After admitting all that was claimed for excision, Dr. Taylor still thought that a better record could be shown by more conservative methods.

The only point, however, which he wished to make in his paper, was that the operation of excision was unreliable with regard to ultimate results—that is, results a long time after the operation had been performed, and even the sinuses closed, at which time they were commonly reported as cured. He did not question the veracity of Dr. Sayre's report, but he simply doubted the reliability of the operation with reference to ultimate results.

DR. SAYRE remarked that if disease could be produced in healthy bone, it could be much more easily developed in newly-formed tissue; but that fact did not in any way invalidate the claim that patients suffering from hip-joint disease were cured by the operation of exsection. Of the seventy cases on which he had operated, twenty-three were perfectly well, recovery had taken place with less than one inch of shortening, and there was more or less of motion. In two cases, recovery had taken place with more than the normal amount of motion. In all these cases he regarded it as evident that the disease must be developed anew, if the patient again suffered from morbus coxarius.

Dr. Sayre then reviewed the statistics given by Dr. Gibney, and published in THE MEDICAL RECORD for March 2, 1878, and believed that an analysis of his own cases showed a marked result in favor of the operation, as compared with the results obtained by leaving the cases to nature.

DR. STEPHEN SMITH raised the following question: In a case like the one reported, one of advanced hip-joint disease, with waxy degeneration of internal organs—one which had received no treatment, and, if left to itself, would probably not progress towards recovery—which would be the best method of treatment, excision or treatment by means of extension, liberating pus, etc.?

DR. SAYRE believed that, if dead bone was present, exsection, supplemented by proper mechanical treatment, was unquestionably the most proper method.

DR. SMITH remarked that the dead bone would come away of itself after a time, and that the question was yet left, which is the shortest route to a cure?

DR. SAYRE believed that the history of the case, and the specimen, showed that the operation was the best method of treatment. If the spine and hip had been properly treated, the general condition of the child would have been improved. No repair at the hip could have taken place until the dead bone was removed, and its removal could be effected much quicker with the saw than by leaving it to the slow process of nature.

DR. POST asked, would not the disease of the liver and kidneys probably have been prevented had the operation been performed at an earlier date?

DR. SAYRE replied that, undoubtedly, it would have been prevented.

DR. POST remarked that, with regard to diseases of the bones, there were two points of practical importance:

1. Free outlet should be secured for all purulent discharge; and

2. Every source of irritation, which might arise from carious or necrosed bone should be removed.

DR. TAYLOR remarked that he was not sufficiently satisfied that a case, such as reported by Dr. Sayre, could not be treated successfully without excision. He had treated a case which was in as bad condition as any case could be—treated it by extension mainly, and the patient had recovered as rapidly as recovery had followed excision. Whether more recovered under excision than under mechanical treatment, or more recovered under mechanical treatment than under excision, was a fair question for discussion; but he regarded it as hardly fair to assume that excision was the best method of treatment, in absence of a comparison with the results obtained by other methods of treatment. There was no question that cases occurred similar to that reported by Dr. Sayre; that was not the question at issue; but the question was, were all the facts relating to excision yet developed—were there not other facts which would materially modify conclusions that had been made regarding the value of the operation?

Dr. Taylor then presented the ratio of mortality that had occurred in ninety-four cases of morbus coxarius, which had received mechanical treatment and had been under continuous observation. Of this number, three had died of the disease, or the ratio of mortality was 3½ per cent. In a certain sense, those were selected because the doctor would not undertake the treatment of any case unless he could have it exclusively under his control. The representation, therefore, as a matter of course, was better than it would have been had it been based upon all the cases which applied for treatment. Of the ninety-four cases, twenty-five had abscess, either intra- or extra-capsular, or both. Of these suppurating cases, two, or 8 per cent., died.

DR. SAYRE remarked that, from one of the facts just stated by Dr. Taylor, his statistics were worthless, for it was not known what became of the cases which were seen, and which did not remain under treatment.

DR. TAYLOR remarked that he had no right to report except upon the cases which had remained under observation. The statistics were good as far as they extended. He did not regard the case as cured unless the patient was discharged with as good a joint as could be obtained.

DR. JUDSON remarked that Dr. Taylor's statistics were interesting mainly with reference to those cases which he classed under abscess. It would be interesting to know what proportion of the twenty-five cases were proper ones for exsection. Dr. Judson was of the opinion that a patient with a suppurating joint—one which would be regarded as proper for exsection, if free discharge of pus could be given, would stand as good, if not better, chance of getting well with a long and useful limb, by the use of mechanical apparatus as by exsection, which was an operation unquestionably followed by shortening, except in extraordinary cases.

DR. POST remarked that necrosis or caries of the bone must be added to suppuration, to place the joint in the most unfavorable condition for recovery to take place.

DR. TAYLOR remarked that even some of those cases recovered without any treatment.

DR. SAYRE said that he had seen many cases of suppurating joint recover without exsection.

DR. SMITH asked Dr. Taylor if in such cases recovery was not usually with anchylosis.

Dr. Taylor replied that anchylosis did not necessarily result; after the head of the bone was destroyed, they were more apt to recover with motion.

Dr. Gibney referred to a case in which exsection was performed six months after the opening of the abscess. At the end of three years there was still active suppuration.

Dr. Sayre remarked that the dead bone was not all removed, and as a matter of course suppuration would be continued as long as the dead bone remained. If dead bone was so situated that it could not be removed, the operation of exsection was not followed by any special benefit.

At a late hour the Section adjourned.

OBSTETRIC SECTION.

Stated Meeting, March 18, 1878.

Dr. S. Caro, Chairman.

HEART-BURN, WATER-BRASH, AND VOMITING DURING PREGNANCY.

Dr. Sell referred to a case which was effectually relieved, after all ordinary treatment had failed, by the use of the co. elixir of helonias, or, as he used it, in the form of pills composed of helonias, caulophyllin, and viburnin. He regarded the remedy as a uterine tonic and sedative.

Dr. Hall said he had used oxalate of cerium for the same purpose, and had become convinced that the best results were to be obtained by the use of large doses.

FATAL HEMORRHAGE FROM THE UMBILICUS.

Dr. Downs reported a case in which fatal hemorrhage occurred from the navel of a child ten days old. The cord dropped off on the fifth day; the hemorrhage began on the tenth day. Dr. Downs saw the case in consultation; used Monsel's solution, and the hemorrhage was arrested; but the child was exsanguinated, and died within a few hours. The question arose, could not the blood-vessels have been ligated? At one time the attending physician was obliged to use pressure with the finger, in order to check the bleeding, the blood welling up from the navel.

Dr. Post thought that perhaps the vessels might have been ligated, or that the actual cautery could have been employed.

Dr. Caro related a case in which he arrested bleeding from the navel by lifting it up with a tenaculum, and embracing the whole substance with a piece of tape, which was tied tightly. The mother was suffering from chronic malaria at the time the child was born, and the child's liver was hypertrophied. The liver rapidly diminished in size after the bleeding, and Dr. Caro was of the opinion that the hemorrhage from the navel saved the child's life. The tape was allowed to remain eight days.

QUINSY SORE-THROAT ABORTED BY OPIUM.

Dr. J. C. Peters referred to a case in which suppurative tonsillitis had occurred a number of times, each time resisting all efforts to cut the disease short, and in which latterly he had arrested the disease by the use of opium. He had administered Magendie's solution of morphine, in doses of five drops, repeated every three or four hours.

Dr. Carpenter had noticed in a few cases, that, after tonsillitis had advanced to suppuration three or four times, the patient occasionally suffered from all the premonitory symptoms of quinsy, but without special treatment suppuration did not occur. Might it not be that, in certain cases, a kind of tolerance was developed, and that in Dr. Peters' case the apparent abortion was simply a feature in the natural history of the disease, rather than the result of any method of treatment?

Dr. Peters suggested that repeated attacks of suppurative tonsillitis might give rise to more or less fibrous induration, thus diminishing the liability to the development of suppuration.

Dr. Hall referred to carbonic acid water as a gargle for the arrest of threatened suppuration of the tonsils.

Dr. O'Sullivan believed he had aborted cases of quinsy sore-throat by the use of croton oil and turpentine externally, and nitrate of silver as an internal local application.

Dr. F. V. White related a case which seemed to militate against the idea that repeated attacks of suppurative tonsillitis were followed by a tolerance of the disease.

Dr. Downs had been in the habit of resorting to free scarification as a means for aborting tonsillitis.

FOLLICULAR PHARYNGITIS AND TONSILLITIS.

Dr. J. Lewis Smith referred to cases of this affection, and remarked that, from their history, the thought had arisen in his mind that perhaps the disease was contagious. He made inquiry, therefore, with reference to that point. He had noticed that some writers spoke of "herpetic inflammation of the throat," and he made inquiry of Dr. Piffard as to what was understood by the term.

Dr. Piffard replied that he knew nothing of herpetic inflammation of the throat; that is, a disease which was analogous to any herpetic eruption upon the skin. It might mean an eczematous condition, similar to an eczematous condition of the skin; or it might mean little vesicles which sometimes appeared in the mouth, and when they ruptured a circumscribed erosion remained.

Dr. O'Sullivan referred to a family in which six children suffered from follicular tonsillitis and pharyngitis within two weeks. He had not, however, thought that it was contagious.

Dr. Peters remarked that he had been quite familiar with the affection during the last thirty years. Thirty years ago it was very abundant, and was attended by marked prostration. He had not entertained the idea that it was a contagious disease.

Dr. Post had seen considerable of the disease, but did not regard it as a contagious affection.

Dr. Caro related the history of three cases occurring in one family, and believed them to be due to contamination of the house by sewer-gas. The plumbing was found deficient. During the winter he had seen a great deal of follicular tonsillitis between Madison and Fourth Avenues, and 50th and 63d Streets, a territory on which there was a great deal of made land and deficient drainage.

SCARLATINA ANGINOSA AND DIPHTHERIA.

Dr. Peters referred to scarlatina anginosa, which appeared in great abundance some twenty-five years ago, and asked whether there was any difference between it and scarlet fever complicated with diphtheria of the present day. He was not able to recognize any difference, and did not believe there was any diphtheria in such cases, but that the condition of the throat was a part of the scarlet fever.

Dr. J. Lewis Smith believed that there were cases in which the patient had scarlet fever at first, and per-

haps at the end of a week or more true diphtheria supervened, and the case went on with diphtheria complicating the scarlet fever.

The Section then adjourned.

Correspondence.

THYMOL AS AN ANTISEPTIC.

To the Editor of The Medical Record.

Dear Sir—Permit me to call the attention of your readers to the use of thymol as a substitute for carbolic acid in the antiseptic treatment of wounds. The injurious effects of the latter upon instruments, and its irritant and anæsthetic effects upon the hands of the surgeon, have prevented some from attempting, and others from properly carrying out this method. Thymol has not these disadvantages, and is, moreover, to be preferred to carbolic acid from the fact that the details of the dressing are less complex, the secretions less in quantity, the cost not so great (owing to longer retention of the dressings—although the price of the drug is considerably higher), and the duration of the healing process shorter. But one solution is necessary for all purposes, spray, instruments, sponges, etc. This is of the strength of 1 part thymol to 1,000 parts water, with the addition of a small quantity of alcohol and glycerine to increase the solubility of the thymol. The formula is

Thymol,*	1.0 grammes	.....	or gr. xvss.
Alcohol,	10.0 "	.....	" ʒ iij.
Glycerine,	20.0 "	.....	" ʒ ss.
Aquæ,	1000.0 "	.....	" ʒ xxxiv.

This makes a clear solution of agreeable odor. It does not irritate the wound surface, and hence the "protective silk" may be dispensed with. The gauze is made in the same way as the carbolized material, but spermaceti is substituted for paraffine, since the latter is believed to cause the erythema and occasional eczema of the skin about wounds. The proportions are 1,000 parts of gauze, 500 of spermaceti, 50 of resin, 16 of thymol.

The method of using this dressing is the same as for the carbolic acid. The carbolized cat-gut is retained, and rubber drainage-tubes still preferred.

My source of information in this matter is an article by Ranke ("Ueber das Thymol und seine Benutzung bei der antiseptischen Behandlung der Wunden") in the *Samm. klin. Vorträge* (No. 128), which contains an elaborate account of the chemical properties of the drug, with directions for using it, and a table of cases in which it has been employed. The author states that it is in every respect to be preferred to carbolic acid, and that since the first of this year it has almost entirely replaced the latter in the clinic of Professor Volkmann, at Halle. Fifty-nine operative cases are cited, chiefly of minor importance, but including several excisions of the breast, amputations of the foot and leg, excisions of the elbow, and kelotomies. In only two was there formation of pus. Olshausen has used the dressing in three ovariotomies without subsequent reaction.

I have used this material in only one or two minor cases, but can testify to its unirritating character and agreeable odor. Some excellent gauze has been prepared by Messrs. Caswell & Hazard.

Respectfully,

Wm. T. Bull, M.D.

26 West 33d Street, April 6, 1878.

* In getting the equivalents of the measures of the metric in this formula there is an excess of 1-6000 gr. of thymol an ʒ iss of water.

Medical Items and News.

Contagious Diseases — Weekly Statement.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending April 6, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
March 30, 1878...	0	2	77	0	84	48	1
April 6, 1878....	0	6	78	3	116	58	0

Asylum Abuses.—Report of the committee appointed by the Medico-Legal Society to memorialize the Legislature on the subject of Dr. Spitzka's paper, read before the Society February 6, 1878:

The committee appointed to memorialize the Legislature on the subject of Dr. Spitzka's paper on asylum abuses, read before the Society at its meeting February 6, 1878, respectfully report: That they met and duly considered the subject, and, as the result of their deliberations, forwarded to the Hon. I. I. Hayes a memorial, of which the following is a copy:

To the Honorable the Senate and Assembly of the State of New York.

The undersigned, a committee of the Medico-Legal Society of the city of New York, respectfully ask your honorable bodies to institute an investigation into the condition and management of the lunatic asylums of this State.

The committee has great reason to believe that the unfortunate inmates are, many of them, treated in a manner which is disgraceful to civilization, cruel, and barbarous, and not in accord with the present advanced state of medical science. In support of these allegations, which are made with all due solemnity, the committee not only (as directed by the Society it represents) appended a copy of a paper read by Dr. E. C. Spitzka before the Society at its meeting on the 6th inst., but it affirms its readiness to substantiate them by the testimony of experts in psychological medicine in all parts of the State and country, as well as by the declarations of eminent foreign alienists, and by comparison with like institutions in Great Britain, France, and Germany.

The committee asks the attention of your honorable bodies to the whole system by which the insane asylums of this State are managed, and especially to the State Lunatic Asylum at Utica, an institution against which grave charges have been made by responsible and competent persons.

The committee, therefore, for the accomplishment of the objects in view, respectfully requests your honorable bodies to appoint a Joint Committee of Inquiry, with power to take testimony, or to proceed in such other manner as to your honorable bodies may seem best.

And your memorialists, as in duty bound, will ever pray, etc.,

JOHN C. HAMMOND, M.D.
WILLIAM A. HAMMOND, M.D.
D. S. RIDDLE.
JACOB F. MILLER.
EDWARD C. SPITZKA.

NEW YORK, March 18, 1878.

This memorial was introduced into the Assembly, accompanied by a resolution providing in the fullest manner for the appointment of a committee, with power to investigate the insane asylums of this State. There is reason to believe that the resolution will be considered by the Assembly within a short time.

The committee, however, is of the opinion that the efforts of the Medico-Legal Society should not stop here, and therefore begs leave to offer the following resolution:

Resolved, That a committee of six members, taken equally from the medical and legal professions, be appointed to take into consideration the subject of mechanical restraint in lunatic asylums, and to report to the Society what further measures are necessary to secure its abolition within the limits of the State of New York.

The committee would also recommend the passage of the following resolution:

Resolved, That the thanks of the Medico-Legal Society be tendered to the Hon. I. I. Hayes, for the promptness and thoroughness with which he acted in introducing into the Assembly a measure tending to ameliorate the condition of the unfortunate patients confined in the lunatic asylums of this State.

The report was accepted, and the resolutions were adopted.

The committee appointed under the first resolution was composed of Dr. William A. Hammond, Clarence W. Seward, Esq., Dr. E. C. Harwood, T. B. Wakeman, Esq., Dr. Thos. C. Finnell, and Cephas Brainerd, Esq.

THE BROWN-SÉQUARD TREATMENT IN EPILEPSY.—The typographical error which occurred in the *Bost. Med. and Surg. Journal*, in one of the principal ingredients of the formula, and occasioned our being led astray, has been corrected by Dr. Ayer. It should read as follows:

℞. Sodii bromidi,
Potassii bromidi,
Ammonii bromidi..... ää ʒ iij.
Potassii iodidi,
Ammonii iodidi..... ää ʒ iss.
Ammoniæ sesquicarb..... ʒ i.
Tinc. calumbæ..... f ℥ iss.
Aquæ destillat..... ad f ℥ viij.
M.

Full dose: one and a half drachms before each meal, and three drachms at bed-time.

This is the special formula that Dr. Ayer mainly relied upon, though we are informed by Mr. Neergaard, of this city, that Dr. Brown Séquard modified it in a good many instances.

DEATH OF PROF. FRANCIS GURNEY SMITH, M.D., OF PHILADELPHIA.—Prof. Francis Gurney Smith, M.D., of the University of Pennsylvania, died at his residence in Philadelphia last Saturday. Dr. Smith was born in Philadelphia, March 8, 1818, and was the fifth son of Francis G. Smith, a prominent merchant. He obtained both his academic and medical education in the University of Pennsylvania, receiving his degree of Doctor of Medicine in 1840. For about a year after graduating he was one of the physicians of the Department of the Insane of the Pennsylvania Hospital. In 1842, he was elected Lecturer on Physiology by the Philadelphia Medical Association. In 1863 he was elected Professor of the Institutes of Medicine in the University, and filled the chair of that professorship until his death. For six years, commencing in 1859, he was one of the attending physicians of the Pennsylvania Hospital. Prof. Smith is well known in medical literature as one of the compilers of the text-book, the *Compendium of Medicine*, which has passed through numerous editions; as one of the editors, for nine years, of the *Philadelphia Medical Examiner*; as the author of frequent contributions to professional periodicals; as the editor of American editions of Carpenter's and Marshall's works on physiology, etc., and as the first American translator of Barth & Rogers' *Manual of Auscultation and Percussion*.

COMPLIMENTARY DINNER TO MR. REGINALD HARRISON, F.R.C.S., OF LIVERPOOL, ENG.—During the visit of this distinguished gentleman to this city, he has been the recipient of many attentions from his medical friends, who have vied with each other in doing him honor. On Tuesday evening last, Dr. L. A. Sayre gave him a dinner at the New York Club. The particular compliment of the occasion was centred in the representative character of the gentlemen present. Allowing our natural modesty to make a single exception, it is safe to say that rarely on similar occasions and for a small company has more distinguished medical gentlemen been gathered together. The following sat down at the festive board: Dr. Fordyce Barker, Judge John R. Brady, Dr. R. Cauldwell, late surgeon of the Russia; Drs. Austin Flint, J. W. S. Gouley, Samuel W. Gross, of Philadelphia; Montrose A. Pallen, John C. Peters, Alfred C. Post, W. M. Polk, D. B. St. John Roosa, L. A. Sayre and his sons, Drs. Charles H. H. and Louis H., Geo. F. Shrady, Isaac E. Taylor, T. Gaillard Thomas, and William H. Van Buren. Drs. James R. Wood, Austin Flint, Jr., and Drs. Pancoast and Samuel D. Gross, of Philadelphia, also invited, were unable to be present, and sent letters of regret.

Numerous toasts were drank, and, as might have been anticipated, many admirable speeches were made. Mr. Harrison was entertained at luncheon on Wednesday by Dr. J. W. S. Gouley, at the residence of the latter, and in company with several distinguished medical gentlemen.

CLAUDE BERNARD.—A monument to Claude Bernard is to be raised in Paris by public subscription. The *Société de Biologie*, of which he was one of the founders, and for many years the President, has taken the initiative in the subscription. The list will be headed by the Minister of Public Instruction.

M. HIRTZ.—The death is reported of M. Hirtz, formerly Clinical Professor in the Faculty of Strasburg. He was the author of numerous and valuable contributions to medical science, his studies on digitalis, veratrine, and the antimonial preparations being particularly valuable. M. Hirtz was one of those who refused to remain in Strasburg after the city became part of Germany, preferring to lose his home and his professorship rather than change his nationality.

ADULTERATION OF FLOUR.—A miller in Einbungen, Germany, was condemned last month to three months' imprisonment, for mixing gypsum with his flour. One specimen of his flour contained 8.7 per cent., and another 13.7 per cent. of gypsum.

THE

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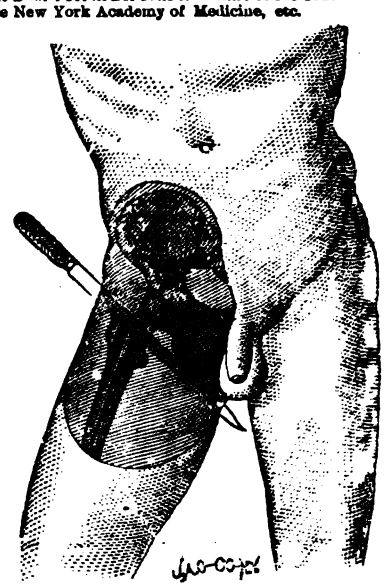

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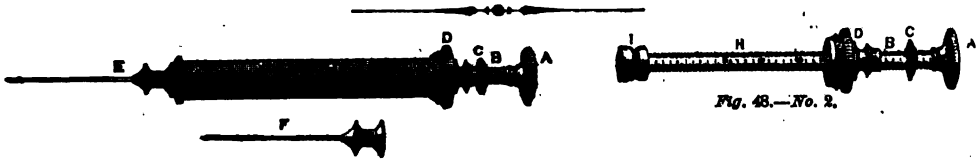

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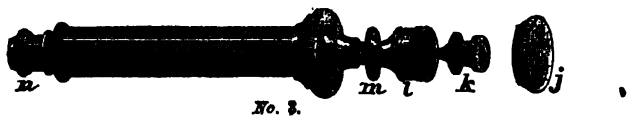

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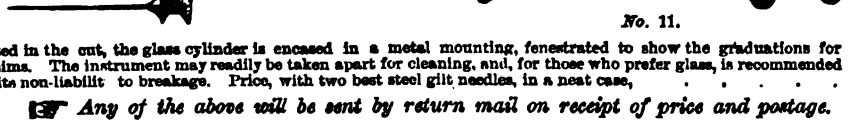

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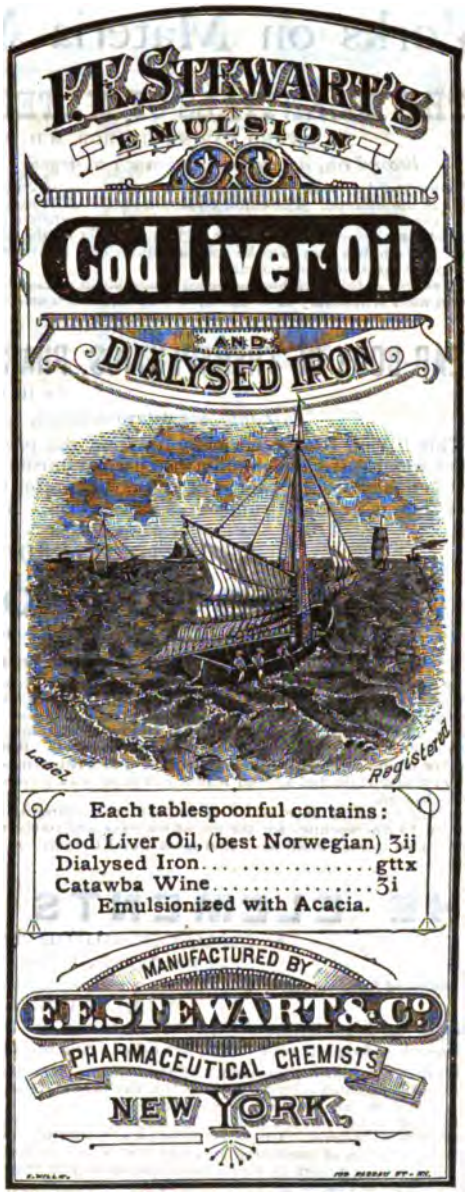

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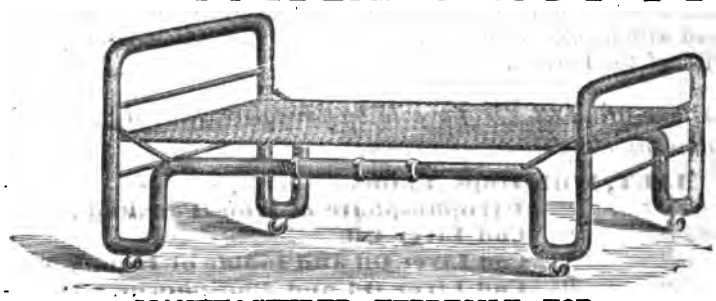

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H. D. BULKLEY, A.M., M.D., *Physician to the Skin Department Demilt Dispensary, New York; Editor Archives of Dermatology, etc.*
JAMES NEVINS HYDE, M.D., 117 *South Clark Street, Chicago.*
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SOLUBLE TABLETS, TABLET TRITURATES, PILL & TABLET SATURATES

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These tablets, from their ready solubility or diffusibility, are destined to come into general use in the profession. Their advantages can be appreciated at once when they are allowed to dissolve in the mouth or in a teaspoonful of water. They are readily soluble in the mouth or stomach, or diffusible in a teaspoonful of water, and thus administered.

We make the following abstract from an address read by Dr. ROBERT M. FULLER, before the New York Academy of Medicine, and published in "The Medical Record" March 9th, 1878, in which he makes known an accurate method he has devised for dispensing certain medicines in separate doses, in a compact and palatable form:

"The inability frequently experienced by physicians to obtain certain medicines, in separate doses, of a desired formula and mode of preparation, led me, some time ago, to undertake a series of pharmaceutical experiments with a view of contriving some simple, inexpensive and readily available method of preparing the medicines so desired."

"After a number of varied and careful experiments, I succeeded in devising four methods of preparation."

"The preparations in question I have named *soluble tablets, tablet triturates*, and *pill* and *tablet saturates*, the former being designed for any powders which are to be administered in certain required doses, and the latter for certain fluid extracts, or other standard concentrated solutions."

"*Physicians practising [in the country, to whose use they are adapted by reason of their economy, dose-accuracy, compactness, and palatable form for dispensing, will find them almost indispensable.*"

"The SOLUBLE TABLETS generally consist simply of certain medicines made into soluble paste with the aid of sugar of milk, and alcohol, or water. The tablets are intended to embrace any medicines that can be made into a paste which is not too tenacious, such as fluid extracts, or sugar of milk containing *any* per cent. of chemical, such as arsenious acid, sulphate of morphia, muriate of ammonia, etc."

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"The TABLET SATURATES are merely porous troches, or tablets designed for saturation. The difference between the tablets and the pills, beyond the difference in shape, being that the former will absorb a much larger quantity of fluid extract, or other standard concentrated solution, than the latter."

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Made from freshly imported leaves. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the Physician to judge correctly of the value of this remedy. Coca Erythroxylon is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. The feeling of exhilaration accompanying its use, is said not to be followed by any depressing effects.

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Each pill is equal to half a teaspoonful of officinal fluid extract. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe.

GRINDELIA ROBUSTA EXTRACT, 3 grs.

The Solid Extract is ten times the strength of the Herb; it can be used much more readily and with better effect than any of the liquid preparations. The use of this remedy in Hay Fever, and all Asthmatic difficulties, has increased largely in the Eastern States and Europe, and its therapeutic value is conceded. (Dose, 1 to 3.)

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The Solid Extract is eight times the average strength of the drug. The value of Guarana, in many phases of sick, nervous and sun Headache, as well as in Neuralgia, and in irritations of the mucous membrane, has become well-known to practitioners, and its happy effects in Diarrhœa, Dysentery and kindred diseases, have been attested in numerous cases. (Dose, 2 to 3.)

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These pills present a much better and more acceptable form of administering this powerful Diaphoretic and Sialagogue, than any of the liquid preparations. Valuable in Rheumatism and all Syphilitic troubles of long standing. (Dose, 1 to 3.)

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Strongly recommended "in cases of Scrofulus and other unhealthy sores, glandular enlargement, boils occurring in crops, &c." In many skin diseases it is strongly indicated, being not only anti-parasitic and anti-herpetic, but also stimulant and tonic.

SALICYLIC ACID WITH MORPHINE.

{ Acid. Salicylicum, 2 1-2 grs. }
{ Morphiæ Sulphas, 1-12 gr. }

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[Acid. Salicylicum, 5 grs. Morphiæ Sulphas, 1-8 gr.]
Strongly recommended in Rheumatism, both acute and chronic.

SANDAL WOOD EXTRACT, 1 and 2 grs.

These pills contain both the oil and resin existing in Sandal Wood, are believed to be superior to the oil alone, and are more convenient of administration.

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Resin, Scammony from Root, powd.,					*Per oz.*,	60c.
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Neutral Tannate of Quinine,

To Mr. F. ALFRED REICHARDT, who keeps full stock of his preparations.

The discovery of Mr. Math. Rozsnyay to make an *absolutely tasteless and reliable* preparation of Quinine is one of the most important in modern therapeutics. The ordinary Tannate of Quinine, as made in chemical works, is obtained by precipitating the mother liquor, of which Quin. Sulphate has crystallized out, by an addition of Tannic Acid. First, this is an acid or bi-tannate, and contains likewise all the other Cinchona Alkaloids. Quinidia, Cinchonidia, Cinchona, Quiniodin, etc., the little intrinsic value of which is best proven by the price lists of large German manufacturers who quote this salt at only one-sixth of the value of the Sulphate. The *neutral* Tannate of Quinia has also great advantages over the Sulphate, as it does not cause the same cerebral and digestive troubles, as has been fully proved by the report of the commission appointed by the Academie de Medicine, in Paris, on a memoir presented by Mr. Bonesiere. The commission consists of Messrs. Orfila, Bussy & Bouvier; their names are sufficient proof for the thoroughness of their researches.

I guarantee that this Neutral Tannate contains in 2½ grains the same percentage of pure Quinine as is contained in 1 grain of the Sulphate, and that its effects in equivalent doses are the same as that of the Sulphate. In treatment of diseases of children and persons of delicate taste, it is of the highest value. It is also put up in Chocolate Lozenges, containing each 2½ grs. of Tannate, 2 doz. in a box. Pamphlet sent free on application. Price per box, $1.00. Per ounce, $3.00.

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" **Helenen Spring.** Per case of 50 1-quart bottles	14 00
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Apollinaris, assorted in 6 package lots, we charge on 50 qt. bot. or jugs $1.00, and on 100 pt. bot. or jugs $1.50 less.	
Hunyady, in 6-case lots, case of 50 bottles	11 50
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This extract is absolutely pure and superior to **any other** make, foreign or domestic. Made without addition of hops, glucon, and guaranteed to be free from any substance whatsoever foreign to the best barley malt and distilled water. It is also the *cheapest* in the market. Put up in neat 1 lb. jars at 50c. per jar, or $3.75 per gallon, jar inclusive.

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Fluid Extract of Damiana.

The most effective preparation made under this name. It is a very efficient uterine tonic of the highest value in Impotency, Prostatitis, Spermatorrhœa, Suppressed Menses, and Catarrh of the Bladder. Its tonic action is as certain as that of Quinine. Put up in bottles of 6 oz. $2.00 per bottle. $16.00 per doz. Pamphlet sent gratis on application.

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878–1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

FACULTY:

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.
FORDYCE BARKER, M.D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Professor of clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
WILLIAM M. POLK, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
R. OGDEN DORÆMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.
JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
ERSKINE MASON, M.D., Clinical Professor of Surgery.
EDWIN L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consists chiefly of Recitations from Text-books. This term continues from the first of March to the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the regular Faculty. Regular clinics are also given in the Hospital and College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
Graduation fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

☞ For the Annual Circular and Catalogue, giving Regulations for graduation and other information, address,

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Secretary, Bellevue Hospital Medical College.

UNIVERSITY OF THE CITY OF NEW YORK.

MEDICAL DEPARTMENT.

410 East Twenty-sixth St., opposite Bellevue Hospital, New York City.

THIRTY-SIXTH SESSION.—1877-78.

FACULTY OF MEDICINE.

REV. HOWARD CROSBY, D.D.,
Chancellor of the University.

ALFRED C. POST, M.D., LL.D.,
Professor Emeritus of Clinical Surgery; President of the Faculty.

CHARLES INSLEE PARDEE, M.D.,
Prof. of Diseases of the Ear; Dean of the Faculty.

JOHN C. DRAPER, M.D., LL.D.,
Professor of Chemistry

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of Medicine.

WILLIAM DARLING, A.M., M.D., F.R.C.S.,
Professor of Anatomy.

WILLIAM H. THOMSON, M.D.,
Professor of Materia Medica and Therapeutics.

J. W. S. ARNOLD, M.D.,
Professor of Physiology and Histology.

JOHN T. DARBY, M.D.,
Professor of Surgery.

J. WILLISTON WRIGHT, M.D.,
Professor of Obstetrics and Diseases of Women and Children.

FANEUIL D. WEISSE, M.D.,
Professor of Practical and Surgical Anatomy.

JOSEPH W. WINTER, M.D.,
Demonstrator of Anatomy.

POST-GRADUATE FACULTY.

D. B. ST. JOHN ROOSA, M.D.,
Professor of Ophthalmology.

WM. A. HAMMOND, M.D.,
Professor of Diseases of the Mind and Nervous System.

STEPHEN SMITH, M.D.,
Professor of Orthopædic Surgery.

J. W. S. GOULEY, M.D.,
Professor of Diseases of the Genito-Urinary System.

MONTROSE A. PALLEN, M.D.,
Professor of Gynæcology.

HENRY G. PIFFARD, M.D.,
Professor of Dermatology.

A. B. MACDONALD, M.D.,
Professor of Medical Jurisprudence.

JOSEPH W. HOWE, M.D.,
Clinical Professor of Surgery.

THE COLLEGIATE YEAR is divided into three Sessions: A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 19, 1877, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the Third of October, 1877, and end about the 1st of March, 1878.

The location of the new College edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to *all the Clinics* given therein, *free of charge*.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College building. Five Didactic Lectures will be given daily in the College building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

THE DISSECTING ROOM is open throughout the entire Collegiate year; material is abundant, and it is furnished free of charge.

STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy and Physiology, and if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES.

For Course of Lectures	$140 00
Matriculation	5 00
Demonstrator's fee, including material for dissection	10 00
Graduation Fee	30 00
Post-Graduate Certificate	30 00

For further particulars and circulars, address the Dean,

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.

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MERCY N. BAKER, M.D.,
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MEDICAL DEPARTMENT
OF THE
UNIVERSITY OF BUFFALO,
BUFFALO, N. Y.
Session of 1878–79.

Preliminary Term begins.....Oct. 2.
Regular Term " .....Nov. 6.

FEES.—Matriculation, $5.00. Faculty, $100.00. Perpetual Ticket, $150.00. Graduation Ticket, $25.00.

THOMAS F. ROCHESTER, M.D., Dean,
Buffalo, N. Y.

MIAMI MEDICAL COLLEGE
OF CINCINNATI.

Next Session will commence October 3d, 1878. Professors' Tickets, $40.00.

FACULTY.—JOHN A. MURPHY, M.D., Dean; B. WILLIAMS, M.D.; WM. CLENDENIN, M.D.; WM. H. TAYLOR, M.D.; J. B. HOUGH, M.D.; W. H. MUSSEY, M.D.; T. H. KEARNEY, M.D.; J. C. MACKENZIE, M.D.; W. B. DAVIS, M.D.; BYRON STANTON, M.D.

For Circulars, address JOHN A. MURPHY, M.D.,
No. 163 West 7th Street.

STARLING MEDICAL COLLEGE,
COLUMBUS, OHIO.

The Thirty-first Session of Starling Medical College will commence October 4, 1878, and continue until March, 1879. It will be preceded by a preliminary course beginning September 1, 1878. Extensive additions have recently been made to the Museum and other teaching facilities of the College.

Francis Carter, M.D., Emeritus Professor of Obstetrics and Diseases of Women and Children, and Dean of the Faculty.
H. G. Landis, A.M., M.D., Professor of Obstetrics.
Sam'l D. Turney, M.D., Professor of Diseases of Women and Children.
Theo. G. Wormley, M.D., LL.D., Ph.D., Professor of Chemistry.
James H. Pooley, M.D., Professor of Surgery.
Starling Loving, M.D., Professor of Practice of Medicine.
John M. Wheaton, M.D., Professor of Anatomy.
E. B. Fullerton, M.D., Professor of Materia Medica and Therapeutics.
W. J. Conklin, M.D. (of Dayton), Professor of Physiology.
W. J. Wolfley, M.D., Professor of Opthalmology and Otology.
Alex. Dunlap, M.D., Professor of Surgical Diseases of Women.
Hon. J. W. Baldwin, M.A., Professor of Medical Jurisprudence.
D. A. Morse, M.D., Professor of Nervous Diseases and Insanity.
Otto Frankenberg, M.D., Professor of Pathology.
T. C. Hoover, Prosector to the Chair of Surgery, Lecturer on Minor Surgery and Demonstrator of Anatomy.

College, corner of State and Sixth Sts.; Dean's Office, 161 East State St.; Secretary's Office, 72 East Gay St.

Letters of inquiry should be addressed to the Dean,
PROF. FRANCIS CARTER, M.D., Dean, Columbus, Ohio.

UNIVERSITY OF MICHIGAN.
DEPARTMENT OF MEDICINE AND SURGERY.

The 29th annual course of lectures will commence on Oct. 1, 1878, and continue *nine months*.

Course separate but equal for women.

Matriculation Fee, *paid but once*—Residents of Michigan, $10; non-residents, $25.

Annual Dues—Residents of Michigan, $30; non-residents, $35.

Graduation Fee—For all alike, $10.

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IOWA STATE UNIVERSITY,
IOWA CITY, IOWA.
MEDICAL DEPARTMENT.—SESSION OF 1878–79.

The next regular course will commence on Wednesday, October 24th, 1877, and continue until the first Wednesday in March, 1878. The preliminary term will begin on Wednesday, October 10th, and continue until the opening of the regular course. Clinical instruction in Mercy Hospital gratuitous. Advanced students will be intrusted with the care of cases. Applicants for graduation will be required to perform operations upon the cadaver. An abundant supply of dissecting material constantly on hand.

FEES.—For the entire Course, $80.00, Matriculation Ticket, $5.00. Demonstrator's Ticket, $5.00. Graduation Fee, $20.00. For further information, address W. F. PECK, M.D., Dean, Davenport, Iowa, or, CLARK E. CLAPP, M.D., Sec'y, Iowa City, Iowa.

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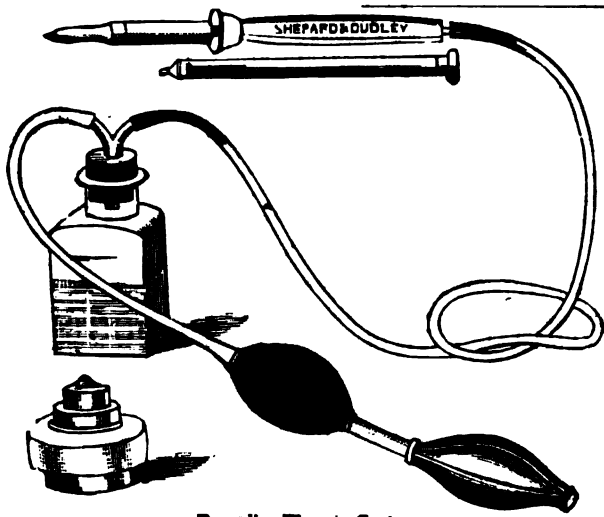

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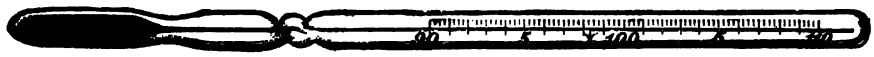

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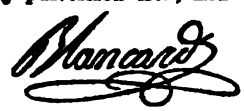

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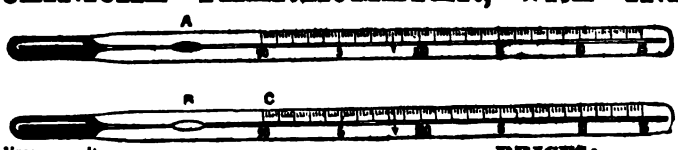

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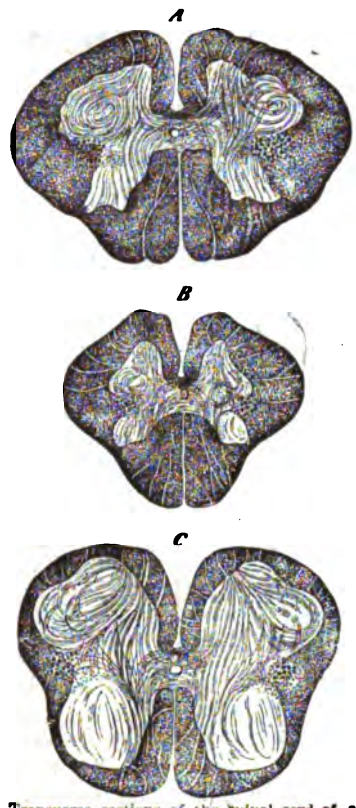

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NEW YORK, *January* 28, 1878.

GENTLEMEN:—It gives us great pleasure to speak of the merits of THE MEDICAL RECORD. The able manner in which it is edited and managed give it a wide influence amongst the medical profession of this country. Sincerely yours, WM. R. WARNER & Co.
PHILADELPHIA, *February* 5, 1878.

GENTLEMEN:—Continued advertisement in THE MEDICAL RECORD, lead us to say that we regard it as the *best* journal for reaching the medical profession that we know of, owing to its wide circulation and the thorough manner in which it is circulated. Yours truly,
PHILADELPHIA, *February* 5, 1878. KEASBEY & MATTISON.

GENTLEMEN:—During the time we have had our advertisement in THE MEDICAL RECORD we have found it to be the very best advertising medium, and we beg to say that we cannot recommend it too highly. We have had more orders in consequence of our advertisement in THE MEDICAL RECORD than from all other journals we advertise in combined.
NEW YORK, *January* 30, 1878. F. G. OTTO & SONS, New York.

GENTLEMEN:—Having advertised in THE MEDICAL RECORD for a number of years, we can confidently recommend it to advertisers as one of the best mediums known to us.
NEW YORK, *January* 30, 1878. Yours respectfully, GEO. TIEMANN & Co.

GENTLEMEN:—As constant advertisers in THE MEDICAL RECORD, we are happy to state that we consider the RECORD one of the very best mediums for reaching the medical profession.
NEW YORK, *January* 28, 1878. We are yours truly, E. FOUGERA & Co.

GENTLEMEN:—Your MEDICAL RECORD has been very satisfactory as an advertising medium; nearly every mail bringing orders and inquiries from its readers. From letters received, the "RECORD" must reach all quarters of the globe. Yours truly, A. J. DITMAN, Druggist.
NEW YORK, *January* 28, 1878.

GENTLEMEN:—We are entirely satisfied with the results of advertising in THE MEDICAL RECORD. There is no better medium for reaching the medical profession in the United States.
Very respectfully, TROMMER EXTRACT OF MALT Co.
FREMONT, OHIO, *February* 10, 1878.

Advertising Terms furnished on application.

WM. WOOD & CO., Publishers, 27 Great Jones St., New York.

FOOD for INFANTS and INVALIDS.

BLAIR'S
PREPARED WHEAT FOOD,
A Nutritious Diet for Infants.
Contains more of the nitrate and phosphates (muscles and bone forming element) than most farinaceous foods. Price low and sells well: guaranteed to keep.
HENRY C. BLAIR'S SONS,
Eighth and Walnut Streets,
PHILADELPHIA.

HORLICK'S FOOD FOR INFANTS.

This article, as shown by analysis, is the only true substitute for Mother's Milk, and, unlike the other foods, **does not contain starch.** Infants cannot digest **starchy foods** until they have their teeth. This preparation also contains the **Phosphates** so essential for the production of bone and brain. It will **sustain life single-handed.** Requires no cooking.

We also Manufacture
HORLICK'S FOOD FOR DYSPEPTICS.
HORLICK'S FOOD FOR CONSUMPTIVES.

Price $1.00 per bottle. Trial size, 50 cents.

J. & W. HORLICK & CO., Chicago, Ills.

PREPARED FOOD
FOR
INFANTS AND INVALIDS.

Prepared especially to meet the requirements of the growing Infant, containing the Phosphates and all the health-giving properties of the finest wheat, many of which are altogether rejected in the usual process of preparing flour.

Also admirably adapted on account of its easy digestibility to Invalids. Price 35 cents per package.

BENJAMIN J. CREW, Pharmacist.
PHILADELPHIA.

The K. & M.
INFANTS' FOOD

Perfectly free from Starch and perfectly soluble.
CONTAINS NO ALCOHOL.
An extract prepared from malted grain, consisting of grape sugar, dextrine, alkaline phosphates, etc.

"A child deprived of its mother's milk, can only be fed properly when the food is equivalent in power to woman's milk."—BARON LIEBIG.

DIRECTIONS FOR USE.—Dissolve a tablespoonful of this extract in one-third of a pint of fresh, warm cow's milk, by simply stirring it. This being double the strength of mother's milk, it should be diluted with an equal quantity of warm water, until the infant is some months old.

Prepared with the most scrupulous care by

KEASBEY & MATTISON, Manufacturing Chemists.
332 N. Front St., Philadelphia, Pa.

Papoma for Infants & Invalids.

IS ESPECIALLY DESIGNED FOR INFANTS AND INVALIDS.

It possesses all the required elements necessary to nurture, strengthen and promote a vigorous and healthy growth in children, and to restore and sustain the exhausted vitality of the sick and debilitated. It is delicious and palatable when no other diet is relished or desired. Eminent physicians highly approve and regard as much superior to all other preparations of food. It may truthfully be claimed as a substitute for Nature's own food to infants—a fact which all mothers and those having children should remember.

JOHN WYETH & BRO., Philadelphia.

Dr. N. Gerber's Milk-Food

Prepared in THUN, SWITZERLAND.

Many farinaceous foods prepared for children contain too much sugar and starch, while the milk added to these foods is insufficient in quantity, so that the proportion between the azote and non-azote bodies is not fairly balanced, and consequently, the children are fed in an irrational manner.

After long experimentation, in which I have sought to avoid this serious defect, I now offer an article which I believe will meet the necessity of the case, inasmuch as it contains **less starch and sugar and more milk.**

DIRECTIONS.

For children up to three months old, one part of the "Food" to eight or ten parts **cold water.** The quantity of water may be reduced for older children to four or five parts to one of "Food." After mixing well, boil it five minutes, taking care to stir it well.

CHEMICAL ANALYSES.

The composition of Dr. N. GERBER'S "Milk-Food" is stated by well-known Chemists, as follows:

THE ANALYTICAL SANITARY INSTITUTION,
LONDON, April 27, 1876.

The results of my analysis show that Dr. GERBER'S Milk-Food is composed in part of condensed milk; that it contains all the elements of a complete food, namely: the Starchy, Saccharine, Albuminous, and Mineral, in such proportions as render the food well adapted for the nutrition of infants and young children.

The amount of Nitrogenous matter and of Phosphoric Acid furnished are considerable.

The Nitrogenous matter includes 1.88 per cent of Nitrogen, and the Mineral matter 0.51 per cent of Phosphoric Acid.

ARTHUR HILL HASSALL, M.D., Chemist,
Author of "Food; its Adulterations, and the Method for their Detection."

MONTREAL, Canada, November 10, 1877.

I have satisfied myself that Dr. GERBER'S Milk-Food is not a mere "Farinaceous Food," but that it really contains, as it professes to contain, the formative elements of *Flesh, Blood and Bone*; also *Carbonaceous Matter* for the maintenance of animal heat,—thus consisting a *complete diet*, formed on the basis and type of Human Milk. * * * I can conceive of no better substitute for "Mother's Milk."

J. BAKER EDWARDS, Ph.D., D.C.L.,
Professor of Chemistry Bishop's College and College of Pharmacy, Montreal, and Public Analyst for District of Montreal, under Inland Revenue Act.

HYGIENIC PHYSIOLOGICAL INSTITUTE,
MUNICH, Sommer, 1877.

Repeated experiments of Dr. GERBER'S Milk-Food, made by D. Med. FR. RENK, Assistant of Privy Counsellor Prof. Dr. MAX VON PETTENKOFER, at his Laboratory; also, at Prof. Dr. C. VOIT'S Physiological institute in Munich, show the average analysis to be:

Water,	4.31 per cent.
Mineral Salts,	2 03 "
Fats,	5 23 "
Albuminates,	15.51 "
Hydro-Carbons, soluble,	48.41 "
" " insoluble,	24.46 "
	99.95 "

This preparation is highly recommended by:

Prof. DEMME, Physician to the Jenner Hospital for Children Berne, Switzerland.

Dr. J. RUD. SCHNEIDER, Sup't of the Hospital of the Canton Berne, Switzerland.

A. M. SIGEL, M.D., Phys. to the Olga Hospital Asy. for Infants, Stuttgart.

Dr. PIO MORI, Medico Primario, Phy. to Hospital for Children, Rome, Italy.

Dr. GRIFFINI, Director of the Foundlings' Home and Lying-in Hospital in Milan.

E. BOUCHUT, Professor of the Faculty of Medicine of Paris, and Phys. to the Sick Children's Hospital.

Prof. Dr. ZWEIFEL, in Erlangen.

Send for Circular with full particulars and valuable testimonials from prominent American physicians.

ROETHLISBERGER & GERBER,
Sole Agents for the United States,
NEW YORK

In corresponding with Advertisers please mention THE MEDICAL RECORD

McKESSON & ROBBINS' GRANULES, Gelatine-Coated.

Aconitia	1-60 gr.	**Mercury, Proto-Iodide**	1-5, 1-4, 1-2 gr.
Arsenious Acid	1-50, 1-40, 1-30, 1-20 gr.	**Morphia, Acetate**	1-8, 1-4 gr.
Atropia	1-60 gr.	**Morphia, Sulphate**	1-16, 1-10, 1-8, 1-6, 1-4 gr.
Belladonna Extract	1-4 gr.	**Morphia, Valerianate**	1-8 gr.
Calcium, Sulphide	1-10 gr.	**Podophyllin**	1-8, 1-4 gr.
Codeia	1-16, 1-5 gr.	**Quinia**	1-2, 1-4 gr.
Corrosive Sublimate	1-40, 1-30, 1-20 gr.	**Strychnia**	1-60, 1-40, 1-30 gr.
Digitalia	1-60 gr.	**Sulphur, Iodide**	1-25, 1-10 gr.
This is prepared in our own laboratory and can be confidently relied upon.		**Tartar Emetic**	1-100, 1-20, 1-4 gr.
Mercury, Bin-Iodide	1-25, 1-16 gr.	**Zinc, Phosphide**	1-6, 1-4, 1-2 gr.

Physicians have experienced the need of a reliable and pleasant form for administering these more potent remedies. The want of reliability, as exhibited in the granules of the market by the varying action following their administration, has caused them to be avoided—and very justly—by most practitioners, who have preferred rather to use solutions, and trust to the custom of dropping, or, using a teaspoon to measure their portions, although nearly as uncertain, owing to great difference in the sizes of teaspoons; and the fact that drops vary with the conditions and form of surface, from which they flow.

In our preparations we have taken special precautions by enforcing our system of checking the weights, and, at large expense, have had our machines for division of the substances so carefully and correctly constructed, as to insure an exactness never before maintained in this class of preparations. We can, therefore, afford assurance to physicians of correct weight and perfect division. Our granules have been appreciated and are being extensively used by the profession.

Be careful and see that "McKesson & Robbins" is on the label, and specify McK. & R. on prescriptions.

Full lists furnished upon application to

McKESSON & ROBBINS, 91 Fulton Street, New York.

Quote MEDICAL RECORD.

SOLUBLE PILLS.

170 WILLIAM STREET, NEW YORK, October, 1876.

THE marked increase during the past few years in the demand for Pills made in accordance with the U. S. Pharmacopœia and other recognized formulas, has induced us to commence their manufacture in our own laboratory, and we are now furnishing Coated Pills, which, for beauty of finish, solubility, and general excellence, are unequaled.

The best substances are used in their manufacture. No article required by a formula is omitted on account of its high cost, nor are any pills deficient in weight; so that we can guarantee them to be made in strict accordance with the standard formulas, *both as regards the materials called for and in weight.*

The pills are coated while soft, and the excipients employed are such as preserve a mass readily soluble in the juices of the stomach, thus insuring prompt action.

The coating, which is soluble and so transparent as to clearly reveal the color of the mass, effectually covers any nauseous taste, and renders the pill easy to be swallowed. Its solubility can be readily tested by allowing a pill to rest upon the tongue for a few seconds.

Particular attention is called to our Granules of Morphine, Strychnine, Arsenious Acid, and other powerful remedies, which are prescribed in minute doses. The desirability of having these medicines in this shape, accurately weighed and ready for administering, has long been recognized. We have taken every precaution to insure accuracy in weight, and can give assurance that in this, as in other particulars, they can be implicitly relied upon.

We shall be happy to furnish any samples that may be desired.

NOTICE—See our Advertisement in alternate numbers of the RECORD.

W. H. Schieffelin & Co., 170 and 172 William St., New York.

ALOIN, { THE ACTIVE PRINCIPLE OF ALOES.

MANUFACTURED BY THE DISCOVERERS,

T. & H. SMITH & CO., Edinburgh and London.

"The uniformity in strength of Aloin, the smallness of its dose, and the certainty of its action should commend it to the favourable consideration of all medical practitioners."—*Vide* Dr. WM. CRAIG'S Investigations, published in *Edinburgh Medical Journal* for May, 1873.

Messrs. SMITH will send free by post a Sample of Aloin to any Medical Gentleman desiring it.

NEW YORK—Messrs. McKESSON & ROBBINS.

See Advertisement of TROMMER'S EXTRACT OF MALT, page 13.

See PHILLIP'S Cod Liver Oil, with Phospho-Nutritine, Page 6.

See Advertisement of KEASBEY & MATTISON, Page 3.

See Advertisement of Codman & Shurtleff—New Hypodermic Syringes, page 7.

Original Lectures.

LECTURES ON FEVERS.

By ALONZO CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICAL MEDICINE IN THE COLLEGE OF PHYSICIANS AND SURGEONS IN THE CITY OF NEW YORK.

(Reported for THE MEDICAL RECORD.)

LECTURE III.

TYPHOID FEVER (CONTINUED)—TREATMENT—BASTARD TYPHOID FEVER—EPHEMERAL FEVER—CESSPOOL FEVER—TYPHO-MALARIAL FEVER.

GENTLEMEN:—In the treatment of typhoid fever you cannot be too careful to have an abundance of *fresh air* admitted into the sick-room, both for the benefit of the patient and for the safety of those who are attending him. I never fail, except under circumstances which render it impossible, to have a window on the side of the room opposite the patient dropped a certain distance from the top, even in the winter season, and then make the patient comfortable by bed-clothing, and protect him from a draught of air by the use of a screen. You may remember what I said with reference to fresh air in the treatment of typhus fever, and I value it quite as highly in the treatment of typhoid.

There are a few other considerations which must be mentioned. First, of *bed-sores*. These are likely to come upon certain parts of the body which specially press upon the bed, and there is no remedy so effectual for their prevention and treatment as the water-bed. The water-bed equalizes the pressure of the body, and allows the sores to heal, whether they occur in consequence of fever or in consequence of paralysis. If the water-bed cannot be obtained, about the best substitute is the padded ring or a rubber ring filled with air. There is no wash, no plaster; there is nothing, except to relieve the part from pressure, which will prevent the occurrence of these sores when once they commence, or allow them to heal when they have been formed. When one threatens to form upon the heel, remove all pressure from that part by placing a proper support under the calf of the leg. When they threaten to form over the scapula, some kind of support must be placed under the back and along the spinal column, so that the weight will be removed from the part threatened. These bed-sores increase the danger and complicate the disease in proportion to their extent.

For the *tympanites*, Hasse, of Sweden, in giving a summary of 3,000 cases, attaches a great deal of importance to the application to the abdomen of cold compresses, and covering them with oil-silk. He thinks that this application exerts a derivative influence such as prevents, to a certain extent, the formation of ulcers in the intestines. The Peyer's patches situated nearest the ileo-cæcal valve are affected earliest and most constantly. From that point the disease advances upwards, and Hasse thinks that by the use of cold wet compresses the development of ulcers in the upper part of the small intestine is prevented, and the tympanitic distention of the bowels is diminished.

In some cases the distention of the bowels becomes so considerable as to be the cause of a great deal of distress: the diaphragm is crowded upward, and breathing is very much embarrassed.

Under such circumstances, several expedients have been resorted to for the relief of the patient. Commonly some moderately stimulating injection will be found to be of service. An injection of half a pint of fluid composed of Labarraque's solution 1 part, and water 16 parts, will sometimes prove very effectual in removing the gas from the intestines. Dr. Wood, of Philadelphia, thinks the removal of the tympanitis can be best effected by the use of spirits of turpentine in doses of from 8 or 10 drops, given in mucilage. It is thought that it acts by stimulating the muscular coat of the intestine to contraction.

With regard to *abscess*, which occurs in the advanced stages of the disease. It frequently happens that pus is produced very rapidly, and it may do a great deal of harm by dissecting up muscles and separating parts which should remain united. The only way of relieving the patient from mischief by this dissection is to open the abscess early. Do not mind what the surgeons say about not opening cold abscesses until pointing is well marked, for they have not seen as much typhoid fever as have the physicians, and the physicians open them as early as possible, however small the abscess may be. Following the advice of the surgeon, I have seen, more than once, empyema produced by perforation of the sternum and emptying of the contents of the abscess into the mediastinal space, and into the pleural cavity.

That is not a pleasant complication, especially when it could have been prevented by opening the abscess early.

When there is *peri-parotiditis* cold may be applied in its early stage, either in the form of cold compresses or ice. If the inflammation advances to suppuration, open the abscess early, and so prevent the extension of the disease.

If the doctrine be true that evacuations from the bowels of persons sick with typhoid fever are a source of contagion, a precept follows to which all will agree, and that is to *disinfect the discharges* at once. By this I mean mix with them something which will prevent any putrefaction or fermentation, and the best manner is to place in the bed-pan or vessel a half pint or pint of a solution of the sulphate of iron just before it is to receive the evacuation. This is, perhaps as good a hindrance to fermentation as any among the many substances called disinfectants. Besides this, there should be particular care that none of these disinfected dejections are put into the privy vault; they should be deposited in a hole dug in the ground and from time to time covered with fresh earth. The spot where the dejections are deposited should be so situated as to exclude the possibility of contaminating water used in the family.

The *bed-clothes*, as soon as they are soiled, should be removed from the bed and plunged into a tub of water which is sufficiently impregnated with carbolic acid to secure effectual disinfection. When this is done, I believe they may be safely sent to the washer-woman. If the doctrine of fermentation is true, the disease should not be permitted to spread at all. I am not sure that it is true. We have not had opportunity to give it a full study. But it comes to us with so much authority that the rules derived from it deserve consideration.

With regard to the *administration of medicines*. There are many physicians, especially in England, who attach considerable importance to the use of mineral acids, and, as far as we can judge, it does not matter much which one is used. One physician prefers the phosphoric acid; another prefers the muriatic; and still another the sulphuric; but all agree that there is

an amelioration of symptoms when these medicines are used. Some of the German physicians are much attached to preparations of iodine in the treatment of typhoid fever. For instauce, 6 grains of iodine and 12 grains of iodide of potassium are dissolved in 1 ounce of water; of this they give 2, 3, or 4 drops every two hours.

Another German writer attaches much importance to the administration of 5 grains of calomel once, twice, or three times a day in the early part of the disease. We have been very familiar with the use of calomel in this country in the treatment of typhoid fever, and it has been pretty generally abandoned.

Next, with reference to *the use of stimulants.* It is one of the most difficult things in the world to keep the medical profession plumb. At one time they will bleed for certain diseases, and bleed *coup sur coup,* and at the end of no more than ten years, perhaps scarcely a medical man can be found who bleeds in the treatment of any disease whatever. The pendulum goes up upon one side, and when it comes down it does not stop at the perpendicular, but swings high up upon the opposite side. So it is with whatever medical doctrines are brought forward; they are carried to extremes, are found to do harm, are then rejected, when probably there is some good in them all. This is especially true with reference to the use of stimulants in the treatment of disease. Thirty years ago they were regarded as harmful except in certain conditions. Afterwards came a day when they were used for the relief of almost every disorder, and now I found it very difficult to keep my young men in the hospital from the excessive use of them.

As a matter of fact, two-thirds of the patients sick with typhoid fever do better without than with alcoholic stimulants. Occasionally a case occurs in which the feebleness and frequency of the pulse, and the general condition of prostration, will suggest the inquiry, whether alcohol should not be given. When alcoholics diminish the frequency and increase the force of the pulse, they do good, and then they should be given in such quantity as is necessary to give this force and diminish the restlessness and suffering of the patient. But in considering that point you are to bear in mind another: the stage of the disease. I cannot, perhaps, better illustrate what I mean to say than by referring to two cases which I saw on the same day.

I went out of town a few miles to see a case of typhoid fever, and found that the patient had the symptoms of the third, in the first week of the disease. There were the dry tongue, sordes upon the teeth and lips, delirium, restlessness, imperfect consciousness, involuntary evacuations from the bladder and bowels.

I said that man must die. To give him alcohol would be of no benefit whatever. He died in the beginning of the second week, and I do not believe that all the alcohol which has been distilled since the sun began to shine could have saved his life.

In the evening of the same day I visited a young lady who was in the fourth week of typhoid fever. Her condition was almost exactly that of the man whom I had visited in the early part of the day. There was the dry tongue, the delirium, the rapid, small pulse, etc.—in short, she had symptoms belonging to the fourth week of the disease—and the question was, Shall we give brandy? Answer, yes. For if we can keep her alive to the end of this week her life probably can be saved; and the result was, she recovered. The very severe symptoms appearing early will not yield to any remedy which can be given. The heart will fail before the natural period at which the disease terminates can be reached.

As a rule, when a person has had this disease he will not have a second attack. In the town of Richmond, Mass., Dr. Jennings saw two epidemics of typhoid fever, occurring with an interval of two years. About sixty persons were attacked in each epidemic. In the second *two* of those who two years before had had the fever had a second attack, and that is what is likely to occur in any epidemic recurring within a short period. Those who have had the disease may regard themselves as having an immunity not entirely complete from its recurrence. Exactly the same experience occurred to Dr Jennings with reference to scarlet fever. So typhoid fever may be pretty safely compared with the eruptive fevers with regard to liability to a second attack. Persons advanced in life are not liable to an attack, or only in a slight degree. Infants, quite young, do not have the disease, but after one year of age they can.

BASTARD TYPHOID FEVER.

There is a form of disease, which has a certain resemblance to typhoid fever, and yet has not probably its characteristic lesions. A man, for instance, finds himself quite uncomfortable; after a little time he feels chilly; perhaps these chilly feelings last for a day or two; he has alternating with the chills periods of heat, and, altogether, he does not feel well. He rises the next morning, feels about the same, has but little energy, perhaps lies upon the sofa. He takes some light article of food, but his appetite is nearly gone. He goes to bed at night, thinking that a night's rest will make him feel better. He gets up on the following morning, and, as soon as he begins to move about, he finds that he is weak; it is much more agreeable for him to sit than to stand, and he had rather lie down than do either. His pulse is moderately increased in frequency. His temperature is 102° F., perhaps 103° F. In this condition he goes on day after day, until he becomes accustomed to this continuation of symptoms, and then he keeps his bed most of the time. It is not a dangerous illness, and yet it lasts about the same length of time as does typhoid fever. There is no diarrhœa, no tympanitic distention of the abdomen, no eruption of any kind, no delirium—or if delirium is present, it occurs at night, and is only of short duration. There is loss of appetite, and a rather mild fever, which lasts about four weeks. I have described the disease in this way for many years, and I have observed that persons in other countries have observed the same kind of fever. I do not know what it is; we are ignorant concerning its lesions, for, in my observation, there have been no deaths. For want of a better name, I have called it *bastard typhoid fever.* The *treatment* is entirely by symptoms, from beginning to end.

We have no reason to suppose that it is communicable, as I have not seen two cases in any family, and, in that respect, it would be distinguished from typhoid fever.

EPHEMERAL FEVER.

There is a fever which I have already mentioned, and to which I must again make brief reference. It is the ephemeral fever. It is best known during an epidemic of typhus or typhoid fever. It begins just as these two fevers do. It runs in the most marked cases only about one week, and then subsides of its own accord. While it continues you cannot be sure that it is not typhus or typhoid fever, whichever disease may

be prevailing. I have often thought that it would be worth while to inquire whether it does not occur, for the most part, in persons who have had typhus or typhoid fever, and in whom the susceptibility to those diseases is limited.

At all events, it is an affection which does not run a definite course; it is not a distinct fever. It usually subsides after two or three days, and then the patient is soon well again.

CESS-POOL FEVER.

Every summer I see a certain number of cases of a febrile disease, which is attended by exhausting diarrhœa and great prostation, and in almost every instance the sickness can be traced either to foul water, water made foul by the admixture of human excrement, or to neglected privies.

Most of you will remember something of such a disease, which took for the most part a chronic form, occurring in one of the hotels in Washington several years ago. It was a chronic diarrhœa; there were some acute cases; but most of them were chronic, continuing at least for several months, and in some cases for one or two years. Some of those patients recovered, but a great many were worn out by the disease. We see the same thing here sometimes arising from contamination from sewers.

The number of deaths occurring yearly in New York from this cause I do not know exactly, but probably it is fifteen or twenty. From what I know of the disease, it always has the same history. It is not usually ushered in by a chill; sometimes it is, but there is always a certain amount of fever; there is a diarrhœa, and its duration is usually two or three weeks. You may perhaps obtain a better idea of the leading features of the disease from a letter which I received some three years ago from a physician whose son died of it while at school. He writes: "I was summoned to visit my son on Monday, September 28, 1874. I found him in bed, pale and emaciated; pulse 100, soft and moderately full. His tongue was covered with a white coat; his mind was clear when awake, and I learned that he had been unwell a little more than two weeks with diarrhœa, consisting of from four to eight large discharges daily. Early in his sickness he had a chill, but had a diarrhœa before the occurrence of the chill. He had not had any headache at all, no epistaxis, no tenderness or pain in the abdomen or iliac region. He had had no appetite for solid food for a week previous to the commencement of his sickness, but had taken milk with relish. There were no sordes about the mouth, no tympanitis, no rose-colored spots. On Monday night he slept some. Delirium was moderate, and like that in typhoid fever; he kept trying to get out of bed, and saying that he wanted to go home. From this time he grew rapidly worse; the pulse increased in frequency, and became small and feeble; the diarrhœa continued, and he died from exhaustion on Wednesday evening. The temperature on Wednesday was 101½° F. in the axilla, and at that time the extremities were cold." Such was the history of the case, and now for the circumstances which are responsible for his death. "His room was upon the second floor, was fifteen feet square, had a high ceiling, and had two windows. One window opened into the back yard, the other into the vestibule of the water-closet, used by 70 or 100 persons. The closets were very foul, had no ventilation except by a square box, to which was attached a pipe about six inches in diameter, running horizontally through the room occupied by my son, and emptying into the chimney. The stench from these privies was something horrible." In this case it is uncertain whether the disease came from the gases which were produced in the privies or from contaminated water, as no investigation was made with reference to the latter question.

At one of our watering-places, however, only a few years ago, there were repeated cases of a similar disease, a disease having the same symptoms substantially, and they were traced distinctly to a communication between the pipes from the water-closet and the pipes which supplied the house with water. There was a pretty clear solution of the sickness. It must have been caused by water contaminated with human excrement. The disease is not the "typhoid affection," so far as we can judge from the symptoms. Its lesions are not yet fully studied.

Whether the disease which occurred in eighteen out of the twenty persons who attended a picnic in Connecticut was truly typhoid fever, or was of the character of the cess-pool fever, I have not been able to ascertain.

These cases come from every region of the country. Not long ago I saw a case which came from the White Mountains, and it would seem that discharges from privies, or emanations from them, can produce this form of disease anywhere.

There is no treatment for it except symptomatic. You will endeavor to stop the diarrhœa, and for that purpose you will use exactly the same means employed to suppress a diarrhœa arising from any other cause.

Naturally you would consider the source of the disease and remove that, and doubtless the use of some disinfectant will be suggested to you. Small doses of carbolic acid may be given, but it is not certain that it will produce decided results. At the same time it can be given with safety, and it is proper that it should be administered. The hyposulphites, of soda particularly, the bisulphites and the sulphites, may all be used for the same purpose. It is probable that they may do some good. The gravest feature of the disease is the exhausting diarrhœa: and this suggests the use of brandy or port wine. In one case that I saw transfusion of blood was made, but with only temporary benefit. There is no general febrile movement of much severity; consequently, quinine would be required more as an antiseptic than as a sedative.

TYPHO-MALARIAL FEVER.

There is another form of fever to which I wish to direct your attention, and it is that which Dr. Woodward, of Washington, has described under the name of typho-malarial.

I have long known that a certain relation existed between malarial disease and typhus and typhoid fevers, but it did not occur to me to give it a name. To give you an illustration, which is perhaps better than a general description: in 1847 a young physician in Bellevue Hospital was taken sick with typhus fever. He was from a malarious region, and a year before had had remittent fever. His typhus fever went on, not with extreme severity, nor was it light enough to relieve anxiety. In the course of two weeks I found him, at one of my visits, in profound coma. What had happened I was not able to say. Whether there had been a sudden accession of meningitis, or whether the condition was due to some unexplained cause, I was not at first able to determine. After three or four hours he began to recover from his coma, and in a short time was quite himself again. That fact in an adult would exclude the idea of meningitis. The question then came, Can there be any malarial influence at work to produce this congestion of the brain?

On inquiry I found that about one year before, while living in the neighborhood of Philadelphia, he had an attack of remittent fever. I immediately began the administration of quinine; but the coma recurred the next day, in a milder form, and by the third day was wholly conquered. After this the typhus ran its regular course, and he recovered. Symptoms as severe as this do not commonly occur in typho-malarial fever, but accessions of fever are very apt to correspond with the accessions in the intermittent and remittent fevers —that is, the highest temperature is more apt to be present in the morning than in the evening. In other words, malarial poison will work in conjunction with typhus and typhoid poisons and make a compound disease. Of course, your treatment in such cases will be modified to correspond with the complication. By use of quinine the malarial element can be pretty promptly eradicated, without producing any special effect upon either the typhus or the typhoid fever. Your treatment, therefore, will be antiperiodic as well as sustaining.

Original Communications.

ON TRUE ANIMAL VACCINATION.

By HENRY A. MARTIN, M.D.,

BOSTON, MASS.

In a previous communication I endeavored to give some idea of the causes of "shocking results" erroneously attributed to vaccination. I have had ample experience in the investigation of such cases and of the often very incorrect, imperfect, and exaggerated rumors and reports of them since I was summoned, in 1860, as an expert, to the inquest on "the Westford cases," till the present moment. I feel much as did that great, good, and all too soon and too completely forgotten man (the "Jenner of America"), Doctor Benjamin Waterhouse. Having imported into America a new disease (*Vaccinia*),* he felt obliged to investigate and explain every circumstance connected with it. In September, 1870, I introduced into America the method of *true*† animal vaccination, and have felt a peculiar necessity and obligation to investigate most thoroughly every report of ill result from the use of bovine virus. The cases in which uncomfortable complications and results, or even mere *sequelæ* of the use of true animal vaccine have been reported, have been extremely few, yet the investigation of them has involved a great amount of very irksome labor. I am happy to say that *in every instance* in which fatal or even serious results have been reported as complicating or following the employment of *true* bovine virus, the report has been erroneous, and I regret to say that, in more than one instance, the error has arisen from intentional and interested misstatement, which has only been revealed when it became evident that further misrepresentation would have been worse than useless. Although I possess, and can at any time produce, ample evidence to corroborate the truth of this statement, I have not, hitherto, considered it worth while to formally refute the very few reports unfavorable to *true* animal vaccination which have been published.

Such refutations involve, necessarily, a great deal of explanation, a vast amount of writing, laborious to the writer, and very seldom carefully read, or indeed more than glanced at, by the "busy practitioner," and have but very little effect in neutralizing the ill consequences of the original misrepresentation. The original short, crisp, piquant lie, even although its source may be unknown, irresponsible, or even anonymous, will be read, and, if not fully credited, will still produce a decided and lasting impression and prejudice in the minds of ten readers, of whom perhaps, indeed, probably hardly one will take pains enough to investigate its credibility or even to carefully read a denial, which to be conclusive must almost necessarily be very long. Long and repeated experience having fully convinced me of all this, I have been satisfied to possess the documentary and other evidence necessary to vindicate *true* bovine vaccination from all injurious imputations hitherto made without writing any formal paper with that intention. The total number of cases in which ill results are even reported as, at any interval, following the use of *true* animal vaccine is so utterly and insignificantly small, compared with the prodigious aggregate of vaccinations and re-vaccinations made with that virus in America since September 28, 1870, that, if they were ten times as numerous, and all absolutely authentic (as I pledge my honor to, if necessary, prove them to be false), they might well be disregarded. Few of your readers can probably have an absolute or even approximative knowledge of the perfect revolution effected by true animal vaccination in America in the past seven years. If this revolution in practice had been associated with the operations of some extended and dignified organization like the National Vaccine Establishment of England, and its progress recorded, from year to year, by the publication of able and imposing blue-books and essays, and statistical tables, it would doubtless have made more noise in the world and produced an infinitely greater effect on some weak minds, but it could not have been more complete.

As a result of the general intelligence and education of the American people, the independence of the American profession, and a general conviction with both that vaccine virus *might* be the vehicle of human disease; but, above all, that by long human transmission it had lost much of its power to induce a perfect and permanently protective form of *vaccinia*, there was a very general willingness, and even desire, to give a fair trial to a method which was certainly free from *some*, and might be free from *all* the defects of the "Jennerian," or "arm-to-arm" method of vaccination. During the summer of 1870 I experimented in the vaccination of animals and of the human subject with virus thus obtained, and in September of that year I offered to the profession an opportunity to obtain true bovine virus. On October 20, 1870, I published, in the *Boston Medical and Surgical Journal*, brief announcements to that effect, with statements of the results of observation to that date. Two or three

* If it were not from a fear of appearing pedantic, I should use the original and proper term, *Vaccina*, which may be found in most of the older authorities. There seems no reason but a mistaken notion of euphony for the change in the final syllable; but why not Scarlatin*a* Varicell*a*, etc., etc.?

† I use the term "*true* animal vaccination," as that of "animal vaccination" and "bovine vaccination" are applied to the method of retro-vaccination (the vaccination of animals with humanized virus, and employment of lymph so obtained), a very different thing from true animal vaccination, and the very and deservedly bad reputation of which has been a great stumbling-block to the understanding and acceptance of the latter. By "*true* animal or bovine vaccination" is always to be understood the inoculation of a young selected bovine animal with the virus of original spontaneous cow-pox, of another from this, and so on in continuous series, as a source, and the only source, of supply of virus for human vaccination. A very common error is to confound with this "*variolo-vaccination* (inoculation of bovine animals with the virus of human *variola*), a method always uncertain and never safe, and which can never be of any *practical* value or importance

months after this Dr. F. P. Foster obtained virus from me, and commenced the propagation and sale of bovine virus in New York. Dr. Griffin, of Fond du Lac, Wisconsin, commenced the same laborious specialty, with instructions and virus supplied by myself. The variolous epidemic then prevailing creating an extraordinary demand for virus, a very large number of individuals, mostly physicians, engaged, in different parts of the country, in the propagation of the Beaugency cow-pox on animals of the bovine species. The consequence of this was that ample supplies of virus were easily attainable, and an unprecedented panic and wish to be vaccinated and re-vaccinated accompanying the progress of the epidemic led to a rapidity and thoroughness of protection of the entire population from *variola*, never before even distantly approached in this country, or even Europe, and indeed not possible, unless with the supply of virus (only limited by the demand) afforded by the method of animal vaccination. The immediate result of this general and thorough vaccination of the population of the United States with bovine virus is the present wonderful immunity from variolous disease—an immunity almost absolute, which has continued for three years, and which, I prophecy, will continue in a less remarkable and general, but still unprecedented degree, for from six to ten years longer. The only marked exception to this immunity from variolous epidemics since January, 1874, will be found in the epidemic in San Francisco, and, to a less degree, throughout California in the summer of 1876. The variolous epidemic which, with a malignity and mortality unprecedented in living memory, raged throughout the continent of North America from 1868 to 1873 (inclusive) made its first appearance on the Pacific coast, and continued throughout California during 1868–9 with terrific intensity and mortality till it had exhausted the entire susceptibility of the population.

What vaccination was done was necessarily with virus of very long humanization, and we have the official evidence of the late Dr. Rowell, Health Officer of San Francisco during the whole of that dreadful visitation, that the general vaccination and re-vaccination of the population was totally without effect in arresting the pestilence, and Dr. Rowell's opinion is very decidedly expressed that vaccination during that epidemic rather predisposed the patient to the attack of variolous disease than prevented it.* This want of prophylactic efficacy Dr. Rowell attributed to extraordinary epidemic influence, and not at all to any defect in the virus employed, "which was of the old stock, *humanized*, and believed to be as good as that used in any portion of this country or elsewhere." The population of San Francisco ravaged by small-pox in 1868–9, and very generally vaccinated during these years with virus of long humanization, became subject again in 1876 to a similar epidemic of equal malignity. On this occasion, but not till the epidemic had attained very formidable proportions, a general vaccination with true bovine virus was ordered, and very thoroughly and rapidly accomplished.

All, or very nearly all, the virus used was of the Beaugency stock, and the report of that general vaccination, in direct contrast with that of the same population exclusively with long-humanized virus, is one of the most important sanitary documents ever published. I will make but brief quotation from the report at this time, but hope that my allusion to it may attract the attention of the profession, and lead to a more perfect and extended appreciation of the very remarkable and important facts it records.* After relating Dr. Rowell's experience, and opinions of the effect of the general vaccination in 1868–9, Dr. Meares says: "We have just passed through an epidemic of equal malignancy, and of almost equal fatality, and yet how different is the experience of your present health officer from that of the late Dr. Rowell in regard to the prophylaxy of vaccination! I wish to place on record the emphatic declaration that of the many thousands successfully vaccinated by this Department, and by practitioners generally of this city, with bovine virus (Beaugency stock), not one has been attacked with small-pox, notwithstanding these vaccinations have been performed during the prevalence of an epidemic of a most malignant and fatal character." In another place: "I have found it, in my large experience—having personally handled more than fifteen hundred cases of small-pox during the year, and having personally vaccinated hundreds who, for weeks, were daily and hourly exposed to the contagion—absolutely protective, where the patient was vaccinated before the period of incubation of small-pox, and, as I have elsewhere stated, where the period of incubation had been going on for several days, the disease has, in every case coming under my observation, been rendered entirely harmless by vaccination with bovine virus."† Again: "Erysipelas, axillary and pectoral abscess so seldom result from the use of bovine virus that no case of either has occurred within my knowledge." "There are, I know, some few medical men who continue to use humanized virus in preference to bovine. Fortunately for their patients the introduction and general use of bovine virus in the Eastern States and on the Pacific coast has furnished these gentlemen with virus but slightly removed from the animal. It is exceedingly doubtful whether any of the old stock of vaccine can be found in the United States."‡ Dr. Meares is no enthusiast or partisan. In

* "Report of the Health Officer of the City and County of San Francisco for the Year ending June 30, 1869, by Isaac Rowell, M.D., Health Officer," p. 23. I am under the greatest obligation to Dr. Meares, Dr. Rowell's successor, for a copy of this extremely rare and valuable report.

* "Report of the Health Officer of the City and County of San Francisco for the Fiscal Year ending June 30, 1877. By J. L. Meares, M.D., Health Officer." Dr. Meares very kindly sent me a large number of copies of this report, which I have sent to England and elsewhere. It is probable that copies may still be obtainable by application to Dr. Meares.

† The Boston Medical and Surgical Journal, in a notice of this report recently (Nov. 8), asks, after quoting this paragraph, "What, we would ask, does 'entirely harmless' mean?" To ordinary minds there does not seem much mystery or obscurity in the statement; but in an extremely interesting private letter to me Dr. Meares explains, and as the explanation is very instructive, I transcribe that part of his letter: "A case of confluent small-pox was reported in the person of a Mr. Casaboni, a policeman. I saw Mr. C. on Thursday, the third day of the eruption. He died in a few days. The attending physician had vaccinated the five really beautiful children of Mr. Casaboni before I visited the family. The Sunday following Mrs. C. sent a request that I would call and vaccinate the children. The attending physician was out of the city and his vaccinations had not taken. I visited the family and vaccinated the five children with the bovine virus. On the seventh day after I had vaccinated the children I was again called to see the family. Three of the children were quite sick. One of them, a fine boy, five or six years of age, was taken with fever the day before (the sixth day after vaccination), and the other two were taken with fever the same day I saw them (the seventh day after vaccination). When I saw the children the next morning, I found the little boy sitting up, eating an orange. He had a few papules on his face, and a few scattered over his body. He had no fever, said that he was quite well, and indeed was not sick a moment afterwards, the papules all having aborted. The next day the other two children had two papules each on their faces, and a few scattered over their bodies. These papules also aborted, and recovery was as rapid as it could have been from the mildest form of varicella. And this is what I mean when I say, 'even when the period of incubation,' etc. The other two children escaped altogether. I argued, at once, if this virus would so throttle this terrible disease after a period of incubation of at least four days in the case of the boy, and of three days in the cases of the two other children, besides having protected entirely the remaining two, that it was my duty to discard, as far as possible, the humanized, and substitute the animal, virus. Nor has it disappointed my expectations, as my report will testify."

‡ Dr. Meares's Report, p. 16.

a private letter he has informed me that, when appointed health officer, he had no experience of animal virus. A quantity, sent to the editor of a medical journal, came accidentally into his hands, and it was the remarkable effect that he witnessed from its use in a large family, already (six days before) vaccinated without effect with humanized virus, and for from four to six days exposed to the contagion of *variola*, that led him to its more extended use, an observation of equally remarkable results, and, finally, to the adoption of bovine virus exclusively in the general vaccination of the city.

I have said that the *immediate* result of the recent unprecedentedly complete vaccination of the United States is the present entire immunity from *variola* in an epidemic or endemic form, and, indeed, from sporadic cases unless imported; and it is very remarkable that in no instance, of many within my knowledge since 1873, has small-pox extended beyond the cases bringing the disease from Canada and foreign ports; and here an important fact may be mentioned. Canada has continued, since 1873, to be the field of small-pox prevalence; and in Canada, although bovine virus has been extensively employed in *private* practice, the old humanized stock from England and elsewhere is still extensively used, and all the *public* vaccination, with very trifling exception, has been done with virus of a greater or less degree of humanization. What may prove to be the more enduring effect of this great experiment is only to be surmised now, but can be clearly established by time alone. The whole population of the United States was most thoroughly vaccinated during the years 1871, '72, '73. This vaccination was done with virus direct from the heifer, and with very early human removes therefrom, for it is certain that the amount of long-humanized virus used during those years was inappreciably small, and it is not probable that during 1873, and from that till now, a particle of vaccine virus of *long*-humanization (5 to 79 years) exists in the United States.

Those gentlemen who have seen fit to oppose true animal vaccination from its inception, without anything like proper or practical investigation, are still practising it and enjoying its benefits, for the most enlightened advocates of the new method do not insist that a few human removes from the animal essentially impair the prophylactic efficacy of vaccine virus, but that by a *long* series of such removes it *is* very seriously and vitally influenced and impaired. A single human remove *may* be syphilitic. And virus of even one human remove has not that wonderful exemption from erysipelas noticed in that *direct* from the animal; but it is not certain, or indeed probable, that one, or even ten, human transmissions essentially impair its most important quality. Even those who exclusively employ bovine virus do not assert this; and one of the great advantages of *true* animal vaccination is that it enables the practitioner to obtain at will heifer-transmitted cow-pox virus, and in this way to renew his "strain" of vaccine, and to be absolutely cognizant of its entire human pedigree. If, when the next variolous epidemic shall occur, it shall be found that the probably at least 10,000,000 people vaccinated and re-vaccinated in 1870–6 with true bovine virus, direct from the animal or of very early human removes, are absolutely protected from small-pox, or protected to a degree and with a permanence far beyond that attained by the use of virus of long-humanization, the victory of the new method will be complete and absolute. Then, too, may be definitely settled whether, as is not probable, a few human removes essentially impair the prophylactic efficacy of vaccine virus. It must be admitted that few experiments have been on a more extended scale, or of more prodigious importance to humanity for all future time than the recent very general vaccination of the people of America. Few men, if that experiment results, as the writer most fervently and firmly believes, will deserve the enduring gratitude of their species more than those who, through good and ill report, and a very unfair share of the latter, have upheld and labored for the extension of true animal vaccination.

If this method was the means of supplying virus, no more efficacious than that obtained by the "arm-to-arm" method, there are still reasons why the innovation should be regarded as of very great importance and value. I will briefly allude to three of these reasons.

1. The ability of true animal vaccination to afford, at a few days' notice, supplies of virus utterly unattainable by the old method, and limited only by the demand. As formerly in America, now in England, during variolous epidemics, the immediate demand for virus is far beyond the supply. Virus is taken from poor and spurious vesicles; from perfect vesicles by repeated tappings and drainings, day after day; from vesicles at too advanced a stage; from secondary vaccinations, and, as a notorious result of all this, there are made an immense number of spurious and quite unprotective vaccinations. One of the most fertile causes of the prevalent discredit of vaccination, is the impairment of the protection of those whose arms have been robbed of lymph and the full development of the vaccine disease interfered with. During the late variolous epidemic in England, every issue of every medical journal contained paragraphs, editorials, and communications headed "Vaccine Famine," loudly complaining, in spite of the very admirable and most efficient and energetic National Vaccine Establishment, of the almost utter deficiency in the supply of vaccine virus; so inadequate was all that could be obtained to meet the immediate and great needs of such an occasion. It is notorious that, if the epidemic had not suddenly and unexpectedly subsided, this great and crying "famine" would have led, notwithstanding official red-tape opposition, to the adoption, as a temporary expedient, of true animal vaccination. If this had been done, the new method would have become the established and only one of vaccine supply in England, and in precisely this way *will* true animal vaccination eventually be introduced and established in our good old motherland, whose conservatism is so safe and so preventive of much that is evil, that we can almost excuse her for what sometimes seems unreasonable obstructiveness of what is desirable and good.

2. The entire immunity of vaccination with true bovine virus, direct from the animal, from erysipelas. This quite unexpected immunity was first noticed by myself and others, within six months after I introduced the new method. I published it in March, 1872,* and have repeatedly alluded to it in various publications since that date. During the thirteen years that I furnished humanized virus exclusively to the profession (1857–1870), I issued an annual average of about 25,000 "charges," and must have received from correspondents notifications and complaints of over one hundred and fifty cases of vaccinal erysipelas, besides occasional cases of axillary abscess, and many cases of the irritable spurious vesicle.

* Report of Special Meeting of Physicians to investigate Animal Vaccination, March 9, 1872, Journal of the Gynæcological Society of Boston. Numbers for April and June. 1872.

During the somewhat over seven years that I have supplied bovine virus, I have issued an average of over 150,000 "charges" annually (450,000 in one year, 1872–3), and have had but two reports of erysipelas, and none of abscess or of the irritable spurious vesicle. The two cases reported were: one in which, twenty-one days after vaccination, a physician tried to remove two crusts—one came off easily, the other he endeavored, with undue force, but ineffectually, to remove. He was sent for the next day, and found that erysipelas had begun at the edge of the crust he had vainly tried to tear away. In the other case a patch of mild erysipelas (erythema erysipelatosa) was perceived on the left foot of an infant vaccinated on the right arm six hours before. I do not think that either of these cases can, in any way, be attributed to vaccination, but they are, literally and absolutely, all that have been reported to me, or that have come to my knowledge as *sequelæ* of vaccination with true bovine virus.* I have been informed that statistics carefully kept by the New York Dispensary, and by its predecessor, the New York Kine-Pox institution, for a great many years, and covering an immense aggregate of vaccinations, show an average of one case of erysipelas in 500 vaccinations with humanized virus, and my own very large and long experience in the use of that virus fully confirms these statistics. The reader can readily approximatively calculate the number that, at this rate, should have been reported to me from the use of far over 1,000,000 charges of animal virus. One thing more I wish to say of vaccinal erysipelas. It is a gross mistake to suppose that this affection, complicating vaccination with humanized virus, is, in any way, a proof of the bad quality of the virus employed, or of the morbid condition of the vaccinifer yielding it. On the contrary, almost every case I have seen, and I have seen many, has complicated a peculiarly perfect development of *vaccinia*, from the use of virus from an unexceptionable *vaccinifer*, in whom erysipelas had never appeared. I do not remember or think that I ever saw a case of vaccinal erysipelas, in which the vaccinifer manifested that disease. Vaccinal erysipelas is simply an *accident* of vaccination with humanized virus, which no amount of knowledge or care can avert. It is, as I can prove by many instances, peculiarly apt to appear, just as the *areola* declines, in cases in which the development of *vesicle* and *areola*, particularly the latter, has been typically fine and perfect. Every vaccinator (with humanized virus) of large experience will fully acknowledge and confirm the truth of what I have written, and from his own experience recall how great an annoyance this accident always is, what vast trouble and anxiety it gives, and, above all, what unjust and often seriously injurious aspersions its occurrence is apt to occasion. If immunity from erysipelas were the only recommendation of bovine lymph, it would be a very great one. I unhesitatingly assert that immunity, an immunity absolutely total, for the two cases which have come to my knowledge were not cases of *vaccinal* erysipelas, and the occurrence of a thousand *just* like them would not invalidate the truth of my assertion.†

3. One other advantage of bovine vaccination is its freedom from liability to induce the irritable, spurious *vesicle*. This I have verified by many hundreds of primary vaccinations made with bovine virus and that of the *long*-humanized "stock" of the English Vaccine Establishment, each on one arm of the same patient. Very often I have seen, on the humanized side, a vesicle more or less, and sometimes completely irritable and spurious, while on that arm vaccinated with bovine virus there has been *invariably* a perfect development of the disease, regular in all respects of duration and intensity in the development of the *vesicle* and *areola*, and also in the very important, but now almost entirely overlooked, process of "scabbing," the formation of a crust or scab of exactly characteristic form and color, which has remained adherent for at least twenty-one, and usually for over twenty-five or a greater number of days, while on the humanized side, anything like a typical vaccine crust has very often failed to form at all, and, in many instances, the seat of the *vesicle* has been occupied by an ulcerated surface covered by a thin, soft crust, frequently removed and as frequently renewed. I need not, however, expatiate on the various forms and degrees of the imperfect vaccine vesicle; every vaccinator with humanized lymph is perfectly familiar with them. Pure, perfect, true bovine lymph has never, in primary cases, in my experience, induced those irregular developments, but, invariably, a perfectly regular and typical form of *vaccinia*. I have alluded to this very important fact in my report in 1872, and in several other publications, and at length in a report on animal vaccination which appeared in the recently issued volume of the Transactions of the American Medical Association. I have also stated in these various places, as a result of these experiments of vaccination of a single subject with both sorts of virus, the occurrence of erysipelas in several cases, and *invariably on the humanized side*, and also the fact that the cause of my final abandonment, forever, of the use of vaccine virus of even a single human remove, was the occurrence of erysipelas in five such cases in February, 1873,* and I will not enter into further detail now, but simply repeat the statement that I never saw or knew the irritable spurious vesicle to appear as a result of *primary* vaccination with *true* bovine lymph. It would be very hard to overestimate the importance of the three ascertained advantages of *true* bovine vaccination to which I have alluded, and neither of them is so important as its diminished liability to induce irregular and unprotective forms of vaccine eruption. The spurious irritable primary vesicle extensively observed, both in

* For two years and a half after I introduced true animal vaccination, I issued also virus of *one* human remove, and that of the old long-humanized "stock." During that period I received reports of several cases of erysipelas. Since I ceased myself to use virus of even one remove I have issued, to a few correspondents, crusts of a single remove. From the use of one of these, two cases of erysipelas were reported.

† The term *erysipelas* is most loosely applied to the results of inoculation of septic poisons, of pus, of diseased secretions, from exposure to cold, and often to mere erythema, and even to a full and peculiarly perfect development of the *areola* of *vaccinia*. The term *vaccinal erysipelas* is only properly applicable to erysipelatous disease appearing at and spreading from the vaccine punctures or incisions between the time vaccination is done and the *undisturbed* scabbing of the *vesicle* and fall of the crust. It is *not* applicable to cases in which patches of *erythema* or *erysipelas* appear at some other part of the body in a few hours after vaccination of the arm, or to cases in which a vaccine crust is wrenched from the arm with even moderate violence. It is not pretended that in a patient with latent *erythema* or *erysipelas* vaccination will prevent its eruption. It *may*, indeed very certainly *does*, hasten such eruption or that of eczema or any other latent cutaneous affection. Neither is it pretended that even true animal vaccination is prophylactic of erysipelas. Formerly I held the theory that, in all cases in which erysipelas complicated vaccination, it was simply latent in the *vaccinee*, and would have appeared at any scratch or incision, and that it appeared in vaccination almost always as the *areola* declined, because, till that time, its development, in accordance with "Hunter's law," was kept in abeyance by that of the vaccine disease, the entire true pathological existence of which terminates with the decline of the *areola* (proved by the fact that the eruption of measles and scarlet fever, complicating vaccination, appears with the decline of the *areola*). This theory of mine has been modified, if not exploded, by the immunity of bovine vaccination from this pest.

* "A Few Words on 'Unfortunate Results of Vaccination,' by Henry A. Martin, M.D." Boston Medical and Surgical Journal, February 1, 1877.

England and America, at the very dawn of vaccination, gave rise to infinite trouble and confusion, and from the frequent cases of small-pox following it, almost sealed the adverse fate of that blessed innovation. Nothing but the wonderful good sense and shrewd observation of Jenner and Waterhouse saved its reputation. Since that time it cannot be doubted that much of the discredit into which vaccination has certainly fallen, and the enormous prevalence, *particularly in this country*, of post-vaccinal *variola* and *varioloid* within very short intervals after nominal "vaccination," has been and is due to the great proportion of imperfect and even quite unprotective results from the use of virus which, through very long humanization, or collection at improper periods of the disease, or careless selection of *vaccinifers*, or vicious methods of preservation, has become deteriorated and effete.

I have thrown these remarks together without much method, more with a view to calling the attention of the profession to questions now very ripe for discussion and of extreme importance, rather than with any notion of winning personal reputation as a writer. The report to which I have referred, in the last (xxviii.) volume of Transactions of the American Medical Association, is quite voluminous. To that report I refer such of my readers as may desire further and much fuller information on subjects which seem to me of unapproachable importance.

I have devoted a long professional lifetime to the study of vaccination, in the hope of helping in a humble way in the extension of a great, but most inadequately appreciated blessing, and in throwing some light on problems connected with it as yet imperfectly or not at all resolved, and thus, in a distant and remote way becoming associated with the fame of Jenner and Waterhouse, to whom, in every city of Europe and America, should, long since, have arisen memorials in "everlasting bronze."

To this ambition, since the introduction of true animal vaccination, I have devoted every day and hour, have sacrificed a practice, the laborious accumulation of twenty-five years, have waived the rewards and attractions of more brilliant and pecuniarily profitable, and far less laborious and difficult, fields of professional and literary effort. If, in return for all this ceaseless labor, I shall reap for myself the satisfaction of being recognized as an efficient agent in firmly establishing *true* animal vaccination in America, and, for this country, the credit of being the first in which this infinitely important and beneficial innovation was first calmly, dispassionately, and fairly investigated,* and, as a result, firmly, permanently, and exclusively adopted, I shall be repaid, much more than a thousand times repaid, for all the efforts and sacrifices I have made.

27 Dudley St., Boston, March 1, 1878.

* True animal vaccination, as a source and method of vaccine supply, was very unfortunately first introduced in France (in 1866) by the eminent Professor Depaul. Before there had been any sufficient experience in its practice to ascertain its difficulties and overcome them, it became a subject of the most absurdly violent and protracted discussion in the Academy of Medicine, and the defects due to this want of experience were criticised with a vindictiveness and passion peculiar to the nation, and savoring far more of personal antagonism and even hatred than of a calm desire to perfect a new method and then fairly judge its merit. The method of retro-vaccination which preceded it (introduced into Paris from Italy by Dr. Lanoix in 1864) was practised in a very quackish manner, and with a view to private aggrandizement and profit, far more than to scientific progress. All the circumstances amid which animal vaccination was introduced in Paris to the notice of the rest of the world were unfavorable and calculated to give an unfair and distorted impression of a method which has, however, in Belgium and this country been, since that time, more calmly studied and more justly judged.

SOME REMARKS REGARDING

ABSCESS OF THE LIVER, OPENED ARTIFICIALLY THROUGH THE ABDOMINAL WALL, FOLLOWED BY COMPLETE RECOVERY.

WITH IMPERFECT NOTES OF TWO CASES SIMILARLY AFFECTED, BUT NOT RECOGNIZED AS SUCH DURING LIFE, TERMINATING IN DEATH.

By RUDOLPH TAUSZKY, M.D.,

of New York.

The exceedingly interesting paper on "Abscess of the Liver," which Dr. Davis read before the N. Y. County Medical Society, on Monday evening, the 25th of February last, proved to my mind conclusively, as it must have convinced all those who were present at that meeting, that the method of relief advocated so ably by him, viz.: that of opening such an abscess boldly, as soon as its presence can be ascertained, without first taking any preliminary steps for the purpose of causing the anterior surface of the liver to become adherent to the abdominal wall by a preliminary operation, as has been done by some eminent surgeons in many instances, and recorded in the literature on this subject, is the best, the safest, and the most reliable mode of giving the patient thus affected a chance for life. Surgeons operate now successfully for perityphlitic abscess. We evacuate purulent collections safely to the great benefit of the patient by surgical means from the pleural cavity. Why neglect to do the same in a case of collection of pus—with or without the formation of a so-called pyogenic membrane—in the abdominal or pelvic cavity, or in any of the organs located therein? My friend, Dr. Leonard Weber, has operated successfully four times for abscess of the vermiform appendix, on persons who would certainly have died without such operative procedure.

Fortunately, the occurrence of abscess, or abscesses of the liver, is with us, in the United States, a rare disease. I have ascertained from the records of the Bureau of Vital Statistics of the Board of Health of this city, that during the past five years there were returned to it fifty-four certificates of death, the causes of which having been given as "abscess of the liver." In 1873 there were 13; in 1874, 14; in 1875, 12; in 1876, 3; and in 1877 there were twelve deaths ascribed to this cause.

Most physicians have no doubt met with abscess of the liver in post-mortem examinations in pyæmia, or septicæmia, or, as a consequence of the dissemination of particles, or germs if you please, as emboli in the liver, the spleen or the lungs, from sarcomatous growths of the skin or other organs, these being transported there, as Rudolph Virchow has shown, by the tumors growing into the blood-vessels from without. Small particles are thus constantly being washed away by the current of the blood coming in contact with them in accordance with the law, "gutta cavat lapidem non vi, sed saepe cadendo." The drop excavates the stone, not by its force, but by its repeatedly falling upon it. These particles are often carried by the blood-vessels into the liver, and not by the lymphatics—as is the case in carcinoma, for instance—thus causing emboli, around which abscesses form. We meet with abscesses of the liver, as is well known, as a sequela of hepatitis, hepatic cysts, *hydatids*, calculi, or as a consequence of fevers. Rarely we meet with this affection occurring after gunshot, stab, or cut

wounds. Since these traumatic causes are soon followed (in most instances at least) by death, before an abscess had time to form.

As stated by Dr. Davis and Sir Thomas Watson (in his celebrated work, entitled "Lectures on the Principles of the Practice of Physic," London, 1866, where, page 964, an excellent description of the subject under consideration may be found), in the tropical regions this formidable disease is not very rare, for the reason of the climatic and antihygienic influences being favorable to its occurrence. Dr. Davis, if I mistake not, has collected two hundred and eighty well-authenticated cases of hepatic abscess—most of which proved fatal, the majority of these cases at least. No one of the gentlemen present at the meeting of the County Medical Society, above referred to, mentioned having seen any case or cases of abscess of the liver, when the subject came up for discussion, with the exception of myself. The hour for an adjournment having arrived, I did not feel justified in detaining the Society, and I simply briefly referred to the only case I had met with during my connection with the U. S. Army medical service, in which an operation for the evacuation of an abscess of the liver through the abdominal wall was crowned with success, and was followed by complete recovery of the patient. I met with this, to me, remarkable case in 1862, in the month of December, in the person of a U. S. soldier, who was brought to Harewood (U. S. Army) General Hospital, in Washington, D. C., with about seven hundred other sick and wounded, after the unfortunate battle of Fredericksburg, Va., under General Burnside. This man presented symptoms, commonly denominated as hectic. He was extremely emaciated and prostrated, he vomited frequently and was partly delirious. High fever was also present. It was self-evident that the man had but a few days to live at the furthest. A careful examination revealed the fact that he had a deep-seated abscess of the liver. All the surgeons of the hospital, myself among the number, connected at that time with the Harewood Hospital, of which Dr. Thomas Antisell, Professor of Georgetown Medical College, Washington, D. C., had charge, agreed as to the correctness of the diagnosis, but, although at that time from half a dozen to a dozen capital surgical operations were being performed in the hospital daily, none of us dared to plunge a knife into the man's liver, for fear of perhaps killing him instantly by such a procedure. Only one of our number, a Dr. Hirschfield, whom I have not seen since 1863, boldly opened the abscess through the abdominal wall; a pint or more of pus was thus evacuated, and the patient's symptoms gradually improved. After a few weeks' careful nursing he entirely recovered. To my knowledge this case has never before been placed on record. I wish therefore to add this one successfully treated case of "abscess of the liver," to those already published by others, as having come under my personal observation, and to place it on record through the columns of your esteemed journal. I regret only that the full history of the case has escaped my memory, since it occurred more than fifteen years ago.

With our present mode of making exploratory punctures, and of using Dieulafoy's aspirating needle, and the use of the carbolic acid spray, the utility of which is to-day admitted not only all over Germany, Austria, England, and other countries, but also in our own, where Prof. Lister's method is gaining ground from day to day, no surgeon should, in my humble opinion, hesitate for one moment, where human life would be endangered by delay, to open any abscess occurring in any part of the human body, as soon as its presence has been ascertained beyond a doubt, and even in abscess of the liver we need not wait, as advised even by that great English teacher, Sir Thos. Watson (loco citato), for an adhesion of the liver to the abdominal wall to take place before having recourse to an operation. In this I fully agree with Dr. Davis, above referred to, who made this the punctum saliens of his paper, read before our County Society.

That there are many cases that die of abscess of the liver without having been recognized during life, there can be no doubt. I have but recently heard of the death of a gentleman of my acquaintance, who went by the name of "Uncle Ralph," and who lived with his relatives, a family named Schaeffer, in 50th Street in this city, between the 8th and 9th Avenues. This patient had been sick but two weeks before he died. He had vomited incessantly, and was delirious most of the time during his last illness. He was attended by two surgeons, friends of mine, Dr. C., of W. 45th Street, and Dr. R., of Abingdon Square, in this city, and had the late Dr. K. in consultation with them. These eminent surgeons diagnosed the case as one of perforation of the intestine. Only upon the body being opened post-mortem they found that an "abscess of the liver" had killed the patient. This man was not quite fifty years of age, and had never been ill in his whole lifetime up to his last illness, just mentioned, of which he died—with the exception of an attack of a violent colic, with obstinate constipation, lasting for several days, two years previous to his death, at which time Dr. C., I am told, removed a large biliary (?) calculus from his rectum.

After the removal of this calculus he felt as well as ever until the last attack that terminated his life.

Whether other calculi found after death caused the hepatic abscess which had not been diagnosed during life, I cannot tell from the meagre data obtained from a relative of the deceased.

The third case was that of a surgeon, a graduate in medicine of the Bellevue Hospital Medical College, who, up to the time of his death, filled the position of house surgeon to the Mount Sinai Hospital in this city. This surgeon presented all the symptoms of typhoid fever, and had been treated for that disease from the time he was taken ill until his death, five or six weeks later. The post-mortem examination in this case also proved the presence of a very large hepatic abscess which had not been recognized during his lifetime, as far as I am aware, and was the cause of his death.

Dr. C. Murchison, in his "Clinical Lectures on Diseases of the Liver, Jaundice, and Abdominal Dropsy" (New York: Wm. Wood & Co., publishers, 1868, page 180 and seq.), relates the history of a case of abscess of the liver in the person of a soldier, æt. 33, under his care in November, 1853.

This author says: "The hepatic dulness in the right mammary line was eight inches, the increase being due to a projection downwards from the lower margin of the normal area of hepatic dulness. There was also considerable bulging of the lower right ribs. . . . On December 8th patient died.

"On examination of the body, ten hours after death, one enormous abscess was found in the right lobe of the liver. It contained upwards of four quarts of pus."

Dr. Murchison speaks, in his admirable work referred to, of pyæmic multiple abscesses and of the single "tropical abscess of the liver." His cases, XXXVII., XXXVIII., XXXIX., and XL., are described minutely. The first three of these died. The last one, No. XL., had been punctured with a large trocar, and recovered.

I adduce this statement of the eminent London surgeon in corroboration of the correctness of the practice which Dr. Davis has advocated, and which I desire to lay principal stress upon, namely to open any abscess, wherever accessible, as soon as its presence is made out beyond a doubt.

"Even hydatid tumors of the liver were tapped by Sir Benjamin Brodie many years ago, and the patients made a good recovery. See Murchison (loco citato), *Med. Chir. Trans.*, vol. xviii., p. 119. Successful cases were also published by Dr. Bright, and by many other observers."

Dr. Murchison also thinks it necessary to wait for the formation of adhesions between the tumor and the abdominal wall, or to endeavor to induce them, before puncturing, from fear of otherwise causing either, 1st, acute peritonitis, owing to the escape of a portion of the fluid into the peritoneal sac, or, 2d, from the admission of air into the abdominal cavity.

Prof. Austin Flint, in his "Treatise on the Principle and Practice of Medicine," Phila., 1867, also advises to open hydatid (or echinococci hominis) cysts by an incision into the tumor, which he considers warrantable only provided adhesions have taken place around the space in which the opening is made.

Dieulafoy's aspirator and Lister's spray obviate both these dangers.

SUCCESSFUL TREPHINING

FOR THE RELIEF OF CEREBRAL COMPRESSION FROM EXTRAVASATED BLOOD WITHOUT EXISTING LESION OF THE SKULL OR SCALP.

By W. B. RODMAN, M.D.,

FRANKFORT, KY.

In the *American Journal of the Med. Sciences* for January, 1877, I published a series of cases of "Head Injuries," and some remarks concerning their treatment, which seemed to me to be specially fit and appropriate. My conclusions from these cases prompted me to advocate a somewhat bolder resort to operative interference than is generally advised in the various modern works on surgery.

My experience, since the publication of that article, has served only to strengthen the opinions I then held. Again I refer to the writings of Gross and Erichsen, they having more influence over the practice of surgery in America than any other authors or teachers. The treatment advocated by the former for the relief of cerebral compression from extravasated blood may be found in vol. ii. (Ed. 1872), page 133, line 31, also page 142, particular attention being paid to the paragraph beginning with 12th line from the bottom of the page. The substance is, that if the extravasation of blood is uncomplicated by fracture of the skull, no one is justified in resorting to the trephine, but reliance must be placed in medical treatment alone. He reports only one case in which an operation was performed under these circumstances (and, therefore, contrary to the rule he lays down), and this case recovered. Dr. Physick was the successful operator.

Erichsen (Ashhurst's Ed., 1869), in the paragraph beginning with the 14th line from the bottom of page 354, allows more latitude than Gross. He dwells more than the latter upon the distinction to be made between the meningeal and cerebral form of extravasation, the diagnostic differences being described on the preceding page, under the head of Symptoms. He says, however, that instances are very rare in which an operation for the removal of extravasated blood, uncomplicated by fracture of the skull, is justifiable. He mentions only three cases in which operations were performed to remove extravasated blood. Two died, the third recovered. This latter, however, was complicated by a stellate fracture of the skull. It seems, then, that the case of Dr. Physick, mentioned by Dr. Gross, is the only one known to either Gross or Erichson, in which recovery took place when the extravasation was uncomplicated.

I think, therefore, that I am justified, by the rarity of the following case, in its publication:

Berry Henderson, colored, age seventeen, received, at 11 P.M., Sept. 24, 1877, a blow on the left side of the head two inches above and slightly in front of the ear, from a comparatively flat smooth stone. He was knocked down, but was able, with assistance, to walk home, a distance of several hundred yards. At 12 midnight Dr. Phythian saw him. He was then beginning to recover from concussion of the brain. There was neither scalp wound nor fracture of the skull, a slight contusion alone indicated the seat of injury. As there were no symptoms of compression, and those of concussion improving, the doctor left without doing anything for him. The next morning, at 9 o'clock, he was found by Dr. P. to have decided convulsive movements of the right side and serious symptoms of compression. These had commenced about 1 o'clock the night before, only a few minutes after the doctor had left. Purgatives, cold to the head, and large doses of the bromide of potassium were ordered. The two latter were kept up until late in the afternoon. The symptoms continuing to grow worse it was determined to cut down upon the skull and search for a fracture. The scalp being incised and reflected, no fracture could be found. In this dilemma the bromide and cold water were continued with the understanding that if the symptoms were not materially relieved by morning trephining should be resorted to. Morning came and with it an increase in the severity of symptoms. Upon consultation trephining was unanimously advised. The instrument was applied to the skull immediately under the contused scalp, the necessary incision having been made the day before. Upon lifting out the disc of bone the clot was plainly to be seen between the dura mater (which was uninjured) and the skull. There being some difficulty in removing the clot through the opening already made another disc was taken out. The clot extended in every direction beyond the edges of the opening. Only about an ounce of it could be removed, but we hoped that this, together with the relief of pressure from the absence of bone, would be sufficient. While the boy's condition was not improved as much as we desired, still there was sufficient abatement of the symptoms to justify the operation and lead us to expect recovery. In a few days he was out of all danger, and in due time fully recovered. He is now engaged in farm work near Frankfort. He suffers no inconvenience from any cause. That he would have died without operative interference is almost as certain as that he recovered with it.

I conclude that a surgeon is perfectly justified in trephining for the relief of compression of the brain from extravasation of blood (with or without accompanying fracture of the skull), provided, 1. That the clot is meningeal; for the necessary diagnostic differences refer to Erichsen, loc. cit. 2. That the clot can, with *some degree* of certainty, be localized. For instance, if a man is struck with a missile, injuring more from its *velocity* than *weight*, and extravasation is the result, I think it would be safe to trephine over the injured spot. If a man were to fall from cars in mo-

tion, from a horse, out of a window, or over a stairs, where the weight of his body produces the injury of the head—in other words, if the extravasation is possibly the result of counter-stroke, and upon examination no decidedly localized point of contact can be found, the propriety of trephining becomes very doubtful. That cases of extravasation uncomplicated by fracture in which an operation is admissible are *very rare* cannot be denied. But that all such cases should be treated on the medicinal or expectant plan I cannot believe.

FRANKFORT, KY., March 14, 1878.

Reports of Hospitals.

BELLEVUE HOSPITAL.

NOTES OF PRACTICE AND PECULIARITIES OF TREATMENT.

INTERESTING CASE—DIFFICULTY IN DIAGNOSIS—PROLONGED RECTAL ALIMENTATION.

THERE were certain points of interest worthy of note in the case of a married female patient, æt. 26, who entered the hospital on the 5th of January, 1877. Her family history was good, and there was no evidence of syphilis or intemperance. Through life she had had poor shelter, little food, and much abuse. During her first pregnancy an abortion occurred; had not carried a child to full term; had had three abortions in all, the last being two years ago. Prior to the last abortion she suffered severely from dysmenorrhœa and menorrhagia, but since that date those symptoms had been worse. She took cold while her menses were present, suffered from severe pains in the pelvic region, and was brought to the hospital in an ambulance. On admission she was recorded as a "pale, thin, delicate looking woman." She vomited occasionally, and suffered considerably from pelvic pains; was restless, moaned, and had an anxious expression of countenance. The abdomen was not tympanitic, temperature normal, bowels constipated, pulse fair strength, urine normal, and the uterus had a slight lateral displacement. Enema of castor-oil followed by suppositories of opium and belladonna.

January 6th.—Temperature 99¼° in the morning, and 100° F. in the evening.

January 7th.—Temperature 99¼° in the morning, and 98¼° F. in the evening.

Since admission to the hospital, the vomiting and pain were much relieved by the use of poultices over the abdomen, warm vaginal injections, opium, camphor, cannabis indica, etc. The pains were shooting in character rather than steady. Bowels kept open by enemata. Pains recurring, gtt. xv. of chloroform were administered with some benefit.

January 8th.—Temperature 99° in the axilla, 100° F. in the rectum in the morning, and at 2 P.M. 101¼° F.

Without known cause, the patient began to suffer from sharp pain in the lower part of the abdomen, burning pain at the epigastrium, and paroxysms of pain of great severity shooting through to the back. The pain became exceedingly severe, and was accompanied by a constant and almost uncontrollable vomiting. The material vomited was a watery fluid stained with bile, and finally eight or ten ounces of black fluid were thrown up, which contained blood-corpuscles, bile pigment, and mucus. Morphine used hypodermically was the only thing that had any effect in controlling the vomiting and pain. A blister was applied to the epigastrium. *Nutritive enemata* containing brandy, egg, U. S. solution of morphia, and milk, were repeated every three hours.

January 9th.—Patient much better; enemata continued.

January 10th.—Patient very comfortable. Temperature 101° F. in the evening.

January 11th.—Up to last evening the patient steadily improved; vomiting had ceased, and she suffered only slightly from pain. She was nourished entirely by nutritious enemata. The progress of the case was favorable when, seemingly without provocation, another severe attack of vomiting and pain came on with exacerbations as before.

The material vomited was, at first, clear mucus, but towards morning it was stained with bile. The legs were flexed upon the thighs, and the thighs upon the abdomen. Fomentations were applied to the abdomen; morphine was administered hypodermically in doses of 15 to 20 drops of Magendie's solution repeated every hour and continued several hours, but it gave but little relief, although the pupils were contracted, and it was thought possible that it was the cause of the moderate delirium which existed.

January 16th.—No fever; some thirst, and no appetite. Nutritious enemata have been continued, and morphine reduced to an occasional hypodermic of Magendie's solution. Catheterization necessary.

January 17th.—Shooting pains in the abdomen, but not so severe as before. Patient complains of a feeling as if there was a "lump" in the stomach; there is considerable thirst and occasional swallows of carbonated water are allowed, but no nourishment by the mouth. The bowels are loose, and it is with some difficulty that the enemata are retained.

January 18th.—The patient is considerably better; she has no fever; does not complain of hunger; not much of thirst; and her general condition seems good. Suppositories of opium and tannic acid are used one hour before giving an enema, and with good effect in way of relieving the irritability of the rectum. During the last *eleven days* she has been supported almost exclusively by rectal alimentation.

The points of interest in the case were:

1. The length of time the patient was sustained by nutritious enemata. The patient's general appearance in the mean time had improved in a marked degree, showing that the body had been well nourished.

2. *Diagnosis.*—How were the recurrences of intense pain to be explained? The fact that the pain when it recurred was paroxysmal in character militated against peritonitis. The fact that there was no fever present at any time was a still stronger evidence against peritonitis. Again, the length of time the patient had had the recurrences, the absence of tympanitis and rigidity of the muscles of the abdomen, favored the exclusion of peritonitis.

Still further, the patient was just as sensitive to touch over the chest as over the abdomen, and was exceedingly sensitive to pressure over the spine. Hepatic and renal colic were readily excluded, and the absence of permanent relief by the prolonged use of hypodermic injections of morphine excluded simple intestinal colic. The visiting physician was not prepared to say that it was not a case of gastric ulcer, and yet there was not sufficient evidence to warrant such a diagnosis, notwithstanding the hæmatamesis; the vomiting at times had been too prominent a symptom. At first it was not easy to exclude peritonitis. The case was regarded as one of well-marked neuralgic affection referable to the abdomen, recurring in

paroxysms and accompanied by irritability of the stomach—enteralgia. An attempt was to be made, on account of the irritability of the rectum, to return to the administration of food by the mouth, beginning with milk and lime-water in small quantities, and repeating them often.

February 1, 1878.—The patient, from the date of the last note, has been nourished almost entirely by the rectum. Several attempts have been made to return to alimentation by the stomach, but vomiting was produced, and an immediate return was made to nutritive enemata. The paroxysmal attacks of pain have recurred irregularly, probably as often as every two or three days, but they have progressively diminished in severity. There has been a notable improvement in the general condition of the patient, her lips present a very fair color, and the pulse is good.

The treatment has consisted in nourishing the patient; relieving the pain by the use of opium; usually administered in the form of Magendie's solution of morphine, ℥xx. hypodermically, and repeated every hour until relief is obtained.

The visiting physician did not yet feel that there was sufficient ground for making a positive diagnosis of gastric ulcer. The patient had vomited blood only once, there was no point at which tenderness upon pressure was specially marked, and the persistent irritability of the stomach could be explained on the ground that it might occur as a functional disorder.

February 2d.—Patient had an exacerbation of pain last night of moderate severity. Treatment as heretofore.

February 7th.—Patient had a slight attack of pain last night. Blister behind the ear relieved the headache.

February 12th.—Patient had a slight attack of pain on the 9th, but has had none since; is hungry, sits up in bed, rarely vomits, and her general condition is improving.

February 13th.—Nutritive enemata discontinued. Quinine by the rectum continued. Patient very comfortable.

February 20th.—Patient greatly improved; sits up for several hours at a time; has occasional attacks of pain at night, but hypodermics of water relieve them and send her to sleep. Record discontinued.

Progress of Medical Science.

QUINETUM AND ITS THERAPEUTICAL VALUE.—The name quinetum was given by Dr. De Vry to the collective alkaloids obtained from Peruvian bark; it has been extensively used by physicians throughout Holland in cases where the salts of quinine had been habitually employed. Dr. H. J. Vinkhuysen, Physician to the Household of the King of the Netherlands, has closely observed its effects, and arrived at the following conclusions:

1. The only malarious disease in which quinetum cannot be employed in place of quinine, is in pernicious fever. Quinetum requires more time to act than quinine, and as rapidity of action is absolutely necessary in this disease, quinetum cannot be used in it as a substitute for quinine.

2. In all forms of pure malarial intermittent fever, quinetum has the same apyretic effect as quinine, but is less powerful and acts more slowly. It must therefore be given in large doses, and at longer intervals before the ague fit, than quinine.

3. Quinetum does not produce the unpleasant and even dangerous symptoms of quinine when given during the fit, and may be taken during the fit without causing any unpleasant feeling.

4. Quinetum never causes noises in the ears.

5. Persons who are liable to suffer from the toxic effects of quinine, and who therefore cannot take it without the greatest discomfort, can take quinetum without this unpleasant effect, and yet obtain a similar therapeutical result.

6. The influence of quinetum in chronic cases is greater than that of quinine.

7. The tonic action of quinetum is similar to, and perhaps even greater than that of quinine.

8. The action of quinetum in cases of marked or larval malaria, and especially in rheumatic affections due to malarious influences, is incomparably greater than that of quinine.—*Practitioner*, February, 1878.

VISCERAL AND PARIETAL HYDROCELE.—Mr. Samuel Osborn, F.R.C.S., has published, in pamphlet form, an article on "Hydrocele of the Tunica Vaginalis," which he divides, according to origin, into visceral and parietal hydrocele. The former depends upon an extension of inflammation from the organ to the membrane; the latter may arise from traumatism, and is the form usually found in old persons, where it arises from relaxation of the vessels and tissues generally. The testicular sensation is frequently absent from the visceral variety, when secondary to some form of architis. The division of the treatment into palliative and radical is scarcely correct, for the former occasionally cures, and the latter frequently fails. Out of fifty-four cases treated by injection of iodine, nineteen had been previous iodine failures. Of these fifty-four, twenty-five have been followed up, and seven found intact, the other eighteen having refilled; two of these were of the original nineteen failures. The various other substances used for injecting by different operators are mentioned, including glycerine and carbolic acid, used by Dr. Lewis, of Philadelphia. Excision of a portion of the tunic, he mentions only to deprecate. The old method by incision should only be performed for the removal of loose cartilaginous bodies, which may be the exciting cause of the hydrocele.—*St. Thomas's Hospital Reports*, Vol. VII., 1876.

ARTERITIS IN THE COURSE OF TYPHOID FEVER.—An account was given on page 248 of the current volume of the RECORD, of the cases reported by M. Lerebouillet, in which typhoid fever was complicated by gangrene of the feet caused by the formation of clots in the abdominal aorta and iliac arteries. M. Potain now reports two cases of typhoid fever occurring at the Hospital Necker, in which convalescence was complicated by arteritis, which, however, ran its course without the formation of clots. Both subjects were young men, one of eighteen, the other of twenty-two years of age, and in both the symptoms were very similar. These were, pain along the course of femoral vessels, diminution in pulsation of arteries, increase of the circumference of the affected limb, without however any œdema, and an absence of any cord-like induration of the vessels. In one of the cases the temperature of the affected limb was appreciably raised above that of its fellow. Both cases did well, the affection lasting but a few days, when it disappeared without leaving any traces of its presence. M. Potain considers that these prove that arteritis in the course of typhoid fever does not necessarily lead to gangrene, and considers it a primary affection, and not consecutive to an embolus.—*Le Mouvement Médical*, Feb. 23, 1878.

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OUR RELATIONS TO OUR FEMALE PATIENTS.

A FEW days since a young physician in this city, and one of the staff of the North-Eastern Dispensary, was charged by a female patient of that institution with the commission of the crime of rape. When the announcement to that effect was made in the daily papers, those gentlemen who were personally acquainted with Dr. Oppenheimer, and the profession generally, of which he is a reputable member, did not, of course, believe that there was any foundation for it in fact. We are happy to say that a thorough examination of the case has justified such an impression. Perhaps the best way to prove this is a statement of the facts somewhat in detail.

The girl, eighteen years of age, entered the 57th Street Court-room and charged that on Thursday, March 28th, between 3 and 3.30 o'clock P.M., she entered the Dispensary and proceeded to Room 3 to have her toe dressed, the surgeon, Dr. Davis, being alone with her in the room. While there, she further stated, Dr. Oppenheimer, a physician of the Dispensary, entered, and Dr. Davis, after some sign to him, left the room for the purpose of allowing him the opportunity of making an indecent assault. The latter, she alleged, was accomplished when Dr. Davis returned, and she went home.

Judge Otterbourg, observing the girl's actions in the court-room at the time of making the charge, and doubting the possibility of an indecent outrage in a crowded dispensary, together with the fact that two respectable physicians were charged with complicity in the act, refused to grant a warrant of arrest, but privately invited both gentlemen to his room to explain the matter.

On Thursday, April 3d, at 4 o'clock, in the judge's private room, the girl, accompanied by her guardian, repeated her story, contradicting herself, however, on some points, in the presence of the judge and the physicians of the Dispensary. Dr. Oppenheimer stated in his defence that on the day alleged he entered the Dispensary at 2.20 P.M., went to his room, saw his patients, called on Dr. Tansley, whose room adjoins his, and left the Dispensary at 2.50 P.M., his departure being noted by Dr. Tansley and Dr. Gunning, the Assistant House-Physician. He also affirmed that at no time on that day was he in Dr. Davis's room, the place of the alleged assault, and that he did not remember ever having seen the girl before, except once, about a week previous to the alleged assault, when on entering the surgeon's room, to borrow a spirit lamp, he saw Drs. Davis and Gunning dress her toe, and remarked that he believed he had seen her toe-nail removed a year ago by Dr. D.; and that having obtained the lamp he left the room.

Dr. Davis stated that on the day of the alleged assault Dr. O. had not been in his room, nor had he seen him anywhere else in the Dispensary; that Drs. Maguire and Gunning were in the room with him while attending the girl, and that afterwards she immediately left the room and the Dispensary; that he did not leave the Dispensary until about 5 o'clock, and that no such assault could have taken place without a dozen physicians and forty to fifty patients becoming aware of it, as the rooms are separated by mere boards with large intervening cracks, so that the slightest noise in one room would call the attention of all the inmates of the institution.

Dr. Gunning stated that he saw Dr. O. leave the Dispensary at 2.50 P.M., long before the girl entered, and that as Assistant House-Physician, he called the doctor's attention to his early departure, and that Dr. O. had answered he was busy and wanted to get home early. He was also positive that the girl entered after the doctor had left the Dispensary, it being his duty to mark the card of admission of all patients on entering the room. That he went to the surgeon's room, where he saw Drs. Davis and Maguire, that the girl entered, and during her presence and after her departure he remained in the room, discussing with the doctors a medical topic.

Dr. Maguire stated he was in Room 3 before the patient entered, and remained in the room with Drs. Gunning and Davis long after she had left the Dispensary, and that Dr. O. had not been in the room all day. He further stated that he knew the girl, and did not believe her to be in a sound mental condition, as he had previously treated her for hysterical convulsions, after which she had stated she was going to heaven, etc. This fact the guardian admitted; and he, with his wife, acknowledged before the examination that the girl was not of sound mind. The girl, while waiting in the examination-room, was constantly smiling and smirking at reporters, doctors, and even at the judge himself, and this was also noticed. She contradicted a portion of her previous statement, and during the examination was seized with an hysterical convulsion.

The judge was satisfied that the whole story was a delusion on the part of the patient, and the girl not competent, on account of her impaired mental condition, to make a complaint. To vindicate the doctors, he advised a commission of medical men to examine her mental condition, and for that purpose Profs. Hammond, Meredith Clymer, Jacobi, Lusk, and Dr. Dawson were appointed. On the Saturday following, at her residence, these gentlemen examined the girl, and found that she was an old epileptic, of unsound mind, and, moreover, that she was then suffering from a severe attack of specific gonorrhœa. They gave it as their opinion on summing up that the whole story was a delusion on the girl's part, as there was no physical or moral possibility of such an assault taking place as she described. Thereupon the guardian withdrew the charge, promising to send the girl to an asylum.

Although this is as full a vindication as one might desire, the physician has, nevertheless, been placed in a very unpleasant position before the public. In this, as in all similar cases, prevention of the charge would have been so much better than the most satisfactory explanation afterwards, that we are tempted to make one or two suggestions bearing upon that point. It is universally conceded that physicians are particularly liable to charges similar to those made against Dr. Oppenheimer. Considering the opportunities which are offered to disreputable persons for so doing, it is a matter of some surprise that we do not hear of more such cases. It is certain, however, that we cannot prevent such charges being made, but for individual protection we have a right to protest against their publicity until all the facts can be thoroughly investigated. The latter was the intention of Justice Otterbourg, but, in consequence of stupidity on the part of an officer of the court, the charge found its way upon the blotter in the police-station, and was then the legitimate prey of the sensational newsmonger.

It is a fortunate circumstance that the Dispensary was selected as the place in which the crime was said to have been perpetrated. If the private office of the physician had been named it would have been more difficult to have disproved the charge, and in the mind of the public there might have been much room for doubt as to the completeness of the vindication. Although in the present case the charge was absurd, and was to the last degree such as might have been anticipated from a weak-minded, hysterical female, it does not follow that similar ones may not be made, founded on more reasonable grounds. At all events, while glad of the opportunity for vindicating the medical gentleman who has suffered so much from the public notoriety of this case, we can seize an opportunity, which a general view of it affords, for urging the exercise of the greatest care in the treatment of such cases, and for guarding as much as possible against all suspicion of unprofessional conduct.

It is well understood that there is always more or less danger of malicious prosecution in treating some females without the presence of a third person, but physicians are very apt to forget this. Especially is there danger when vaginal examinations are necessary, or when anæsthetics are to be administered, and when, during any part of the operation, the surgeon may be alone with the patient. The general rule then is a good one—for every practitioner to be on his guard against such occurrences. With gentlemen in large gynecological practice it is the custom to keep female nurses in attendance, and to send them to the houses of the patients in advance of the visit at which a vaginal examination is to be made, or a gynecological operation is to be performed. Although this is not necessary with ordinary practitioners, and in fact cannot be expected of them, still it is always wise to follow such an example, as near as circumstances will admit.

Fortunately for the profession of medicine the public at large are not willing to credit any scandal of the sort to which we refer. Medicine has earned for itself a general reputation for honorable conduct which long antedates the Hippocratic oath, and which, from time immemorial, has entitled the medical adviser to be admitted into the most sacred confidences of the family circle. Hence, as an offset to any dangers which may beset our reputations as honorable men, we can enjoy the proud satisfaction of knowing that the public at large is prejudiced in our favor, and that the burden of proof of guilt must necessarily rest upon our accusers.

OUT-PATIENT DEPARTMENT OF THE NEW YORK HOSPITAL.

THE next meeting of the Medical Society of the County of New York will be held Monday evening, April 22d, when it is to be hoped a report will be made on the Out-Patient Department of the New York Hospital by the Committee appointed for the purpose. There is but one way to view the matter as regards the board of managers, and that is in the light of a gross abuse of medical charity. As we have said on a previous occasion, the profession asks for very little in the way of a reform, and that is a discrimination simply between those patients who can only pay the very small monthly fee and those who are well-to-do, but who are openly encouraged by the present regulations to cheat the poor and struggling practitioner out of his just dues. We have been informed that twelve hundred dollars were collected by these small fees during the first year, and that a motion to divide the sum among the medical staff was lost. This is doing very well for a beginning, and quite conclusively shows what kind of an African there is in the fence. But we do not care to anticipate any of the facts which may quite naturally find their way into the report. We hope, however, that the latter will be made

directly to the Society for some expression of opinion on the part of the members before it is referred to the Comitia.

BLACKMAILING OF SURGEONS AND MALPRACTICE SUITS.

It appears, from a closely printed pamphlet of twenty pages just issued by Eugene F. Sanger, M.D., of Bangor, that the statute law of the State of Maine, as concerns prosecutions for malpractice, might be modified with material advantage both to the medical profession and to the public. A suit tried at the January term, 1878, of the Superior Court in Penobscot County, was based, according to defendant, Dr. Sanger, upon the following facts: One Bowley, of the town of Alton, the plaintiff in the case, had manifested latent symptoms of disease of the bones and articular structure of the right knee-joint for twelve years, when, in April, 1876, he received a blow on the internal aspect of the leg just below that joint, causing an abscess in the fleshy tissues just beneath the contusion, and rekindling a tendency to the joint-disease commonly styled white swelling. He had been treated by Drs. Folsom and Perley, of Oldtown, and by Dr. Seavey, of Bangor, who had twice aspirated the abscess, and finally lanced it in August, 1876, over the knee-joint. He had been lame ever since, the abscess having gradually extended itself after the last operation, until on the night of August 10th (the ninth day of the lancing) he sent for Dr. Sanger, who saw him the next day. The swelling had rapidly increased down the leg; the skin was red, infiltrated, baggy, and threatened mortification from the burrowing and detention of acrid matter, decomposed by exposure to the air through the opening. Calling to his assistance the late Dr. Weston, who, previous to his demise, made affidavit to the facts detailed by the defendant, Dr. Sanger examined the joint, Bowley stating that Dr. Seavey had let out the joint-water by careless lancing, and probably ruined his leg. Having passed a grooved director into the wound and explored it cautiously in various directions, they concluded to enlarge the opening, in order to give free vent to the purulent matter burrowing within and gradually diseasing the subjacent tissues; and ether having been administered by Dr. Weston, Dr. Sanger reintroduced the director, with the groove looking towards the surface, ran a knife along the groove so as not to injure the underlying structures, and made a bifurcated incision about three inches in length, with the opening of the fork at the bottom. A cotton tent, to absorb the acrid matter, was introduced into an opening admitting the little finger, which ran backward from the bottom of the abscess towards the calf of the leg. Drs. Folsom and Briggs both testified to having treated the patient's knee, the former for several seasons previous to 1876, and the latter in conjunction with Dr. Seavey; and Bowley was especially notified by Dr. Sanger, on the morning of August 12th, that stiffness of the joint and the existing disease were events for which he would not be responsible. Bowley remained under Sanger's care twelve days, improved rapidly, and was able to be down-stairs and out of doors within a week after the operation. On August 23d, the patient went to Orono, with the understanding that he was to return in a few days for a more thorough examination of the diseased joint, making it a crucial test that if the abscess did not fill in and heal rapidly, it would confirm the suspicion of established bone-disease, in the event of which surgical interference would be necessary to save the motion of the joint and the limb from amputation. On the following day, August 24th, he sent a postal card to Dr. Sanger: "Need not look for me; two or three doctors say you have injured me; I have two good doctors for my evidence; you must settle all damage."

At Orono, Bowley boarded with Mrs. Deane, who testified to his having placed himself under the joint care of Drs. Fisher and Seavey, to whom he told the story that Drs. Sanger and Weston had cut out a large piece of sound flesh and punctured the capsular ligament, letting out the "joint-water," exposing the knee-joint to the air, injuring the delicate structures of the joint, etc. The case turned upon the evidence of an ignorant Irishman, who deposed that he was present at the operation performed by Dr. Sanger, but of whom Dr. Weston's ante-mortem affidavit stated that he was in and out on that occasion, and not in a position competent for exact observation, even were a hack-driver, such as Finnegan was, competent of intelligent observation under the best of circumstances.

Of course the suit came to naught, as any prosecution so obviously without competent basis properly should. But its initiation serves, under the circumstances, to point a moral that should not be forgotten; and that is, that in some parts of this country the position of the surgeon before the law is a standing invitation to irresponsible parties to engage in vexatious prosecutions, at the instigation of rival practitioners, of a clever and unscrupulous lawyer, or even of personal gain. Whether he defends successfully or not, the reputation of having been prosecuted for malpractice is not a desirable one, and no triumphant vindication can fully resolve the doubt thus cast upon his judgment and ability in his profession; and, if successful, he has to defray the expenses of a defence which has barely served to avert a bill of damages, but cannot reinstate him in his former undoubted professional position. As Dr. Sanger very truthfully observes, wealthy surgeons far prefer, even when they might defend with success, to submit to blackmail and exactions of a pecuniary nature, rather than to accept the unpleasant notoriety of a legal issue in their favor. We believe, however, that this is a mistaken policy, and has a tendency to propagate an evil which in the end reacts with terrible force upon the poorer surgeon who manfully stands up for his rights before the law.

There appear to be two laws respecting malpractice suits in operation in this country. Under the one, the patient has practically nothing to hinder him from starting a malpractice prosecution upon mere speculation or malice. He has only to make a case, and the State takes the responsibility. Under the second, the prosecuting party has to give bonds to pay the taxable costs of the suit, provided it issues against him. In cases of flagrant malpractice, public sentiment is not long, as every careful observer is well aware, in providing the injured party with the means of bringing the action; there are too many lawyers who want business, for an eligible suit against a medical man of property to lie neglected. It should be remembered, also, that there is a class in every community who, though able to pay, never settle their physician's bill without dispute and ill-feeling, and are only too glad to promote prosecutions as a means of gratifying their malice. Taken all in all, it would seem, therefore, that the safeguards against malpractice are sufficient, when its most flagrant aspects are made criminally punishable and the injured party has his undoubted remedy in a bill of damages, without encouraging such suits by a law that allows a pauper to set on foot a causeless prosecution, and, when it collapses, to leave the State and the successful defendant to pay the costs. The surgeon, it must be recollected, makes no pretensions to infallibility. The fact that he has had a special training as an operator enables him to undertake a work with less danger of blunder than a layman, and he is trusted because of his trained judgment and experience. Doing his best, guilty of no intentional blundering, his failures are landmarks of experience for others, although perhaps reacting unfavorably against his own reputation. The common law requires simply the exercise of all the skill he may possess, and when this condition is fulfilled he is not accountable for disastrous results.

Reports of Societies.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, March 25, 1878.

DR. J. C. PETERS, PRESIDENT, IN THE CHAIR.

THE MECHANICAL TREATMENT OF BOW-LEGS FROM RICKETS.

DR. E. F. HORST read a paper which was devoted to answering the question: "Is mechanical apparatus necessary in the treatment of bow-legs due to rickets?" In the first place he gave a review of the opinions of those who favored and of those who opposed mechanical treatment, and then passed to the question of etiology. Here it was also found that there was a variety of opinion among authors; some regarding it as a condition essentially scrofulous, others that it was in no way associated with scrofula, and again there were those who believed that it was intimately related to syphilis, while others claimed that bow-legs had no such relation.

The history of a few cases was related which seemed to show that rickets was a disease which might depend upon *diathetic* and *hereditary* influences. The doctor did not wish to assert that struma and heredity were causes of rickets, but it had seemed that children born of strumous parents were especially predisposed to the disease.

With reference to the tendency of bow-legs to recover spontaneously, Dr. Horst thought it could be safely inferred that no such tendency was manifested in the cases which had fallen under his observation. On the other hand, it was not claimed that in all cases the condition would be benefited by the use of mechanical apparatus. An objection had been raised to mechanical apparatus because atrophy of the muscles was apt to follow its use. To a certain extent the objection was good, because the apparatus pressed upon muscles, and, until the child became accustomed to its constraint, it would not run about much; but after a little time the apparatus was worn without difficulty. What atrophy did occur, affected only the muscles pressed upon. It might be supposed that constant pressure would induce paresis of the muscles, but such did not seem to be the case. Forty cases had been examined with reference to that point, and in none was muscular contractility diminished.

Dr. Horst then proceeded to analyze sixty cases which he had had under observation at the Hospital for Ruptured and Crippled; fourteen in which no mechanical treatment had been used; and forty-six which were treated by means of mechanical apparatus.

The conclusions reached were that, in bow-legged children over three years of age, not much improvement attended the use of mechanical apparatus. In none of the forty-six cases was there any increase of the deformity while wearing the apparatus, and in that way it prevented the great curvature. Improvement occurred in all except eight cases. It was as follows: in eight no improvement; in fourteen slight improvement; in eleven fair improvement; in ten great improvement; and three cases were regarded as cured. In one-half of the cases mechanical treatment afforded considerable relief.

It was thought that the use of mechanical without constitutional treatment was not advisable. In the Institution, however, preparations of lime had been abandoned, chiefly on account of their expensiveness. Cod-liver and iron were beneficial as tonics.

The paper was accepted by the Society, and being open for discussion,

DR. LEWIS A. SAYRE remarked that it was plain, practical, common-sense to give the limbs of rachitic children mechanical support until the bones of the legs could, without bending, bear the entire weight of the body. He regarded cod-liver oil and preparations of lime as very essential in the treatment of these cases, for it was the absence of the salts of lime in the bones that made them yield under the weight of the body. It was, therefore, very poor economy to deny the children that which was necessary to give their limbs proper strength. No child was fit to stand whose bones could be sprung out of shape; but if permitted to assume the erect posture the limbs should receive mechanical support.

DR. J. LEWIS SMITH remarked that he had had but little experience in the use of mechanical apparatus in the treatment of bow-legs, but that he had used constitutional remedies in quite a large number of cases. By the early recognition of rachitis he had insisted upon keeping the child quiet, and then had

given medicinal remedies, together with the use of such hygienic measures as were necessary, until the limbs could support the body. The remedies which he had found most serviceable were cod-liver oil combined with the lacto-phosphate-of-lime, and the syrup of the iodide of iron.

Dr. Smith did not fully accept the theory that rachitis was always due to the presence of an excess of lactic acid, although an excess of that acid might prevent the deposit of the salt-of-lime, which was one of the best known features of the disease. He was of the opinion that the disease might exist as a congenital affection. He had seen one case of bow-legs without rachitis.

Dr. D. W. Yandell, of Louisville, remarked that rachitis was rarely seen in Kentucky, but he was not of the opinion, however, that its absence was due to the fact that the water of that region contained a large proportion of lime. The young negro children were very commonly rachitic, but as soon as they were able to run about and get a better supply of food than that obtained from the mother, their limbs began to straighten and they grew up well-formed men and women. It was formerly supposed that the formation of urinary calculi was favored by their limy soil, but in Western Tennessee there was plenty of calculous disease, and yet the soil contained scarcely any lime. He would not like to say that rachitis was due to the absence of lime in the system, or to the presence of an excess of lactic acid, but preferred to regard it as the result of faulty nutrition dependent upon the absence of proper hygienic influences and the use of improper food. Dr. Yandell drew attention to the fact that rachitis occurred among the calves in England and in Texas, and also had been frequently seen in dogs.

The Society then adjourned.

Correspondence.

THE TREATMENT OF ABORTION.

To the Editor of The Medical Record.

Sir:—I trust you will allow me, in connection with a recent case, and even at this comparatively late date, to call attention to an article in the Record for Dec. 29, 1877, page 817, entitled: "Abortion, its Symptoms and Treatment. Being the Substance of Four Lectures delivered before the Medical Class of the University of Pennsylvania, by R. A. Penrose, M.D."

The treatment is divided into two heads—the preventive and curative. Under the latter division the following language is used: "If abortion occur during the second or third month, strive to secure a complete evacuation of the uterus. Otherwise the placenta will remain behind, and, becoming detached in the course of a day or so, will give rise to very serious hemorrhage . . . . . When the child has been expelled, introduce your finger into the cavity of the uterus, and feel for the after-birth. If it remains in the cavity, it must be removed at all hazards. Have the woman brought to the edge of the bed, place one hand upon the abdomen, and insert a finger of the other hand into the uterus. Press the uterus well down upon your finger inserted into it, and scrape away until you have removed all the after-birth. Never leave this work to nature, but see to it yourself at once. When the placenta and membranes cannot be removed by the finger, various instruments have been devised for seizing them and bringing them out. . . . . The only instrument that has proved efficient is this species of duck-bill forceps which I now show you. I defy anything to get away which has once been caught by this instrument."

It may seem presumptuous for a "country practitioner" to take exceptions to any of the above language of the distinguished professor, but I beg leave to enter a protest to the radical method suggested. It is not only unnecessary but extremely hazardous, not to say extremely difficult often, to "press the uterus well down upon the finger inserted into it, and scrape away until you have removed the after-birth." In most instances in which we are called to these cases of early abortion we find the hemorrhage excessive, the bedding saturated, the patient exsanguinated, pale and faint, and filled with apprehension. We all know that entire safety is only secured by emptying the uterine cavity of fœtus and placenta, and in our zeal to secure this end we may sometimes be tempted to resort to the methods suggested by the professor, duck-bill forceps and all. If successful, and we can present to the patient and friends at once the little "embryonic man," and the fresh little placenta fished from a mass of clots, it pleases all concerned; and we may leave the premises with a comfortable fee, and the blessings of the patient. The writer has followed that teaching and mode of procedure too often in the past, and failed so signally many times, that he long since abandoned it and pursues a more conservative and therefore "a more excellent way."

Taking for granted that the fœtus has been expelled, and we have to deal with a retained placenta attended with hemorrhage more or less severe, the tampon—made of strips of "old muslin," eight or ten inches square—is resorted to, the vagina being packed from its vault to the vulvæ, and secured by a T-bandage. This soon absorbs the blood in the vagina, and, if well applied, is an absolute protection against further dangerous bleeding. The further loss of a few ounces of blood in many of these cases might prove dangerous, if not fatal.

In about twelve hours the tampon is removed, and usually the placenta will be found attached to the first cloths inserted. If not, the vagina is syringed with carbolized warm water and the tampon is removed, using, of course, fresh cloths lubricated with olive oil or castile soap and warm water. After remaining twelve hours longer the cloths are removed, and I have always found the placenta in the upper vagina ready to be brought away with the tampon. I never have found it necessary to repeat the tampon the third time. Its presence softens the os, excites moderate, almost unconscious, uterine contraction, and enables the physician to leave his patient for other duties, confident in the perfect immunity from danger in which he leaves the valuable life entrusted to him.

I may be better understood by reporting in this connection the following typical case which has just occurred in my practice. I treat a goodly number in the same way every year and with equal success.

Mrs. A. B., aged thirty-two, American, in good circumstances, married eight years, has borne four children at full term, and, with this, has suffered four miscarriages. Was called to this lady at 10 A.M., March 24th, ultimo. She informed me that she thought she was nearly four months on in pregnancy. For a week she had daily noticed a slight vaginal discharge of blood. Her children had the whooping-cough, and she had been broken of her rest a great deal in caring for them. She had that morning been about as well

as usual attending to household cares, and while standing at a table she felt a sudden escape of blood from the vagina, and went immediately to bed. She fainted quite away before my arrival. I found her pale and prostrate, with feeble, rapid pulse. A large amount of blood saturated the bed. Included in these clots was a small fœtus about three inches in length. The vagina was filled with clots, and blood escaped freely from the uterus. This slight examination induced extreme syncope. I at once "plugged" the vagina, as above detailed. Squibb's f. ext. of ergot was given, which excited vomiting; but this effort acted favorably by forcing blood to the brain. I remained with my patient three hours, using restoratives vigorously, and striving to relieve the deadly nausea and depression. Our efforts were successful, and a good degree of reaction secured. At my evening visit I found no hemorrhage had occurred, and the patient so comfortable that it was decided to leave the tampon *in situ* until morning.

At 6 30 A.M., on the 25th, the cloths were, one after another, removed, saturated with dark blood, and the entire placenta was found in the vagina attached to the upper cloths. The uterus was found well contracted and closed. My patient is making a rapid recovery.

Had I at my first visit persisted in getting away the placenta "at all hazards," by the method suggested by Prof. Penrose, I feel almost sure that a valuable mother and lovely woman would have been lost to her young children and numerous friends.

Very respectfully,

H. C. MAY, M.D.

CORNING, N. Y.

SUCCESSFUL TREATMENT OF A CASE OF ANEURISM BY THE USE OF THE ESMARCH BANDAGE.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—In July last Mr. R., No. — Lexington St., Baltimore, called at my office to consult me in relation to a tumor on his right leg. He stated that he had been under treatment for two or three months, and had applied the usual remedies—iodine and other absorbents—but without any perceptible effect. The patient's age was 63; profession, a milliner; temperament lymphatic; nervous system well developed; heart's action full and regular; chest well developed; inspiration and expiration normal; digestive organs in good condition; muscular system relaxed. The only evidence of disease was the tumor, the size of an English walnut, and the shape of an almond, located in the region of the posterior tibial artery, in the lower third. The parts below were œdematous, but whether from the pressure of the tumor on the artery, or the obstruction of the circulation through the artery, I was unable to determine, as the tumor, owing to the thickening of its walls, betrayed no pulsation.

I then explored it with a tenotomy knife, and the resultant intermittent flow and brightly colored blood showed at once that the artery itself was involved, and the tumor necessarily an aneurismal one. Ordinarily the method of procedure would now have been to ligate the artery, but, as I did not like the appearance of the foot, owing to the extent of the effusion, I decided to apply the Esmarch bandage, beginning with the foot and carrying it above the tumor. I did so, and after the lapse of five or ten minutes removed it and followed it with a roller-bandage, making a compress immediately over the tumor (which, under the pressure of the Esmarch, had entirely collapsed and refilled slowly) with tin-foil. In this condition I left it until the following day, when I found that the foot was still œdematous, though to a less degree than before. The symptoms being favorable, and the patient professing much relief from the application, I determined to reapply the Esmarch and continue the same line of treatment.

On my next examination, three days later, I found a further very decided improvement in the patient's condition. The walls of the tumor had become consolidated, and the collateral circulation established. I now felt certain of the wisdom of the treatment, and for a third and last time applied the Esmarch. Readjusting the roller-bandage every three or four days, I found at the end of the second week that the œdema had entirely passed away, and in five weeks from the date of the first application the patient was able to attend to his business as usual.

W. H. CRIM, M.D.

185 W. FAYETTE ST., BALTIMORE.

ALCOHOL FOR ANTISEPTIC SPRAY, AND COTTON-WOOL AS A SURGICAL DRESSING.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—I report this case for the purpose of directing attention to a simple antiseptic plan of treating wounds, and to illustrate some points in the pathology of cancer.

Mrs. P., aged forty-one; brunette; slight form; general health not good; father and his brother died of cancer; mother's father died of cancer. Patient discovered a tumor in the left breast, Feb. 16, 1878, the size of a hickory-nut. I examined it on the 23d and 27th, and found by touch a rapidly growing tumor, deeply imbedded in the gland, with no adhesions. No lymphatic glands affected. I advised immediate removal. There had been only slight pain. I excised the breast on the 2d of March, just two weeks after the patient's discovery of the tumor, which, it will be remarked, is an unusually prompt resort to surgical aid. The tumor had then attained the size of a hen's egg. The patient was etherized. The antiseptic consisted of a twenty per cent. solution of commercial alcohol, perfumed. It will be found that bacteria cannot live in a thirteen and a half per cent. solution of this description. No spray was used, because every part of the exposed surface could be readily reached by sponging. Before and during the operation the region of the wound, and *everything* that came in contact with it, was frequently and freely disinfected. No portion of the gland was wounded, but it was removed intact by enucleation as much as possible. One artery only required securing, which was the long thoracic. Less than one ounce of blood was lost. Much of the contiguous tissue was then removed, after which specimens of the remaining tissue, nearest the site of the tumor, were examined under a microscope with 300 diameters, and no cancer cells discovered. The wound was now closed by interrupted sutures of white horse-hair. These sutures I have used for some years, because they are non-irritating, and need not be removed until the wound is healed. This is a valuable desideratum in antiseptic surgery. No straps were used. The wound was next covered with very light gauze, and then cotton-wool. The gauze was used to prevent the cotton being car-

ried between the edges of the approximated integument. The use of cotton-wool as a dressing for wounds is, in my opinion, one of the most valuable improvements of modern times. My experience in its use extends over a period of five years, and I am entirely satisfied that the result fully supports the theory of its power to arrest the progress of putrefactive germs. This property is not enhanced by medication, because it is perfect without. Over the cotton-wool compress, and around the body was placed a snugly drawn bandage. The cotton-wool thus protected the wound against bacterian germs, was ready to absorb exuding fluids, and furnished an elastic support to the injured tissue. The value of the latter property cannot be overestimated. The dressing becoming somewhat stained with blood, was changed on the third day, it being detached from the wound by the free use of the antiseptic before mentioned. Subsequent changes in the dressing were only made for the purpose of noting the condition of the wound and surroundings. A small abscess formed just above the outer angle of the wound, and opened into it. This caused the patient and your reporter some uneasiness until its true character was determined. *Not one drop of pus formed upon the incised surface.* Only two doses of opiates were necessary to afford relief from pain. I removed the sutures March 21st, the wound being healed. The physical properties of the horse-hair had in nowise changed, and the wound of the small Glover's needle had not become enlarged. The cicatrix will be protected from irritation or injury by being covered with a soft pad, with rubber dam next to the flesh. If irritation is the exciting cause of cancer, it will be observed that, in this case, the prospect of a recurrence has been reduced to a minimum.

This description applies to many another wound I have treated in the same manner, with the exception of the kind of antiseptic used. My patient, then, had not to recover from the depression of chloroform; had not to be offended by the diabolical odor of carbolic acid; had none of the stench to endure that results from decomposition in wounds, and had simply to be let alone by the nurses.

The principle of the antiseptic treatment of wounds consists in the prevention of the ingress of putrefactive germs to the exposed surface, from the beginning of the operation to the permanent closure. The plan I have described for the accomplishment of this object is a simple one, is equal in efficiency to any, and can be easily applied in all cases. I have seen wounds fail to do well under cotton-wool, but never if first thoroughly disinfected.

An examination of the removed portions showed an elastic but firm tumor, cutting like the traditional raw turnip. To the unaided eye it appeared to blend perfectly, at its surface, with the gland, but its borders were more distinct under the scalpel. Its growth was interstitial as to the gland, and not by displacement, as is that of benign tumors. It proved to be a cystic fibroma, containing a starchy appearing fluid. The anterior wall was several times thicker than the posterior. The fluid was rich in round cancer cells, and had the same microscopical appearance of the "cancer juice" obtained from the walls of the tumor. These characteristic cells were as numerous in the gland at the distance of half an inch from the tumor as in the tumor itself. They gradually decreased in numbers from this point towards the circumference of the gland, until, in the extreme border, they were found to be quite isolated. No cells were found in the adipose or other tissue outside of the gland.

Many deductions of a practical character, referring to diagnosis, prognosis, pathology, and treatment, may be founded upon the history of, and the pathological conditions developed in this case. That to the intelligent professional reader they require no summarizing, is my belief, and therefore my reason for not further encroaching upon your space.

DEWITT C. WADE, M.D.
HOLLY, MICHIGAN.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from April 7 to April 13, 1878.

MIDDLETON, P., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Texas, ordered before the Army Medical Board, New York City, for examination for promotion, and after examination to report by letter to the Surgeon-General. S. O. 72, A. G. O., April 6, 1878.

JESSOP, S. S., Capt. and Asst. Surgeon. Granted leave of absence for one month from June 1, 1878, and his resignation accepted to take effect June 30, 1878. S. O. 74, A. G. O., April 9, 1878.

POPE, B. F., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Texas, ordered before the Army Medical Board, New York City, for examination for promotion, and after examination to report by letter to the Surgeon-General. S. O. 72, C. S., A. G. O.

CORSON, J. K., Capt. and Asst. Surgeon. Granted leave of absence for one month. S. O. 63, Dept. of the East, April 8, 1878.

HAVARD, V., 1st Lieut. and Asst. Surgeon. Granted leave of absence for six months, with permission to go beyond sea. S. O. 71, A. G. O., April 5, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending April 13, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
April 6, 1878....	0	6	78	3	116	58	0
April 13, 1878...	0	9	79	3	89	38	0

ORIGIN OF BACTERIA IN FEVERS.—The *Gazette des Hôpitaux* of the seventh ultimo gives a pretty full report of a lecture delivered before the Academy of Medicine, Paris, on the evening of the fifth, by M. Colin, Pasteur's most determined critic and opponent, who discussed with great observational and experimental detail the origin of bacterids in the so-called carbonous fevers. One of the points to which M. Colin addressed himself was, what becomes of the poison during the period of incubation? In other words, is it lodged in certain organs and tissues only, or in certain vascular tracts, or is it disseminated throughout the whole system? In the absence of facts furnished by clinical observation, M. Colin has long been engaged

in a series of experiments looking to the resolution of this doubtful issue; and, after many abortive attempts, he believes that he has settled the question, and announces the following summary of conclusions:

1. That the lymphatic glands are the organs first to acquire the virulence, and that from these centres of incubation it penetrates throughout the whole animal economy. 2. That these glands become affected successively, in the order of their situation in the lymphatic tract, and of their distances from the point of inoculation. 3. That they are transferred into centres of virulence by the regeneration or reproduction of the poison in their tissues or in the liquids impregnating them. 4. That this poisonous property of their fluids and secretions is developed for a certain appreciable period before the appearance of bacteria in the glands and vascular tract. 5. That the glands are the special receptacles and regenerating centres of the poison during its whole sojourn in the system; 6. That its activity in these organs is indicated by tumefaction, œdema, a reddish tint (*teinte rougeâtre*), and by interstitial hemorrhage,—in a word, by a specific irritation, succeeded, after an appreciable period of time, by the development of bacterial organisms.

M. Pasteur coincided with M. Colin as concerns the fact of the penetration of the lymphatics by the bacterids, as one that had been observed by most physicians who had made careful studies of the carbonous fevers. But he argued from the fact that injecting bacterids or bacterial fluids into the system produced just such local symptoms as M. Colin had described of the glands, that it must therefore be inferred that the organisms had been overlooked in M. Colin's experiments until they had multiplied in large numbers. M. Colin reaffirmed his position, however, and maintained most distinctly that such fevers were marked by two periods of virulence as respects the glandular structures and fluids; namely, first, in the order of time, a period of glandular irritation and poisoning, with which no bacterids nor germs of bacterids are associated; secondly, a period during which these organisms occur in abundance in the glandular tissues and secretions. M. Pasteur retorted that if the observations of M. Colin were well taken, that gentleman had made the grandest discovery of modern times, and had verified the spontaneous generation of bacteria—a point which he (M. Pasteur) had been seeking to determine for twenty years or more, without success. A commission, consisting of MM. Pasteur, Colin, Velpeau, and Davaine, was appointed to observe the experiments of M. Colin and to report upon them to the Academy.

Probable Cause of Cretaceous Degeneration of the Arteries.—Prof. Gubler communicates to a medical society in Paris some valuable observations as to the probable cause of cretaceous degeneration of the arteries, which he finds to be extremely common with the lower classes in France—so common that arterial atheroma is of frequent occurrence in the hospitals, in men of forty, thirty, and even twenty years of age. He regards the abuse of alcohol as one of the potential causes of this alteration in structure, but thinks its importance as such is somewhat exaggerated by the profession at large, and names the almost exclusively vegetable diet of these classes as probably the primary factor in producing the disease, which, he observes in corroboration, is very rare in persons subsisting in the main upon animal food. In further confirmation of this view, he instances the extreme of atheromatous degeneration in monasteries, and finds that monks confined to vegetable diet, frequently show great induration of the middle coat of the arteries at the early age of thirty-two.

At St. Catharine's Hospital, Brooklyn, E. D., it appears from the seventh annual report that 1,325 dispensary cases have been treated, 767 medically, and 558 surgically, against 623 admitted to the wards of the institution. The classifications of diseases evinces some points of interest as to the comparative frequency in the Eastern District, rather the uncleanliest section of Brooklyn, of maladies presenting almost a reverse of the statistics in the better quarters of the city. With but one case of gout and two of syphilis in the record of constitutional diseases, 35 cases of articular, and 3 of muscular rheumatism occur. Zymotic diseases include 12 cases of malarial cachexia, and 53 of active intermittent, balanced against 5 of typhoid, 2 of scarlet fever, and 5 of diphtheria. Of the 17 cases of disease of the circulatory system, 9 are concerned with insufficiency of the mitral valve; and in affections of the respiratory organs, pulmonary consumption has 107 cases against 41 of all other descriptions. Gastritis appropriates 20 cases out of the 47 accredited to the digestive organs, and Bright's disease 8 out of the 10 recorded as affections of the urinary organs. Noticeable at a glance, in diseases of the nervous system, is the great preponderance of cerebral apoplexy and epilepsy over all others.

A Remedy for the Eruption of Poison Oak, Ivy, and Sumach.—Dr. S. A. Brown, U.S.N., Mare Island, California, believes that he has found a specific for the eruption caused by contact with poison oak, sumach, ivy, huahoo, cashew nut, etc. He writes:—"This specific is *bromine*. I have used it with the same unvarying success in at least forty cases. The eruption never extends after the first thorough application, and it promptly begins to diminish. Within twenty-four hours, if the application be persisted in, the patient is entirely cured. There is no pain attending its use, as from that of astringents. Of course, the epidermis peels off as after other treatment.

"I use the bromine dissolved in olive oil, in cosmoline, or in glycerine. The application with glycerine is painful, and, I think, possesses no advantage to compensate for the irritation. The strength of the solution is from ten to twenty drops of bromine to the ounce of oil, used by rubbing gently on the affected part three or four times a day, and especially on going to bed at night. You wash off the oil twice a day with castile soap.

"The bromine is so volatile that the solution should be renewed within twenty-four hours of its preparation, as it will get out of a bottle, however well corked. It is best to stand the bottle on its cork end, in the intervals of application.

"I have seen no publication of this treatment, and I, therefore, send you my experience with it, hoping to attract to it some little attention, and do the good which must result from its adoption."

The Hanging of Polish Surgeons.—Dr. W. B. Neftel, of this city, and formerly a surgeon of the Russian Army, has called our attention to a denial of the report concerning the hanging of the Polish surgeons at Sophia, published in our issue of March 30th. Said report was extracted from an Austrian paper of the issue of Feb. 24th, but the contradiction in the same journal a few days afterwards escaped our notice.

Dr. Paul F. Mundé, of this city, was recently elected a Corresponding Fellow of the Edinburgh Obstetrical, and of the Philadelphia Obstetrical Societies.

THE

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Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith**, that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weigh·d very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 143.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia**, free from other cinchona alkaloids. This amount of dry Quinia corresponds to 203.8 grains of **Sulphate of Quinia**, containing 8 molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 \cdot H_2\,SO_4 + 8\,H_2\,O$; or to 201.7 grains of **Sulphate of Quinia**, containing 7½ molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 \cdot H_2\,SO_4 + 7\frac{1}{2}\,H_2\,O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.3 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully, CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 18th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

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The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt in experiencing equal relief with similar doses.

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"HOSPITAL QUININE," ¾ gr.	85	4 00	Chinoidine, 3 grs.	75	3 50
"HOSPITAL QUININE," 1 gr.	1 40	6 75	CINCHONA BARK ALKALOIDS.	2 00	9 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25	Quinia Sulph., 1-2 gr. Quinidia Sulph., 1-2 gr. Cinchonia Sulph., 1-2 gr. Cinchonidia Sulph., 1-2 gr.		
"HOSPITAL QUININE," 2 grs.	2 50	12 25			
"HOSPITAL QUININE," 3 grs.	3 75	18 50			
"HOSPITAL QUININE," 4 grs.	4 50	22 25	Cinchonia, Sulphate, 3 grs.	1 00	4 75
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Fig. 68.

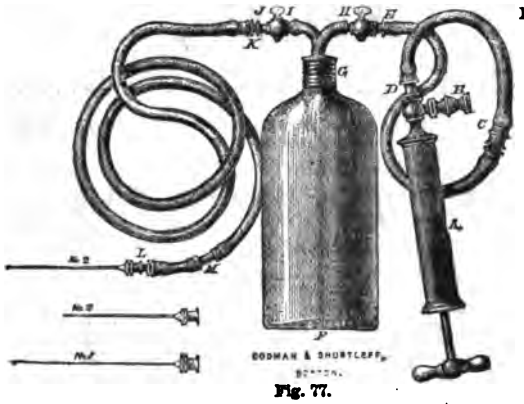

Fig. 77.

Fig. 78.

The Stopper and Cocks supplied with Apparatus No. 2.

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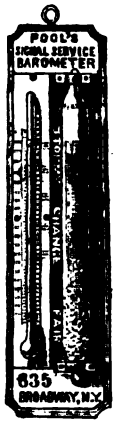

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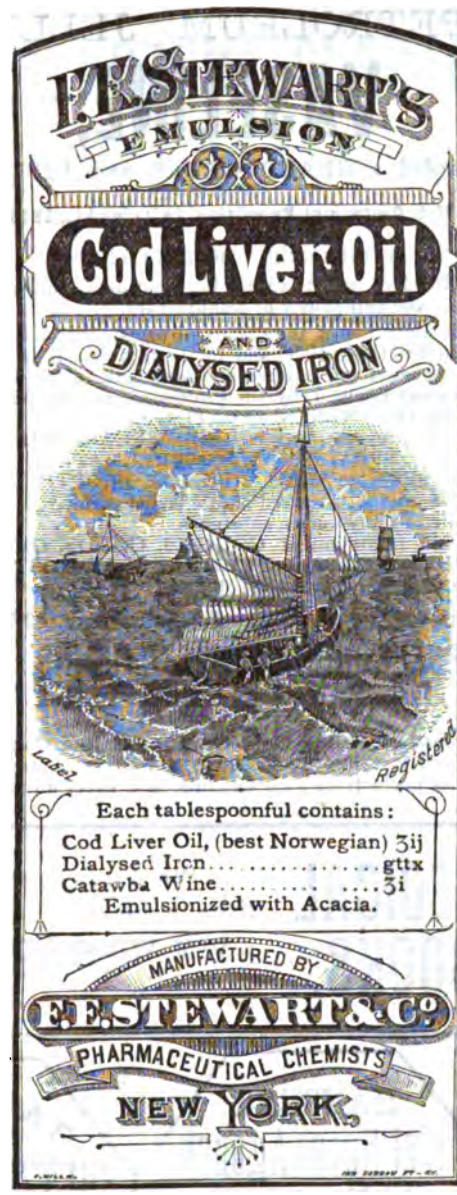

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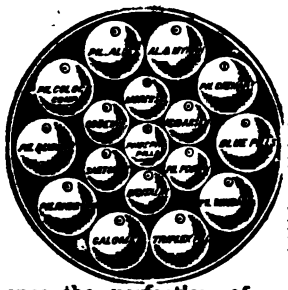

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Pills, prepared according to the U. S. Ph. when officinal: Aloes; Aloes and Assafœtida; Aloes and Mastich; Aloes and Myrrh; Assafœtida; Comp. Cathartic; Comp. Calomel; Comp. Colocynth; Iron, Carbonate; do. Citrate, 2 grains; do. Citrate of, and Quin., 2 grains; do. Pyrophosphate, 2 grains; Blue Pills, 3 grains; Calomel, 5 centigrammes, or 3-4th grain; Podophyllin, 1-6th, 3-4th and 1 grain; Proto-iodide of Mercury, with Opium, Ricord's formula; Quin. Sulph., 3-4th, 1, 1½, 2 and 3 grains; Rhubarb; Comp. Rhubarb; Santonine, 3-4th gr.; Triplex; Valer. Zinc., 3-4th gr.

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BY A PHYSICIAN.

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Why is this?

Because it is found that certain manufacturers, appealing to the convenience and profit of the apothecary, have been sacrificing merit and therapeutic value to elegance of appearance, and have employed officinal forms and professional nomenclature to foist upon the physician, by aid of the druggist, compounds of little or no value, and altogether unworthy of the high claims made for them.

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See Page 3 for Advertisement of

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HYPOPHOSPHITES OF LIME AND SODA

PERFECT, PERMANENT, PALATABLE.

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Price per bottle, 1 oz., **75c.**; per doz., **$5.00.** Per pint, **$5.00**; per doz., **$50.00.**

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Let the patient lie down for a few minutes, crush a 5 drop capsules and inhale it, and the symptoms will disappear in a few minutes.

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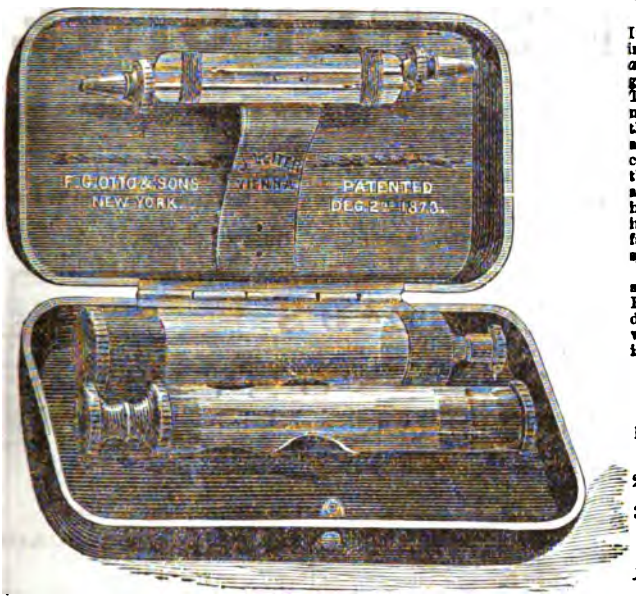

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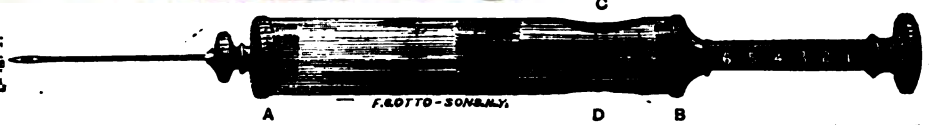

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Fig. 2.

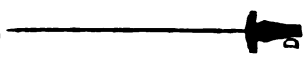

Fig. 3.

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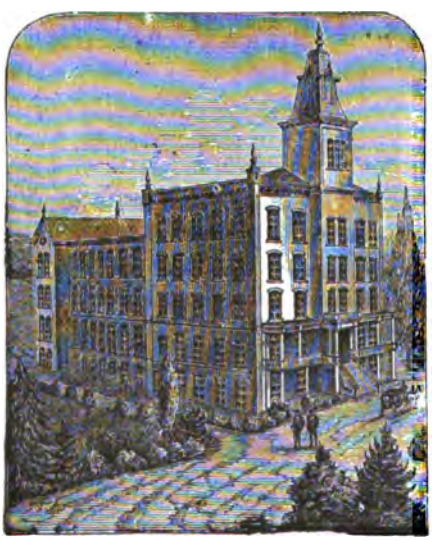

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Original Lectures.

LECTURES ON THE LOCALIZATION OF SPINAL AND CEREBRAL DISEASES.*

By E. C. SEGUIN, M.D.,

CLINICAL PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

LECTURE I.

SUMMARY—INTRODUCTORY REMARKS—HISTORICAL CONSIDERATIONS CONCERNING LOCALIZATIONS IN THE SPINAL CORD—PHYSIOLOGICAL ANATOMY, AND PHYSIOLOGY OF THE SPINAL CORD.

GENTLEMEN:—The Faculty having again done me the honor to assign to me some of the extra Thursday Lectures this winter, I have chosen as a subject the very practical question of the Localization of Diseases in the Spinal Cord and Brain.

This topic is now engaging the attention of many of the best minds in the profession, and it is being made the object of careful observation and ardent controversy. Well-reported cases bearing on the question abound in the current medical literature.

The subject has two principal aspects. One of these, that relating to the doctrine of the localization of functions in the brain and spinal cord, is more especially interesting to the physiologist and psychologist. The other aspect, that which concerns us as practical physicians, is with reference to the possibility of making an accurate diagnosis of the seat of the lesion in organic diseases of the nervous centres.

It is this second aspect of the question which I shall discuss with you; and I shall endeavor to do it in as concise and practical a manner as possible—in such a way, in short, as shall enable you to utilize in your future daily practice the various principles and propositions which I shall have the pleasure of presenting to you.

In other words, the following lectures will be upon the rational diagnosis of cerebral and spinal diseases.

In practice, when we have completed the examination of a patient, several questions are put to us by the patient, by his friends, or by ourselves. These are in chronological order: Is there disease? Where is the disease? What is the disease? What are we to do for the cure of the disease or for the relief of the patient? Will the patient die or recover?

Of these questions the one which our client and the world at large consider the most important, is the fourth—that relating to treatment and cure. This preference is natural, but highly unscientific; it is a manifestation of that untrained mental action which demands results and scorns methods, which welcomes empirical achievements (provided they be agreeable), and which conduces to the perpetuation of quackery of all kinds. But to the physician who is not a mere prescription-writer, who aims at infusing as much science into his practice as possible, and who believes that he is not in the world for the purpose of gratifying his patients at so much per visit, but that he owes himself a debt of training and self-culture, and who has a sincere regard for science—to such a physician the first three questions assume a justly great importance. Pray observe that I do not say paramount importance, but great importance. And the superiority of the humanitarian over the scientific duty becomes less glaring if we bear in mind the truth—and I firmly believe it to be such—that success in treatment now depends, and in the future will still more closely depend, upon the scientific study of the human subject in health and disease. In other words, I would impress you with my own conviction that the best trained and most scientific physician, if he be not a closet-student and theorizer, is the best practitioner.

We occasionally hear of an over-fine diagnosis, of extreme caution in the treatment of disease, and of the sweeping application of physiological laws to practice by men who are said to be "too scientific;" but who can number the errors, nay the sacrifices of life which must be laid at the door of the falsely so-called "practical men," who despise learning and scientific methods? Those of us who see something of the rarer and more formidable kinds of disease fully realize that in medicine, as probably in other applicable sciences, ignorance leads to rashness and crudity in practice, while ripe knowledge conduces to success, or, at any rate, to caution in prognosis and expectancy in treatment.

Of the three diagnostic questions: Is there disease? Where is the disease? What is the disease? the second is the one which forms the key-note of these lectures. Where is the lesion producing the disordered actions or symptoms? The method to be followed in arriving at the solution of this question varies somewhat in different departments of medicine. Some lesions can be seen by the trained unaided eye, or felt by the skilled hand; the seat of others can be determined by auscultation and percussion, by the aid of instruments, such as the ophthalmoscope, laryngoscope, speculum, etc. But in the study of the nervous system greater difficulties are met with; we are, to a great extent, deprived of these physical aids; we cannot appreciate the condition of the brain and spinal cord directly by our special senses, but only by a proper interpretation of the way in which the functions of these parts are performed. In other words, the diagnosis must be made chiefly by reasoning.

What are the conditions or data necessary for correct reasoning in nervous pathology? An enumeration of these will be a brief statement of the way in which I purpose treating the questions before us.

First, you should possess a knowledge of the physiological anatomy of the parts concerned, viz., the brain and spinal cord. You are not obliged, for this purpose, to know much of the histology of the nervous tissue, but you should understand the arrangement of its various parts as recently revealed to us by perfected anatomy and embryology.

Second, you must be well versed in the mode of life and action, or physiology of the cerebro-spinal axis. You must understand, as well as the present state of science allows, what parts are excitable and what inexcitable, which transmit impulses and sensations, which receive impressions, which originate the motor impulse, and which are endowed with special functions.

Third, you need a thorough understanding of the perverted functions of the nervous system, and of other systems connected with it—*i. e.*, of the symptoms of nervous disease; you should cultivate semeiology. And it is here more especially that previous general medical training is of great aid to the student of nervous pathology.

Fourth, you must have a clear conception of the

* Delivered at the College of Physicians and Surgeons during the months of December, 1877, and January, 1878.

empirical knowledge already gained by numerous post-mortem examinations of persons who have died with disease in the nervous system. You should not accept every proffered autopsy, but critically analyze before making use of it. You may demand that it shall approximate a physiological experiment in exactness and in simplicity.

Fifth, and not least, it is necessary that you have and use a keen critical and logical sense in the appreciation and combination of the above normal and morbid phenomena, in order that you may arrive at sound inductions.

The importance of the combination of the above notions for the study of nervous diseases is immense. Any hypothesis, to be acceptable, must be based upon anatomy, physiology, semeiology, and pathological anatomy. The various crude theories which have reigned awhile in medicine were such as did not fulfil this requirement: some of them were deductions from anatomical data, others applications *a priori* of physiological laws to medicine, others still based solely upon clinical studies, or upon autopsies. Indeed an effort is now being made to break down the growing doctrine of localization of lesions and functions in the brain by just such a one-sided argument. It is claimed by a high authority that facts of the fourth category (post-mortem examinations) contradict, in a perfectly overwhelming manner, the doctrine in question. Now, I trust that, however feebly I may handle the subject, I shall yet be able at the proper time to give you good reasons why we must decline to accept and apply that authority's facts as he does.

Of the few who now deny that we can accurately localize disease in small parts of the brain during the life of the patient, I would, finally, make this critical remark. Their seemingly crushing argument is based upon what seems to me a fundamental error in the appreciation of natural phenomena, and that is, not making allowance for variability and mutability in the highly organized human frame. We now, since the labors of Darwin more particularly, admit that species in the animal and vegetable kingdoms are not fixed forms, but that they may pass into one another by almost infinitely numerous and delicately graded varieties; we know that the ultimate composition of high organic bodies (proximate principles like albumen) varies somewhat; we are prepared to occasionally find (passing to the human organism) the viscera transposed, or to meet with an exanthematous fever without its rash, with a pneumonia unaccompanied by expectoration, or with a painless peritonitis, etc.; in other words, we are, as naturalists and physicians, ready to admit variability and irregularity in the organism. Yet, in spite of all this general and special knowledge, the opponents of localization maintain that there can be no irregularity in cerebral action, and they say, by implication at least, that the decussation of the anterior pyramids must always take place, and be total. They demand of those who believe in localization that they should be able to make *every* observed case harmonize with their generalizations. Is this reasoning fit to be applied to natural history? Are we prepared to make use of the mathematical method in pathology?

I shall treat, first, of localizations in the spinal cord and medulla oblongata; and, second, of localizations in the brain proper.

I take up the spinal cord and medulla first because the phenomena are there more simple, and there is less controversy about them than there is with reference to the brain.

HISTORICAL CONSIDERATIONS.

The now voluminous literature of diseases of the spinal cord does not teach us much with respect to the localization of its diseases. The writers of the end of the last century and of the first quarter of this—Frank, Sauvages, Rachetti, Abercrombie, Ollivier—adopted a pathological classification, which has been generally followed in systematic treatises since. Frank recognized, in a pretentious section of his great work on medicine, only spinal neuralgia (rachialgia), myelitis and spinitis (rachialgitis), and hydrorachis. Ollivier, in his last edition, 1837, enlarges greatly upon this primitive list, and describes at least eleven morbid conditions of the spinal cord and its membranes. Brown-Séquard, in 1861, besides demonstrating, as he thought, the existence of reflex paraplegia, treats of all diseases of the spinal cord briefly, and makes an attempt at localizing lesions. He admirably points out how we can diagnosticate a lesion occupying one-half of the spinal cord (hemi-paraplegia and spinal hemiplegia), and also how the height of a lesion in the cord may be estimated. Besides, he makes the first attempt at localizing disease in one of the columns of the cord, saying that when the anterior columns are alone inflamed there is paralysis without anæsthesia and little dyssesthesia. He (not knowing of Türck's researches) doubts the pathological independence of locomotor ataxia.

In 1864 appeared Jaccoud's excellent book, which chiefly treats of semeiology and ætiology of spinal diseases. He makes an advance upon previous writers, by considering the question of diagnosis of location of the lesion quite fully, and reaching the following conclusions: 1. Disease in the antero-lateral columns produces palsy without alteration of sensibility; 2. There are no symptoms clearly indicating disease of the anterior gray matter alone; 3. It is easy to recognize if the æsthesodic tract is diseased (sclerosis of the posterior columns) by pain, increased reflex,* and anæsthesia; 4. Lesion in one-half of the cord low down is indicated by hemi-paraplegia, high up by spinal hemiplegia. Leyden, writing in 1874–6, adopts the usual pathological classification, and his work is an admirable treatise. He in numerous places refers to the localization of lesions in the posterior columns, the lateral columns, the anterior cornua, the centre of the cord, and the nuclei of the medulla oblongata, pointing out the diagnosis of each. Hammond, 1876, gives a good *résumé* of the state of knowledge on the subject, basing his classification in part upon notions of localization.

But it is to monographs that we owe most in this branch of pathology.

In 1851 Türck demonstrated the extent and exact distribution of descending degeneration in the spinal cord secondary to cerebral lesions, and in 1857 he found the lesion in locomotor ataxia (then called tabes dorsalis) to be sclerosis of the posterior columns; Dr. J. Lockhart Clarke discovered the lesion of progressive muscular atrophy in 1861–2; Prévost that of infantile spinal paralysis in 1865; Prof. Charcot that of progressive labio-glosso-laryngeal paralysis in 1868; in 1865 the same observer published an autopsy of a case of sclerosis of the lateral columns (three others had been published by Türck in 1856), and in 1873 Prof. Erb, of Heidelberg, and Prof. Charcot delineated the clinical features of this disease—spasmodic

* This word is used in a substantive sense, in imitation of German writers, to designate reflex movements. I think that the word is not much used orally by clinical teachers in this way.

tabes, or spastic spinal paralysis. In 1874 Charcot described a mixed type, in which disease of the anterior gray matter is combined with sclerosis of the antero-lateral column—amyotrophic lateral sclerosis. Disease in the central gray matter has been well studied by Hallopeau 1869–70, and Schüppel, and by Leyden, 1876. During the present year Prof. Flechsig has begun the publication of a series of papers upon the systematic diseases of the spinal cord, a work of the greatest merit, based in greater part upon the author's own pathological observations, and upon his yet more important embryological and microscopical studies upon the structure of the spinal cord (1873–6).

As regards the diagnosis of the location of non-systematic lesions (focal lesions) of the spinal cord we have made no material advance upon the data given us by Brown Séquard in 1861.

Let us now briefly review so much of the anatomy of the spinal cord as is indispensable to the study of the localization of its functions and lesions. I shall take it for granted that you are acquainted with the usual descriptive anatomy of the nervous centres, and call your attention chiefly to their physiological anatomy.

The spinal cord is a mass of white and gray nervous matter disposed lengthwise in columnar form, and varying in relative proportions at various points. This finer arrangement of the gray and white columns is best studied in transverse sections made at different heights in the spinal cord—for example, through its upper cervical part, through the cervical enlargement, through the lower dorsal region, through the middle of the lumbar enlargement, and near the end of the cord. In every such section we find the same parts, white and gray, but the shape of each is very different on the various surfaces. In general terms the gray substance or vesicular neurine is disposed in the centre of the section in the shape of an irregular letter H, with clubbed ends forward. These ends, anterior and posterior, are called horns; they are symmetrical on either side of one section, and the posterior reach out to the very periphery of the cord, dividing the inclosing white substance of each half of the section into two parts, the posterior column and the antero-lateral column. By means of pathological study, by histology, and more especially by means of embryology, these white columns have been much more subdivided. Following the latest arrangement by Flechsig, we find in each lateral half of a transverse section of the spinal cord the following parts, proceeding from behind forward:

1. A small triangular column of varying size, lying next to the posterior median septum, in contact with its fellow of the opposite side, the posterior median column, or column of Goll.

2. Externally to this, lying between it and the inner margin of the posterior gray horn, is a broad band containing the sensory fibres of the posterior roots, the posterior root zone, or *zone radiculaire postérieure* (Charcot), or column of Burdach. These two constitute the posterior column of the simpler classification.

3. A small zone lying next to the periphery of the cord, just anterior to the apex of the posterior horn—the direct cerebellar column.

4. Between that and the body of the posterior horn lies an ovoid mass of fibres, the crossed pyramidal column—derived from the opposite cerebral hemisphere by way of the anterior pyramid.

5. Anteriorly to these two, occupying the sides of the section and reaching inward to the gray matter, we find the lateral columns.

6. Lying in front of the anterior gray horns, and extending forward to the periphery, is the *zone radiculaire antérieure* (Charcot), or anterior fundamental column.

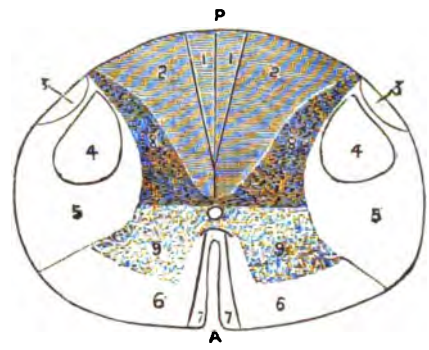

FIG. 1.

Transverse section of the spinal cord.—A. Anterior median fissure; P. Posterior median septum; 1. Columns of Goll; 2. Columns of Gerlach; 3. Direct cerebellar column; 4. Crossed pyramidal column; 5. Lateral column; 6. Anterior fundamental column; 7. Direct pyramidal column; 8. Posterior gray horns; 9. Anterior gray horns. Stippled part=gray matter. Shaded part=æsthesodic system. Unshaded part=kinesodic system.

7. A strip of white matter lying on the margin of the anterior median fissure, extending quite to its bottom, is the column of Türck, or better, the direct pyramidal column—derived from the cerebral hemisphere of the same side, by way of the anterior pyramid.

The simple division of the gray matter into 8. The posterior horn; 9. The anterior horn, will suffice for our purpose. In the accompanying wood-cut the above subdivisions are indicated by numbered spaces.

In an equally aphoristic manner allow me to recall to you the chief physiological attributes of the spinal cord:

1. It is an organ for conduction. Conduction takes place in two directions, centrifugally for motor impulses, and centripetally for sensory impressions. The paths (I will not say fibres) for sensory impressions ascend only a very small distance in the posterior columns (columns of Burdach) before they enter the gray matter, and there at once pass over to the opposite half of the cord (in man at least). Consequently we say that the conductors of sensation decussate in the spinal cord throughout its whole extent. Motor paths, on the contrary, in the spinal cord proper, remain in one-half of the organ white and gray matters; they have already decussated (in part) at the crossing of the pyramids. A strange fact to be borne in mind is that very little gray matter may suffice to transmit all sensations. The illustration (Fig. 2) represents, after Brown-Séquard, the course of sensory and motor conductors.

2. The excitability of various parts of the spinal cord is a point of some interest. It has been quite well settled that no part of the healthy spinal cord is excitable, except the posterior columns; though very lately Professor Vulpian has discovered traces of excitability in the internal part of the anterior column. However, in morbid states, a great change occurs, and even the unquestionably inexcitable gray substance becomes excitable, giving rise to various morbid sensations and to spasm.

3. The spinal cord has an autonomy of its own, giving rise to reflex motor impulses, and producing others spontaneously. It is also probable that sensory impressions are rendered more perfect in the spinal gray matter, but I am indisposed to attrib-

ute consciousness to it. This organ furthermore presides over (executes) many automatic acts, many of them highly complex; such as walking, swimming, standing, to a certain extent eating, dressing, playing upon musical intruments, etc. Part of the spinal gray matter is slowly and painfully educated to perform these actions, and can afterward do them without any marked cerebral interventions.

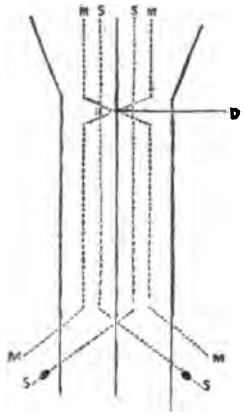

FIG. 2.

Course of motor and sensory paths in the spinal cord, after Brown-Séquard.—D. Decussation of pyramids; M. Motor paths; S. Sensory paths.

4. Besides, the spinal gray matter is supposed to possess a trophic function, to preside over the nutrition of muscles and other tissues, partly through the bloodvessels, and partly directly. This question is under discussion, but the fact remains, that disease of the anterior gray matter produces marked atrophy of muscles, and may cause joint-lesions. The spinal cord is also said to embrace several so-called centres; a genital or genito-urinary centre in the lumbo-dorsal region, a cilio-spinal centre in the lower cervical region, and various subordinate vaso-motor regions; of these I recognize only one as useful in such a study as the one we are beginning, viz., the cilio-spinal centre (Budge, Waller, Brown-Séquard). There is a part of the spinal cord (in each of its halves), extending from the fifth cervical vertebra to the second dorsal vertebra, which contains vaso-motor nerve-fibres for the corresponding side of the neck, face, and eye. It also contains fibres whose normal action is to cause a dilatation of the pupil. In estimating the height of a lesion in the spinal cord a knowledge of the location of this cilio-spinal centre is of real utility.

To sum up the physiology and anatomy of the spinal cord I may divide its section-surface into two great territories, as indicated in Figure 1. The larger part, not shaded, embracing the anterior horns and all the antero-lateral columns, may be designated as the kinesodic system, and the smaller shaded portion, including the posterior horns and the posterior columns, as the æsthesodic system. As the names imply, the latter system conveys and receives sensory impressions, while the latter transmits and originates motor impulses, and possibly is trophic in function.

In the next lecture I shall systematically treat of the localization of disease in these physiological and anatomical subdivisions of the spinal cord; first in the two systems, and second, in each column or horn within each system.

Original Communications.

SUCCESSFUL (INTERNAL) USE OF NITRITE OF AMYL IN DILATED HEART WITH AORTIC REGURGITATION.

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THE following is so remarkable, as showing the efficacy of medication in an extreme and almost hopeless case, that its publication may prove of value in some similar emergency. It is therefore submitted as concisely as possible.

Mrs. H., æt 54, of full habit and a tendency to *embonpoint*, of nervo-sanguine temperament, and without hereditary tendencies to cardiac disease, came first under observation three years since, for dyspnœa, and slight œdema of the feet. A careful examination revealed a soft systolic murmur at the base, with increased area of dulness and depression of the apex beat, with displacement toward the left.

Impulse exaggerated and some increase of arterial tension, as shown by the sphygmograph. The treatment at this time it is unnecessary to dwell upon. An apparently permanent relief, however, was secured, and nearly a year elapsed before a second attack. This was similar, except that albumen was found in small quantity in the urine. During the past eight months more or less treatment has been necessary for slight dyspnœa, occasional nausea, puffiness of the extremities, and the other natural consequences of cardiac disease, up to the 12th of January, ult., when unusual drowsiness, constipation, severe headaches, and occasional attacks of nervous excitement, with scanty urine, indicated the presence of uræmic poisoning. For a few days these symptoms continued, apparently modified by the ordinary treatment for such conditions. Arterial tension, however, gradually increased; the excitement became almost maniacal; the heart beat with extreme violence, but with no great rapidity; the pulse was rarely over 90, the temperature 101°.

Jan. 16th, vomiting, faintness upon exertion, and the intense headache with congested conjunctivæ, sleeplessness and profuse diarrhœa, seemed to show the inefficacy of other remedies, and digitalis, which had usually given relief, was administered at four-hour intervals in doses of ten drops of the tincture. Hoffman's ether, alone or combined with tincture of sumbul and tincture of valerian, with an occasional Tully's powder, were also resorted to as necessity arose. Up to this time it should be stated that digitalis in infusion with acetate of potassa had been employed in conjunction with diaphoretics.

The heart under these circumstances was regular in rhythm. The pulse 90, the arterial tension high; the aortic obstructive murmur clear and distinct, the impulse greatly exaggerated; the apex more displaced than formerly, and some appearance of pulsation below the sternum. At times, however, I fancied there was pulsation in the jugulars. With the previous history of the case it was evident that dilatation was becoming a marked factor in the disease.

Jan. 22d, the symptoms were more favorable. Each dose of digitalis gave relief to such a degree that the patient called for it repeatedly, unwilling to wait the allotted interval. Ten minutes seemed to her to be

sufficient for it to begin its favorable action, and two hours the maximum of its duration. The condition of the kidneys was watched as to the guide to quantity, as suggested by Balfour. For five days improvement progressed satisfactorily; headache (with assistance of monobromide of camphor), excitement, undue violence of cardiac action, nausea, and deficient excretion of urine, ceased to excite apprehension. On the 28th a recurrence of diarrhœa, fulness of the head, and jactitation, with faintness on rising in bed, indicated the increase of the new complication. At each visit the jugulars more clearly pulsated; the heart's impulse grew decidedly weaker, the throbbing below the sternum was visible to the ordinary observer, and on auscultation the obstructive basic murmur was replaced, or rather at first accompanied, by one of a soft-blowing character, diastolic, and therefore regurgitant. The apex beat was undistinguishable. From this time until the 7th of February, a period of ten days, the gradual increase of the symptoms enumerated, prolonged coldness of extremities, faint and irregular pulse, attacks of partial syncope, even upon moving the head, inability to retain nourishment or obtain sleep, and on the date above given (the 7th) a convulsion of clonic character, seemed to indicate the approach of a fatal termination. Both ventricles and the left auricle were immensely dilated, the aortic valves incompetent, and one loud swashing sound could alone be heard at the base. The sight, moreover, was completely gone. Twice during the interval of ten days the urine was examined, and no albumen was found. *With the reduction of the high arterial tension albumen ceased to be eliminated.* No microscopical examination was deemed necessary.

Digitalis was still repeatedly called for, and the suggestion of Balfour, in his recent work on cardiac disease, that bold and heroic doses are indicated in such cases in spite of the general professional belief to the contrary, and the persistent declaration of the patient that she must have it in larger doses, led me to debate the advisability of doubling the already large quantity she was taking (30 *drops of the tincture every two hours*). In this emergency my friend, Dr. Wilmarth, saw the case. To him, as to myself and to the relatives of the patient, it seemed a hopeless one for further medication. It is unnecessary to enumerate the various adjuvant remedies resorted to during this and the preceding days; suffice it to say that, fearing that already too much digitalis was being administered, I ordered its discontinuance. The result was alarming. Gradually the pulse disappeared from the wrist; faintings at intervals of a few minutes; agonizing pain in the præcordia, coldness of the whole surface, lividity of countenance, and three convulsions within the twenty-four hours, during which I boldly withheld the drug, compelled its new administration. Forty drops of the fresh tincture repeated in an hour and again repeated failed, however, to change the aspect of the case, and summoned in haste with the assurance that complete unconsciousness had supervened, I took with me some pearls of nitrite of amyl for inhalation.

The effect of the first one was magical, but of brief duration. Of the second the same; the skin, however, became warmer and the face of more natural color. Feeling renewed confidence, in the absence of any untoward result, and assured that to keep the capillary circulation free was the only means of relieving the overburdened heart, I began internal administration of the amyl, suspended in a mucilaginous liquid (in doses of five minims every two hours). The effect was apparent to the friends from the first, and the return of the radial pulse, the natural character of respiration and gradual subsidence of the fainting attacks, the return of sight to the eyes, and, indeed, a marvellous change which seemed incredible was speedily wrought in all the symptoms of the disease. For five days this dose, with a steady improvement, was maintained.

Proper nourishment was given every hour, and on the 16th of February the interval for the amyl was lengthened to four hours, and so continued to the 21st. From the 21st to the 28th three minims only were given at each dose, and a tonic of quinine, iron, and strychnia added. Feb. 28th, and until March 8d, five minims three times daily were given. From the 8d to the 8th three minims three times daily, and on the 8th all remedies were discontinued. The patient was now able to walk about without discomfort, the diastolic murmur at the base had disappeared, the heart could be examined without pain from the pressure of the stethoscope, and all the evidences of dilatation and aortic incompetency had entirely disappeared.

There remained the old condition of enlargement with displaced apex, the obstructive murmur over the aortic valves with the first sound, and the very slight tendency to œdema of the ankles and feet. March 13th the last call was made, and the patient, who had twice the day before been down-stairs, was permitted to ride, and declared herself well so far as she could herself discover, only asking that she might use digitalis again if she felt its need, as she was somewhat saturated with nitrite of amyl (!).

In conclusion it may be said that while it is not by any means to be inferred that this patient has or will entirely recover, no more clear evidence of the value of any remedy could be adduced than has been here observed, and if, through a desire to avoid exaggeration, the account has failed to present it clearly, it is a matter of regret.

I would add that as convalescence progressed the amyl became somewhat distasteful, and the stimulating effects upon the heart so marked, that it was necessary to vary the dose and interval as described. The sensations experienced were fulness and tingling of the extremities, a sense of warmth and exhilaration, and just before its discontinuance a little nausea.

CASE OF UNRECOGNIZED, FATAL HEMORRHAGIC SMALL-POX (VARIOLA HEMORRHAGICA).

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Two years ago I reported a case of unrecognized, fatal hemorrhagic small-pox in the mother, and fatal small-pox in the new-born child,* and within a year later I was called in consultation by another physician to see a similar case, which had been previously seen by one physician of New York of some eminence without recognizing its nature. This case was also followed by a case of ordinary small-pox in the person of the husband, who recovered. From these cases having passed unrecognized by several physicians, I deem that the existence of this rather rare form of the disease is not a well-established fact in the minds of all practitioners, and therefore think the subject worth presentin gagain by means of this second fatal case.

*Archives of Dermatology, July, 1876, page 297.

This appears to be the more necessary because there is no good description of these peculiar features in the text-books on general medicine or dermatology.

Mrs. E., aged 39, a good-sized and previously healthy lady, five days previous to my seeing her, was seized with a chill, which was not very severe, followed by nausea and vomiting, with some fever. Two days after the chill she began to get flushed in the face, the flushes being of a purplish and rather livid hue, and on the third day some ecchymotic spots appeared on the neck and chest. During this period there was some pain in the back, but this was not severe, and the nausea and vomiting had yielded soon to bismuth. During these first few days there was no sign of a papular eruption, nor at any time was there an amount of any lesion which would be considered as distinctive of small-pox. Hemorrhages began from the mouth on the third day, and soon extended to other localities, persisting until death.

When I saw her, April 24, 1877, the face presented an evenly distributed, purplish, livid hue, with few if any blotches, but, scattered over the purple surface, a few minute papules could be discovered on close examination. The neck and chest were covered with a thickly set eruption of petechiæ, confluent in some places; on the abdomen, where a mustard-plaster had previously been placed, there was an evenly formed ecchymotic surface; the back was pretty well covered with petechiæ. On the thighs the hemorrhagic spots were separate and distinct, of an irregularly roundish shape; they were more thickly set upon the buttocks. The legs were more sparsely sprinkled with them, they reaching even on to the toes. The arms were affected in like manner, the eruption of hemorrhagic maculæ of various sizes and shapes extending on to the hands, and even to the fingers, mainly on their backs.

On many of the petechiæ very close inspection with a pocket lens of moderate power, showed minute pustules, although but a comparatively small number of the hemorrhagic spots exhibited them. On the roof of the mouth there were several fairly developed pustules with ruptured summits.

The eyes were intensely ecchymotic, the tissues of the right eye were raised up in a circular ring around the iris, which appeared as a great depression in the centre: the left eye was less affected than the right, but was the seat of considerable bloody effusion.

The mouth and nose were pouring forth blood, blood was passed by the bowels, there being also considerable pain through the abdomen, and the urine was seen to be loaded with blood in streaks and clots.

The pulse was 120, full and throbbing, temperature 105°; tongue dry and parched; the bowels had been previously moved by ten grains of blue-mass, and she was having loose, bloody stools.

She was conscious, answering questions clearly, and assisted somewhat in the examination, which was very brief, but she complained much of great general distress. She was bled to about twenty ounces, the blood flowing with some difficulty and being of a very dark color. Twenty-five minims of fluid extract of ergot were injected hypodermically into the arm, and this was directed to be repeated every two or three hours. Brandy was to be administered tolerably freely, and to be given by hypodermic injection if vomited.

The patient expressed herself as experiencing the very greatest relief from the bleeding; the pulse became more natural, and she slept. I have not received from the attending physician the promised details of the case after I left her, and only learned that she sank and died within twelve hours after my visit. The family were ordered to be vaccinated at once, but the husband took the disease, as before stated, and was severely affected; I believe all the others escaped.

The interesting points attached to the case are: the peculiar variety of the disease, the small-pox poison manifesting itself almost entirely in the form of the hemorrhages, and the consequent difficulty of the diagnosis; the almost surely fatal nature of this variety of variola; and the necessity of a correct diagnosis for the sake of those around the patient.

In regard to the diagnosis, I need only say that the entire group of symptoms as detailed in this case can be presented by no other disease; purpura hemorrhagica, which it most resembles, would not have the initial chill, nor the fever and throbbing pulse of 120, nor the papules on some ecchymoses and the vesicles or pustules on the others. Black measles, or black scarlet fever, the hemorrhagic varieties of these diseases would also never give the pustular element, moreover would not be so rapid in progress or so violent in character; and would possess other features characteristic of each, as the catarrhal symptoms of measles and the throat disease of scarlatina.

As to the treatment, little if anything has ever availed; the cases are almost surely fatal, and that generally within from three to five days. It was my painful duty to tell the husband that his wife could hardly, by any possibility, live. The treatment followed was such as I should be inclined again to advise, except that it should be resorted to much earlier in the disease. The bleeding was indicated, inasmuch as the throbbing pulse was already seeking relief by hemorrhages from the mouth, nose, kidneys, and bowels, and by thus opening a vein an impression was made on the circulation, and the patient was certainly very much relieved. I should hope most from the hypodermic injection of ergot, which was immediately given; but the disease had progressed too far, and it was possibly not absorbed. In an earlier case I should expect something from it. Too much care can hardly be exercised in recognizing cases of this terrible form of small-pox, as, if undetected, they may give rise to very serious consequences, as in this and the other instance which I have previously reported.

THE CAUSES OF PREMATURE MENTAL DECAY AND NERVOUS EXHAUSTION INDUCED BY INEBRIETY, AND THEIR TREATMENT.

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(Read before the meeting of the American Association for the Cure of Inebriates.)

INEBRIETY as a disease—I might say with propriety an insanity—will never, in common with the other insanities, die out until the Anglo-Saxon race succeeds in producing, what it does not now produce, a physique and a brain capable of meeting successfully the demands that our climate and civilization make upon it. To do this requires a bringing up of the tone of the physical condition of American women, so that the conformation of woman shall be what it should be for the best propagation of the species, and that she shall have, what she has not to-day, the ability to furnish a suitable supply of wholesome nutriment for her offspring, as is the case with German, English, Scotch and Irish women. To-day the vital temperament is deficient in American women, and the nervous temperament is too predominant and too active, so much

so, as to require an undue proportion of the nutrition of the body. Nothing is more certain than that the physical development of most of our American women differs very materially from the physiological standard upon which the true law of increase is based. The remedy for all this lies in your hands, gentlemen of this Association, in common with the rest of the profession, and it is to the subjects of diet, fresh air, sleep and tranquillity of life of the young of the present generation, and to the general training of the young in educational institutions, that we must look for the production of a better type of physical development and mental stamina. I think that the influence of physical culture, especially applied to women, and its influence on the body, cannot be overrated, and that by due attention to this we shall see our young women graduating with health, with good muscular development, and an abundance of vitality stored up for the trying duties of maternity, and with the greatest possible harmony of action between the physical and the mental organization, tending to good health, long life, and healthy progeny. Physiology points to the necessity among our American women for a better developed physical system, more evenly balanced in all its parts or organs, a greater harmony in the performance of all their functions, especially in reference to what may be termed the primary laws of nature, so that their children may not be weighed down in the struggle of existence with the curse of a defective organization, but be blest in the inheritance of a perfect anatomical and physiological structure in all parts and organs, with a resulting harmony in the performance of all their functions, with perfect mental and physical health and immunity from the host of nervous diseases that affect so large a proportion of our people. It may seem as if an undue amount of attention is spent in the consideration of this question, but having, by reason of my specialty, devoted much time in the study and investigation of hereditary disease, I am firmly impressed that, in order to eradicate inebriety and allied nervous diseases, and to check the increasing tendency to physical degeneracy among American people, we must aim at the extirpation of radical defects in physical organization. At present the average number of children to each American family is steadily decreasing with each generation, and the children that are born exhibit a want of vitality, a want of stamina in the constitution, and such a predominate tendency to physical degeneracy that threatens seriously, it seems to me, the perpetuity of our native stock. The pathology of the production of inebriety, in common with most other nervous diseases, consists, primarily, in an interference with the proper nutrition of the cerebral tissue of the fœtus, so that, even during embryonic life, the brain of the infant undergoes pathological changes which induce deficient moral power, mental weakness, and a predisposition to the acquisition of all forms of nervous disease, there being an ill-balanced and defective state of the whole central nervous system disposed to take on diseased action. These diseases would cease to exist if a true, healthy civilization prevailed; but inebriety, in common with other nervous diseases, owes its origin to an artificial type, from wrong habits, pernicious customs and fashions, and from an unnatural culture and refinement where the laws of health and life are altogether too much violated. These diseases have not been the growth of one generation, but of many, and by the laws of inheritance have become greatly increased and their effects intensified. To eradicate these evils, and to perpetuate the race as it should be, there must be sound and healthy stock, and not organizations impregnated from their very origin with the seeds of disease and premature decay.

We find in dipsomania the general symptoms of exhausted nervous power, viz.: general debility of the body, inability to walk even short distances without fatigue, general feeling of languor, unwillingness to make any active exertion, great tendency to sweat, more especially at night, but also induced during the day by the slightest exertion, and often an unsteady gait. I have found these patients exceedingly prone to neuralgia. The explanation of this is probably due to the fact that there exists in such cases a worn, irritable, hypersensitive condition of the sensory nerve-cells of the central sensory tract, which is the sole seat of true nervous sensibility. The central nervous system is affected beyond all doubt by excessive drinking, and the degeneration thus produced I regard as a powerful predisposer of neuralgia of the inveterate type. Aside from the direct influence impressed on the nerve-centres, I think that this irritable and hypersensitive condition of the central sensory tract is often induced by visceral irritative disease of the stomach, kidneys, or liver, so frequently existing in inebriates, which almost necessarily affects the sensory nerves which ramify in these organs, and from these diseased nerves a more or less steady stream of irritative and wearing nervous impressions is transmitted, practically without cessation, to certain parts of the sensory tract, to which the sensory nerves from any given part may go, and, as a result, sooner or later the central sensory nerve-cells are brought into that degree of nutritional disturbance which is the fundamental factor in neuralgia. The real seat of these severe neuralgias, from which so many dipsomaniacs suffer, is rarely, if ever, in the peripheral nerves of the affected region, but in the central nervous apparatus. The heart's action is weak, often irregular, accompanied by palpitation, and not unfrequently with symptoms of indigestion. A change has also come over the man's mind, so that the very *morale* of the mind is changed. At one moment he may be very joyous and excitable, and then he will become greatly depressed. He will be very friendly, and anon very hostile. He will be so obstinate that nothing can overcome his determination, and at other times you may lead him like a child. The heretofore ever-ready and resolute man manifests marked indecision of character, and in other cases there may be an utter inability to fix the mind on any one subject, or to follow up a train of thought consecutively. Any force to cause permanent intellectual activity must be a mental, not a physical, one. If the force be alcohol, which it often is, as it is becoming more and more the habit to resort to it for its temporary effects in this direction, the rate of interest paid for its use is frightful. Not alone is there a loss of tone in character, and blunting of moral perceptions, but intellectual discrimination is much impaired, and impairment of all the mental faculties is almost inevitable. The ideas are more spontaneous, less under the power of control, and any exertion requiring continuous mental effort soon becomes impossible. There can be no doubt that alteration of the brain is taking place *pari passu* with these alterations of character. It may be atrophy, or the circulation through the encephalon may be checked or impeded by ossification, or softening of the cerebral arteries, or some disease of the heart itself, or the neurine may be undergoing a change, particularly on its peripheral surface, as well as on the surface of its ventricles or cavities. The convolutions become paler, and the furrows shallower. The weight of the whole cerebrum and cerebellum is

lighter and less complex. Softening of a very delicate nature, so delicate as only to be detected post-mortem, by letting a little stream of water flow gently over the surface of the brain, may be taking place; or, what is very likely, and is often passed by unnoticed, because discernible only to a well-practised eye, which may not be present at the right moment for observing its attack, is a very slight fit of apoplexy and paralysis, so slight indeed that it occurs and passes away unnoticed and unperceived, and is recognized only in its after-consequences and permanent effects. From the date of such an occurrence, though loss of life does not ensue from it immediately, yet in its ultimate effects it is sooner or later fatal. The patient is an altered man, and never recovers himself. So delicate is the tracery of the nervous structure, that the damage of a single fibre, or set of fibres, destroys the unity of the whole. There are generally three things present that lead to these attacks of cerebral hemorrhage, and as these attacks play a very important part in the production of premature mental decay in inebriates, it is desirable to thoroughly understand them and estimate their importance. The three things alluded to are: hypertophy of the left ventricle of the heart, chronic disease of the kidneys, and finally degenerated cerebral arteries. The hypertrophy of the heart is a simple hypertrophy of the left ventricle, the wall of the ventricle being thickened without any dilatation, although in exceptional instances dilatation may ensue. The blood, in inebriety, is more or less noxious to the tissues, since it contains an alcoholic foreigner, and its passage into the capillaries is undoubtedly resisted by contraction of the small arteries, the vessels most rich in muscular tissue. The muscular coats of these vessels, therefore, are hypertrophied in antagonism to the heart. Since the small arteries are hypertrophied throughout the body, the obstructions, though each is slight, are in their sum total so large that in order that the circulation may be carried on efficiently, hypertrophy of the heart must ensue. There may be doubtless degenerative changes in the small arteries, so that there may be increased bulk with altered structure. It should not be assumed, I think, as it often is, that all the processes in the arteries leading to cerebral hemorrhage and apoplexy are of a degenerative origin, as there can be no reasonable doubt that the presence of alcohol sets up a condition of sub-inflammatory irritation which plays a very important part in the production of cerebral hemorrhage. The sub-inflammatory irritation causes the arteries to lose much of their elasticity, and become permanently wider, longer, and more tortuous. This absence of elasticity of the larger arteries becomes, by the withdrawal of the aid to the circulation in equalizing the flow of the blood, an important factor in leading to rupture of the smaller arteries. When the brain wastes slowly, as it often does, the dilatation of the vessels, and the increase in the quantity of the cerebro-spinal fluid, favor rupture very decidedly. There can be no doubt that the occurrence of cerebral hemorrhage in inebriates, resulting from abnormal strains, would be much more frequent were it not for the provisions which nature has made for the protection of the brain from suddenly increased afflux. The turns of the carotid and vertebral arteries, the free anastomosis of the circle of Willis, and the small size of the arteries beyond that circle, before they enter the brain substance, all tend to protect the brain. The perivascular canals also exercise a protective influence over the vessels they surround, and in the corpus striatum, where cerebral hemorrhage is especially liable to occur, as its vessels are not capillary in size, and proceed from the middle cerebral artery, which is almost the continuation of the internal carotid, we find the perivascular sheaths of very large size. When I say, then, that I consider one of the principal causes, if not *the* principal cause, of premature mental decay occurring in inebriates, to be the occurrence of cerebral hemorrhage, or apoplexy, resulting from degeneration caused by the poisonous effects of alcohol upon the tissues, I do not think I overstate the actual facts. We generally have associated in such cases hypertrophy of the left ventricle of the heart, as I have previously remarked, chronic disease of the kidneys, and degenerated arteries. The strong left ventricle and inelastic arteries combine to prevent the wave of blood sent to the arteries from being properly equalized, and consequently the smaller arteries of the brain, which are normally thinner than the arteries of other parts, and which are degenerated, receive the impulse from the heart's jerks, and being thus diseased and fragile—perhaps dilated and aneurismal—give way.

Before passing to the question of treatment I desire to briefly notice an interesting question, and one with which I propose to deal at length in the future. The question is that relating to the degree of moral or criminal responsibility which attaches to inebriates. Inebriety depends very frequently, as we well know, upon an abnormal organic development of the nervous system that has descended from generation to generation, gaining in intensity all the time. There must certainly be a modified responsibility when homicidal or suicidal acts are committed during periods of such abnormal cerebration. In such cases a criminal act may be committed in consequence of cerebro-mental disease without any apparent lesion of the perceptive and reasoning powers. In these cases also the mental disorder is of a sudden and transitory character, not preceded by any symptoms calculated to excite suspicion of insanity. It is a transitory mania, a sudden paroxysm, probably epileptiform in nature, in which convulsive activity is not reached except so far as the mind is concerned, without antecedent manifestations, the duration of the morbid state being short, and the cessation sudden. In these cases the criminal acts are generally monstrous, unpremeditated, motiveless, and entirely out of keeping with the previous character and habit of thought of the individual. Such attacks are transient in proportion to their violence. There is an instantaneous abeyance of reason and judgment, during which period the person is actuated by mad and ungovernable impulses. I would by no means wish to be understood as advancing the plea that inebriety as a simple habit should exempt or protect a man from the consequences of criminal acts committed while under the influence of alcohol: but if he has unhappily inherited an abnormal organic development of the nervous system, so that mental delusion, weakness, or disease deprived him of the power of choice, and if we can say, but for the presence of those morbid conditions the habit never would have been formed, we should then look upon his inebriety as due to mental disease, and hold him responsible accordingly. If we in each individual case study up its psychological history, we shall always be enabled to come to some definite conclusion. For instance, in a given case, if I can prove to you that an inebriate who has committed some criminal act during one of his paroxysms has had a paternal or a maternal ancestor in an insane asylum, I certainly present to you a strong reason for pausing before you denounce the act as the simple outgrowth of a vicious habit. Again, if a man has committed a criminal act during a paroxysm of

dipsomania which has appeared either in very early youth or in old age, after a long, virtuous, and temperate life, or after a sudden mental shock, or sunstroke, I at once negative to your minds the hypothesis of habitual drunkenness. A very interesting case from a medico-legal point of view occurred a short time since, in which the writer was consulted as an expert. A murder was committed by a man under the influence of a small quantity of stimulants, which stimulus evidently induced a state of temporary insanity, or epileptiform attack. The integrity of the brain had been affected by a previous sunstroke, and the man had just recovered from quite a serious illness. It is well known that after a sunstroke a small quantity of liquor acts very violently upon the nervous system, and it might, therefore, be argued that he was responsible for the voluntary act by which he submitted himself to the influence of the intoxicating liquors. But the facts of the case were that previous to this time he had been accustomed to drink far more than upon this occasion with impunity, and had never before been intoxicated. This man was, therefore, in a morbid state produced by his sunstroke, subject thereby to a tendency to insanity, liable to be excited by intoxication, of which morbid state he was ignorant, having had no reason from his past experience to believe that such results were likely to proceed from intoxication, and with no intention in his own mind to do more than take a very small quantity of stimulus. As you will see in this case it seemed the only proper way to hold this man responsible for consequences which an ordinary understanding could recognize as likely to follow from immediate acts. I gave it as my opinion that the murder, which I will presently describe, was committed during a transitory state of moral epilepsy, which was the result of a preceding sunstroke, the immediate exciting cause being an attack of illness, and the taking of a small quantity of alcoholic stimulus. This state of "moral epilepsy" is a morbid affection of the mind-centres, which destroys the healthy co-ordination of ideas, and occasions a spasmodic or convulsive mental action. The will cannot always restrain, however much it may strive to do so, a morbid idea which has reached a convulsive activity, although there may be all the while a clear consciousness of its morbid nature. The case just alluded to had complained of pains in the head and sleeplessness, which had displayed marked periodicity, and which had been accompanied with great irritability of temper, excited by trifles and seemingly unconnected with personal antipathies. As has been previously stated, the person alluded to had been suffering from quite a severe illness, and after taking a small quantity of alcoholic stimulus, went out to walk. He met a friend with whom he had been familiar for years, and a discussion arose as to the respective merits of certain politicians, when, the discussion becoming excited, the man drew a revolver and shot his friend. He then went, in a dazed and confused state, and sat for some hours upon a river dock, and subsequently went home, burst into tears, and informed his wife of the sad occurrence, and gave himself up at the police station. There was no simulation of insanity by pretending to be incoherent or by strange actions, and no attempt, either on the part of himself or wife, to pretend that the act was an insane one. There was, however, a total blank in the prisoner's mind respecting the events immediately preceding the pistol shot, which shot seemed to have aroused his attention for the time, and he had no recollection of the fact that he sat on the dock for some time afterwards, as he was seen to do. Upon being consulted, as I have stated, I gave it as my opinion that there had existed, for months previous to the occurrence, a profound moral or affective derangement, which from its marked periodicity was evidently epileptiform in character, and that the sudden homicidal outburst supplied the interpretation of the previously obscure attacks of recurrent derangement. There had evidently been induced by the sunstroke in this case an epileptiform neurosis, which had been manifesting itself for months, chiefly by irritability, suspicion, moroseness, and perversion of character, with periodic exacerbations of excitement, all foreign to the man previous to the attack of sunstroke. There are a great many cases among dipsomaniacs where, in an unconscious condition, persons can progress from odd or eccentric actions to deeds of violence, suicide, or murder, being unable to remember the circumstances afterwards, and, therefore, irresponsible for their actions. The question as to the degree of mental responsibility attaching to such cases is one of great interest to psychologists and also to jurists, and one to which it is hoped in the future much more attention may be directed than in the past.

Treatment.—In the treatment of nervous exhaustion and premature mental decay, we should primarily direct our attention to the direction of the mental habits. We should endeavor to provide, constantly, easy and pleasant occupation of the mind, avoiding, equally, lazy inaction or violent excitement. We have in these cases to deal with a worn, irritable condition of the nervous system—an unstable condition, as regards its nutrition, its solidity, and its perfection of structure, which makes our task no light matter. We must be very careful that we make our patients sleep, or we shall have a preponderance of waste over repair that will balk all our efforts. Our patients, by reason of the hereditary factor generally present, cannot, without great danger to themselves, do or endure what other patients might safely do. It will be also necessary to supply the greatest amount of nutritive material to the brain and nervous system to repair the undoubtedly existing nutritive lesion. We must quiet all abnormal nervous excitability and keep our patients calm and tranquil. Attention should be paid to maintaining an even temperature of the body. Care should be paid to the condition of the excretory functions of the skin, kidneys, and bowels. If there is headache and drowsiness, such diuretics as the liq. ammoniæ acetat. with sp. nitric ether are indicated. Indian hemp has also proved itself in my hands a valuable adjunct in doses of ¼ gr. of the extract as required. Free exposure, without fatigue, to the fresh air cannot too strongly be insisted upon. One of the most valuable of remedial agents is phosphorus, which I always prescribe to be administered in cod-liver oil in doses from $\frac{1}{100}$ to $\frac{1}{60}$ of a grain after meals. The cod-liver oil is one of the best nutritive remedies, as fat must be applied to the nutrition of the nervous system if this is to be maintained in its organic integrity. The general effects of phosphorus are those of a stimulant, but it possesses a special power over the exhausted nervous system. It is, perhaps, evanescent in its effects, but is never followed by a stage of depression which is noticeable. It should never be ordered upon an empty stomach. Quinine and strychnine are also very valuable as nerve tonics, and I have obtained excellent results from the use of a pill introduced to the profession by Dr. Wm. A. Hammond, composed of phosphide of zinc and ext. nux vomica. This I regard a specially valuable combination. When there is persistent insomnia, I am accustomed to rely on the use of prolonged warm baths given at bed

time, conjoined, when necessary, with the use of the monobromide of camphor, in doses of from four to six grains. This is an admirable cerebral sedative.

I come finally to speak of the remedial agent which, in my opinion, far surpasses all others in its permanent effects, and which is comparatively little used. I refer to the judicious use of the constant and induced currents of electricity. The essential difference in the action exerted upon the nervous system by the use of electricity, and that produced by drugs very often prescribed, is as follows: Many of the remedies commonly employed in the treatment of nervous diseases and in dipsomania for the purpose of restoring lost nerve force are *nerve stimulants* and not nerve tonics, in the proper sense of the term.

Electricity is a remedial agent which furnishes us with the means of modifying the nutritive condition of parts deeply situated, and of modifying the circulation to a greater extent, I think, than by any known agent. By the judicious employment of the constant and induced currents, we have it in our power to hasten the processes of nerve growth and nerve repair, and thereby indirectly hasten the acquisition of nerve power. The use of electricity does not, I think, act by contributing anything directly to the growth or repair of nerve tissue. Its action, it would seem most probable, is to stimulate and quicken these processes on which the material and functional integrity of the nervous system depends. The action of electricity is always followed, in my practice, by an increase of strength and nerve force, and the results gained are gradual and permanent, while the use of nerve stimulants has always seemed to me to primarily excite the nerve activities proper, and *not* the nutritive processes upon which the acquisition of power depends. The deceptive results obtained from the use of nerve stimulants depends upon the excitation of nerve activities and the resultant expenditure of nerve power, which is followed by a period of exhaustion varying in degree and duration. The careful and judicious employment of electricity has always led in my hands to an increase of nervous energy, while the employment of nerve stimulants has appeared to me to lead, in many instances, ultimately to a waste and diminution of nervous energy. In cases of dipsomania we have, as I have already remarked, abnormal nervous excitability, conjoined with cerebral exhaustion, and the two indications which are urgent are, primarily, for increased rapidity and effectiveness as regards the process of nerve nutrition, and secondarily, to secure freedom from excitement and diminution of nerve activity, and thereby to check the waste of nerve structure and of power. These indications we can fulfil by the judicious use of electricity and nerve tonics more certainly than by any other means, there being no other such combined sedative, restorative, and refreshant to the central nervous system, and we can thus successfully meet all the indications in cases of cerebral exhaustion and threatened mental disease, except that of affording direct nutriment to the brain; which, as I before stated, I endeavor to obtain by rest, cod-liver oil, phosphorus, etc. The use of electricity seems to supply to the system, in cases of inebriety, the stimulus which has been withdrawn; as my patients have repeatedly told me that, while under treatment, they experienced little if any of the terrible feelings produced by its withdrawal under ordinary circumstances. I have seen this so often that I advance it as a scientific fact, and not as an untested theory. I have had cases of years, standing who have assured me that the application of the electricity has been of more service to them than anything they had previously tried. I have generally employed both currents, the constant and the induced, using the negative electrode at the lower end of the spine, or at the pit of the stomach, while I applied the positive pole to the head, cervical sympathetic, the cilio-spinal centre, or region over and on either side of the seventh cervical vertebra, and up and down the spine, making a séance of perhaps fifteen or twenty minutes daily, and in some cases twice a day. I have obtained such excellent results from its use, that I hope other gentlemen presiding over similar institutions to mine may be induced by my success to give this very important remedy an extended trial, after which I feel sure that they will never willingly relinquish so effective an agent.

Reports of Hospitals.

PENNSYLVANIA HOSPITAL, PHILADELPHIA.

Notes of Practice and Peculiarities of Treatment.

Clinic of J. M. Da COSTA, M.D.

I wish to call your attention to-day to three very interesting cases of pulmonary disease.

I. CATARRHAL PNEUMONIA AS A CAUSE OF PHTHISIS. II. HEREDITARY PHTHISIS.

Case I.—P. G., aged 31, a sailor. His father died of dysentery, and his mother of some brain disease. The patient had always been an intemperate man, and, for the last six or eight years or more, has been leading the life of a vagrant. On one of his "outings," some six years ago, he passed the night asleep in the grass in Central Park, in New York City. As a result of this imprudence he caught a severe cold, and was confined to bed for ten days or two weeks, with fever and cough. His present disease has had evidently, therefore, an acute beginning. He has never been entirely free from cough during the past six years. One year ago the pulmonary symptoms became alarming. He had an exhausting hemorrhage, followed by a chronic and copious mucous expectoration containing every now and then some blood-streaks. The man did not lose flesh at first, but of late he has gone down considerably in flesh and strength. There has been an occasional night-sweat of late. When admitted to the hospital he complained of pain in the left side. His temperature was 102°. Physical examination revealed crackling râles and prolonged expiration throughout the whole right lung, except at the apex, where there were to be distinguished the signs of a small cavity. At the apex of the left lung there was found slight harshness of breathing, and some few crackling râles.

I will make an examination now, and see how matters stand to-day. I may first remark, however, that the patient's temperature has recently gone down to normal from 103°, what it was when he was admitted. Dulness upon percussion is very marked over the whole of the right chest. Auscultation shows coarse, crackling râles, and hollow breathing at both base and apex anteriorly. Posteriorly, I can distinguish harsh respiration and some crackling râles at the lower part of the chest. There is harsh breathing at the left apex, both anteriorly and posteriorly. The physical signs have not varied since the man entered the hospital. This much we can say, therefore, that the physical signs have been stationary, and that the temperature

has been steadily declining, until lately it has reached about the normal. Taken together, these two facts lead me to consider the prognosis much more favorable than when the patient first came into our hands. (The man's nails are plainly clubbed, and he has the reddish blue so-called zinziber line upon his groins. There is not the least doubt, therefore, that this case is one of phthisis.)

How has the patient been treated? We have given him inhalations of carbolic acid, cod-liver oil, iodide of potassium, and a liberal diet. Under this *régime*, as you see, the man has gained several pounds in weight, his temperature has been reduced, and the physical signs rendered stationary.

What was the origin of this case? In looking back over the past six years, we see that the malady had an acute beginning; that the starting-point was an exposure, followed by a severe attack of fever and cough, as he calls it. This was, no doubt, an attack of acute pneumonia of the right lung. Up to the time of attack he had always been in good health. Since that date his health has gradually failed. The right lung has become chronically indurated, tubercles have formed in it, and part of the tissue has at last given way, leaving a cavity.

The long duration of this case is very significant when taken into consideration with the prognosis. If he had taken good care of himself at almost any period during the past six years, the tubercular disease might have been altogether prevented, the pneumonic disease in the right lung arrested, and the left lung saved altogether. Even at this late date you see how much good a well-directed treatment has wrought.

You will ask me, perhaps, when the tubercular disease began. I think most probably that it first made its appearance about the time that the hemorrhage occurred, and the man began to notice that he was losing flesh rapidly.

You may be surprised that the disease has been checked at so late a stage in its course, but let me assure you that we are constantly meeting with just such improvements as this one. As soon as I felt sure that the temperature had become stationary at the normal, or a little above, at that very moment was I confident that the disease was stayed, at least temporarily, perhaps permanently.

Case II.—H. M., aged 30. Family record good. Caught a bad cold while playing cricket last summer. Has had a cough ever since, but no hæmoptysis. There has been some mucous expectoration in the mornings, and complaint has been made from time to time of pains in the left shoulder-blade. The patient has only been in the hospital for a few days. His temperature has been as high as 104°, and has shown a very marked morning and evening variation, running from 103½° down to 99°, and then up again to 102½°. The man's respirations are somewhat hurried, there being from 26 to 28 respirations made in the course of a minute. Percussion shows that the resonance is impaired over the whole of the right lung, both anteriorly and posteriorly. Upon *respiratory percussion* (this is a term employed by Professor Da Costa to signify percussion of the lungs after a full breath has been taken and held), this dulness is rendered still more evident. On the left side the resonance is clear. Throughout the left lung the respiration is harsh and the inspiration feeble. Scattered through the lung we find a number of fine râles. Before admittance to the hospital the man lost much flesh, but there has not been any loss lately.

Case II. is in the same condition that Case I. was in some five years ago. Here also there has been a subacute attack of catarrhal pneumonia followed by some consolidation of lung-tissue. This form of the disease is that known as chronic pneumonia, and leads to a more permanent consolidation and hardening of lung-tissue. The case has developed considerable irritative fever. The man is just on the threshold of pneumonic phthisis. Unless the disease is checked, phthisis, I say, will almost certainly supervene. As you see by what has been said above, we have to deal with a high temperature, and yet I have every hope of restoring the man to health.

Let me say a word to you just here concerning the range of temperature in these cases of catarrhal pneumonia, for in cases such as these the range of temperature is a very accurate means of diagnosis. You noticed what an extraordinary difference was found to exist between the morning and evening temperature, running from 103½° down to 99°, and then up again to 102½°. Now, I want to impress upon you the fact that this excessive variation in temperature is peculiar to cases of chronic catarrhal pneumonia. Upon more than one occasion I have been called in consultation to see supposed cases of intermittent fever, which upon careful and thoughtful examination were found to be nothing else than instances of the above affection, viz.: chronic catarrhal pneumonia. The attending physician had been misled by this extraordinary daily temperature range.

Now, as regards the treatment of this man. The first indication with such a temperature chart is, of course, to lessen the fever. For this purpose the two best remedies are quinia and digitalis. Salicylic acid and carbolic acid have been tried with the same object in view, but they have failed. The quinia and digitalis should be administered either separately or in combination, so long as the fever lasts. This man is taking them together, one grain of digitalis and two grains of quinia thrice daily. When cough is among the symptoms, opium should be given along with the above. If the dose of digitalis proves too large, the amount should, of course, be reduced. As there are occasional night-sweats here, the man is taking atropia (see treatment for next case—hereditary phthisis). The atropia must be stopped so soon as the night-sweats disappear, which usually will be in the course of four or five days. To promote absorption and produce counter-irritation, blisters are applied to the chest, and the following prescription administered:

℞. Potassii iodidi..... gr. v.
Ammonium muriatis..... gr. x.
Mist. glycyrrhizæ comp..... f. ℥ ss. (½).
M. S. Four times daily.

I have brought these cases before you to illustrate one of the means of origin of phthisis, and to impress upon your minds some important points of diagnosis and practice in such cases.

HEREDITARY PHTHISIS.

The patient is a young man, 23 years of age, with a wretched family history—his mother having died from phthisis. The man himself states that he has always been in good health until about eighteen months ago, when, without any warning whatever, he had a severe and copious hemorrhage from the lungs. Since that time the hemorrhages have recurred frequently, so that he has had thus far twenty-two hemorrhages in all. He had no cough before the first hemorrhage, and thought himself in perfect health: since the hemorrhage there has been copious expectoration, night-sweats, and progressive asthenia. In

short, this man, coming of a tubercular stock, has a violent hemorrhage, followed in time by all the evidences of tubercular disease. Upon examination I find the signs of the existence of the cavity in the upper part of the right lung. When admitted to the hospital the man's temperature was as high as 103°. Lately it has been reduced below 100°. This case shows that, even when far advanced, phthisis may show partial arrest, if not decided improvement, provided there be no febrile irritation.

The disease in the present instance evidently took its origin in the acute hemorrhage; we find no history of catarrhal pneumonia here. This form of the disease was formerly styled *phthisis ab hæmoptöe*—phthisis from hemorrhage. Modern physicians have been accustomed to deny altogether the possibility of such an origin. They say that in all such cases there are in reality latent tubercles; that if we examine closely enough, we always discover a family history of tubercular disease; that the hemorrhage is, therefore, only a local expression of a general diathesis. Within the past few years, however, the old theory has been revived. According to the views of Niemeyer, the infusion of blood into the lung may be followed by pneumonic infiltration, so bringing on tubercular disease. You will perhaps ask me where I stand in the matter. I will grant the possibility of a case originating in hemorrhage, but I maintain that in the vast majority of cases there will be found to have been previous latent disease. This man's mother died of phthisis, so that, although he considered himself entirely well at the time of the hemorrhage, his lungs must have already become the seat of tubercles.

As regards treatment, the man has been put upon quinia, cod-liver oil, and a nourishing diet. No inhalations have been tried in this case. The man has been in the hospital for four weeks, and during that short space of time he has gained *nine pounds*, the fever has markedly declined, and the physical signs have become stationary.

I have treated the night-sweats very successfully in this and other cases with granules of atropia—$\frac{1}{80}$ to $\frac{1}{60}$ of a grain every night before retiring. This atropia treatment was first started here, and it has been very generally adopted elsewhere, as the best means of checking colliquative sweats, both in phthisis and in other affections; after taking from $\frac{1}{80}$ to $\frac{1}{60}$ of a grain of atropia every night for four or five nights the sweating is usually entirely checked. It has been objected to this atropia treatment that it produces great dryness of the throat. I have endeavored to counteract this effect by the use of strong lemon-juice, lemonade, gum-water, or slippery elm conjointly with the atropia. Quite recently I have obtained the very best results by means of jaborandi combined with the atropia. The doses of jaborandi must be exceedingly small. I have not yet made trial of this combination in a sufficient number of cases to enable me to make an authoritative statement. All I can say is that I have been able to produce entire toleration of the atropia in every case in which the jaborandi was combined with it. The atropia checks the great drain of the sweats upon the system, and so gives the other remedies a chance to act.

FATAL FIRE IN TIENTSIN.—Advices from Shanghai to February 3d state that a great conflagration had occurred shortly before in Tientsin, in which the Asylum for Women and Children was destroyed. It was said that over 2,000 lives had been lost in the fire.

Progress of Medical Science.

LITHOTRITY.—Three to five minutes is the limit usually prescribed in the operation of lithrotrity, but Prof. Bigelow, of Harvard, reports eight cases in which the time varied from three-quarters of an hour to three hours and three-quarters. The danger to the bladder and urethra, Prof. Bigelow believes, is overestimated, and he is convinced that it is advisable to protract an operation indefinitely, if the stone can be thus entirely removed. To facilitate the removal of the fragments, he employs an evacuating catheter of his own device, those now in use being worse than useless. This instrument is of full size, either straight or slightly curved towards the end, and has one opening of large size and situated at the side of the extremity; a rubber ball is attached to it by a length of rubber pipe, thus enabling us to syphon off the contents of the bladder. When the instrument is introduced it is directed against the floor of the bladder, forming a depression, care being taken to turn the eye of the catheter down. Water is now injected from the bulb; in a few minutes the crushed and pulverized fragments gravitate into the depression about the beak of the instrument, the bulb is lowered, and the contents of the bladder syphoned off. The great object is to sufficiently pulverize the stone and effectually evacuate the fragments, and it is for this that the lengthened sitting is required. Of the eight cases cited one died, but the results in the other seven were so favorable, that it is to be hoped this plan may be tested further. None but phosphatic stones were operated upon.—*American Journal of Medical Sciences*, January, 1878.

DUBOISIA MYOPOROIDES.—This is an indigenous tall shrub, growing plentifully in the forests of Eastern Australia, and supposed to belong to the order scrophulariaceæ, though Prof. Oliver, of Kew, refers it to solanaceæ. Dr. G. Fortescue, of Sydney, sent to Mr. Tweedy a small quantity of the extract of this shrub, calling attention to its powerful and rapid action as a pupil-dilator and paralyzer of the accommodation. The drug was experimented with by Dr. Sidney Ringer and Mr. Tweedy: the former found that when applied topically, or administered internally, duboisia dilates the pupil. Given internally, it also greatly dries the mouth, quickens the pulse, causes some muscular weakness, drowsiness, and headache—the same symptoms that follow atropia. It also checks perspiration, controlling even the effect of jaborandi. It antidotes the action of muscarin on the frog's heart. Mr. Tweedy found that, applied locally, duboisia is more prompt and energetic than atropia. Applied undiluted, it causes severe smarting and profuse lachrymation, but when diluted with twenty parts of water these effects are avoided and the dilatation is more rapid and complete. Having satisfied himself that the drug was not likely to prove harmful, he resolved to employ it in all cases where atropine was indicated, and has consequently used it largely in injuries and diseases of the cornea, in iritis, in spasm of accommodation, and whenever it has been necessary to paralyze the accommodation. Its action has in all instances been beneficial, and in some cases, he has been tempted to believe, superior to that of atropia.—*The Lancet*, March 2, 1878.

HOTEL DIEU, PARIS.—Two new wards have been opened, each containing twenty-four beds.

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GEORGE F. SHRADY, A.M., M.D., Editor.

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INSANE ASYLUM MANAGEMENT IN THE STATE OF NEW YORK.

Our recent criticisms upon the financial management of the Insane Asylum at Utica have given rise to considerable comment, not only in professional circles, but among the laity. The facts which we presented at the time were matters of record, and were analyzed with a care which their importance seemed to demand. The conclusion seemed irresistible that the management was extravagant in the extreme—in fact, that the Utica Asylum, during the past eight years, had cost the State of New York over six hundred thousand dollars in excess of what might have been expected, comparing it with the expenditures of other asylums. This was a legitimate inference from the stubborn logic of figures presented in the different official reports of the asylums under consideration. We were free to say that there was a reasonable explanation for the apparent discrepancy, and that the high standing of the Medical Superintendent of the institution was in itself an implied guarantee that the standpoint which we were forced to take was untenable. Our prejudice was so strong in favor of the management of the asylum, that it was a matter of some surprise to us that there should appear to be so many grounds for complaint. At all events, we were satisfied to leave the question in doubt, pending some reply from Dr. Gray.

Notwithstanding nearly three months have elapsed since the criticisms were made, we are still hopeful that at no distant day the explanations will be forthcoming, and will disprove many, if not all, the charges of mismanagement. Possibly, one of the reasons for delay is that the subject has, at the instance of the Medico-Legal Society, become one of legislative inquiry, and at the conclusion of the latter the necessary facts may be made public.

Whatever may be the reason for this unseeming procrastination, it is in the interest of Dr. Gray that the investigation be thorough, above board, and as speedy as circumstances will admit. It is a poor excuse to urge against any such investigation, and in the face of the facts and figures before the public, that personal malice against the Superintendent is at the bottom of it. If the latter is the case, the more effectually can an impartial examination destroy its influences. Aside from the charge of personal malice in this inquiry, and the delay in denying the significance of the facts presented, it is extremely unfortunate that the friends of Dr. Gray should have laid themselves open to the suspicion of attempting to dodge the issue. This is indeed the most surprising feature of the whole affair. The very necessity for such a thing was doubted from the first, and should least of all be made apparent at a time when the profession is anxious to hear from Dr. Gray himself. We have before us a report upon the condition of the Utica Asylum from the State Board of Charities, which on its face is very creditable to the institution and its management. Certain charges made by Dr. Tourtellot are reported to have been formally withdrawn, and the committee state that "the whole investigation tended to increase their confidence in the administration of the institution, both medical and financial." This is well enough, and is what would have been expected, in fact would have settled the question as far as the committee was concerned, except for the very damaging statement in another part of its report, to wit: "They did not go into the examination of the accounts, as that would have been a duty entirely beyond their strength and time." In our charity for the committee we are willing to charge this to ordinary stupidity, but to others it might suggest the possibility of trying to prove what with them was obviously impossible. In the absence of any statement to the contrary, we are free to believe that this report is published in connection with the present discussion without the approval of Dr. Gray or of his immediate advisers.

THE NEW SCHOOL BILL.

The friends of school hygiene have reason to be encouraged by the passage of the bill limiting the ages of attendance upon public schools. It will be remembered that last year an effort was made to accomplish such a result, but was, for reasons not necessary to recapitulate, unsuccessful. During the present session a healthier sentiment seems to prevail among the members regarding sanitary matters, and there is a disposition to anticipate the wishes of the public regarding them, rather than to oppose them, as heretofore. It is perhaps due to this fact that the action has been a trifle precipitate, and has consequently fallen short of the intention of the original movers in the reform. By this new law the minimum age of attendance is fixed at five years. Although this is a great improvement over the provision in the old law, when this age was fixed at four years, it is still sus-

ceptible of another change for the better by increasing the age to six years. This is what was originally asked for, and we are assured that it was only by the merest oversight that it was not obtained. Still, we must be content, for the present, with what we have, and take courage for the future. By this slight modification in the old bill fully eight thousand infants will be relieved of school attendance, and not only have the advantages of being nursed at home, but of giving room for many older ones who have heretofore been crowded out. If the six-year provision had been incorporated in the present bill, fully eight thousand more infants would have escaped the unsanitary abominations of the cellar class-rooms. In the case of the latter children some changes can be made in their hours of attendance which may mitigate many of the evils under which they are at present suffering. If they cannot be relieved from school attendance altogether, their time of attendance can be much lessened. The law requires two sessions daily, but there is no special provision for the length of the second. The Board of Education exercises its discretion in this matter by allowing, on special occasions, two sessions to be counted, when the schools are dismissed immediately after the reassembling in the afternoon. If this were made the rule with the children of six and even seven years of age, we should make as near an approach to a rational system of school hygiene as the present law would allow. We see no reason why the Board of Education cannot make an effort in the direction of such a reform, and repeat the gratifying experiences of 1871, when, at the suggestion of the Medical Superintendent, this plan was put in practical operation. But in reality this change needs no argument to prove its utility.

THE EPIDEMIC OF TYPHUS AND TYPHOID, which is raging in the Caucasus, and decimating both the inhabitants and the Russian troops, began originally in some barrack-hospitals. An idea of the violence with which the epidemic began, may be gathered from the fact that almost all the physicians, assistants, and Sisters of Mercy, in these provisional hospitals were attacked and succumbed to these dread fevers. From the barracks the disease spread rapidly throughout the Caucasus and the conquered territory in Armenia. In the latter, it rages with especial violence in Kars and Hassan-Kale.

EPIDEMIC OF TYPHOID IN WITTENBERG.—During the last two months of 1877, a violent epidemic of abdominal typhus raged among the troops in garrison at Wittenberg. The fact that the disease attacked almost exclusively the patients in the garrison-hospital led to an investigation of the water supply of the hospital. Examination of the water, which was taken from a well in the court of the hospital, showed that it contained a very large percentage of ammoniacal constituents. This well was at once closed and another opened in a more favorable location. This prompt action was immediately followed by a diminution in the number of typhoid cases, and the epidemic may now be regarded as entirely over.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, April 4, 1878.

DR. S. S. PURPLE, PRESIDENT, IN THE CHAIR.

REPORT OF A CASE OF FALLOPIAN PREGNANCY, WITH SPECIMEN.

DR. LAURENCE JOHNSON reported a case of Fallopian pregnancy occurring in a woman æt. twenty-nine years, married, and the mother of two children aged respectively four and a half and two and a half years. She had always been healthy. Her last menstruation commenced on the 11th of February, 1878, and continued the usual length of time—three or four days. There was no evidence of pregnancy except the non-appearance of the menses on March 11th. On March 23d, at about noon, she suddenly began to suffer from pain referable to the pelvic region, became faint, and was put to bed. Small quantities of brandy were given at intervals, and she partially regained her strength, but in the evening there was a return of the faintness. She vomited once or twice, and had an evacuation from the bowels. The doctor saw her for the first time soon after the attack of fainting in the evening; found her very pale, with a feeble pulse, 140, but there was no discharge of blood from the vagina.

March 24th.—Patient appeared somewhat brighter; pulse somewhat stronger, but rapid. Urination without pain; abdomen somewhat tympanitic; tenderness all around the uterus, but especially upon the right side. Pain was not a prominent symptom at any time during the entire history of the case, although at no time was she markedly under the influence of narcotics.

March 25th.—Patient sank rapidly, and was thought to be dying. She rallied, however, so that on March 26th she was comparatively bright. On the night of the 26th she sank and died, *four* days from her first attack of faintness.

Autopsy, twenty-four hours after death.—Pelvic cavity filled with blood. Ruptured cyst in the right Fallopian tube, close to the uterus, and probably not larger than a hickory-nut. Right ovary contained a recent corpus luteum. Uterine decidua very apparent. Little or no evidence of peritonitis.

Dr. Johnson raised the following important question: *Would not an operation, with the view of securing blood-vessels, have been feasible and justifiable immediately after the occurrence of the first hemorrhage on the 23d of March?*

METHOD OF TREATMENT SUGGESTED BY DR. EMMET.

DR. T. ADDIS EMMET, in the light of a case reported by Dr. McBurney, and which was seen in consultation by Dr. Thomas and himself, believed it to be a feasible operation, as soon as the Fallopian pregnancy was recognized, to first dilate the uterus, then dilate the tube, and in that manner remove the fœtus. Dilatation of the uterus took place when only a moderate quantity of fluid was enclosed in its cavity, and at the same time the fluid backed into the Fallopian tubes. He therefore was perfectly satisfied that, with proper instruments, the uterus could be safely dilated, and also the Fallopian tube, and, as the cyst was usually near the body of the uterus, its contents could readily escape into the cavity of the uterus when such dilatation was effected. Dr. Emmet then exhibited an

India-rubber cot, such as he had been in the habit of using during the last ten years for the purpose of dilating the uterus. The dilator was manufactured by Shepard & Dudley, and consisted of an India-rubber cot containing a tube into which a sound could be introduced, so that it could be carried to the fundus of the uterus; an additional fixture permitted the attachment of a Davidson syringe, by means of which the cot could be distended to any degree required. When the uterus had been dilated, a curved sound could be used, and the cot introduced into the Fallopian tube, and dilatation produced as in the former instance.

FEASIBILITY OF A SURGICAL OPERATION.

Dr. Emmet was of the opinion that as soon as rupture of the cyst occurred it was a proper operation to immediately open the abdomen and secure the bleeding vessels; for, in comparison with such operations as ovariotomy, opening the abdomen for that purpose was a simple affair.

Dr. Post referred to a case reported to the International Medical Congress by Dr. ——, of Georgia, in which laparotomy was performed for that purpose, and with good results.

Dr. Sell approved of the operation.

SYMPTOMS OF NERVOUS EXHAUSTION (*Neurasthenia*).

Dr. George M. Beard, in reading a paper upon the above subject, remarked that, although the condition of nervous exhaustion was sufficiently common to fall under the almost daily observation of every large practitioner, yet many of its symptoms were but ill-understood, and were either unnoticed or confounded with the symptoms of other and quite different disorders. Nervous exhaustion was regarded as a disease of itself, and one which had an array of symptoms peculiar to itself. Some of the symptoms were somewhat familiar to all medical men everywhere; others were familiar only to those who gave their time chiefly to the nervous system; and others still were then described for the first time. Some of the symptoms were of such a positive character, were so frequent as well as so peculiar, that they gave names to diseases, and for convenience sake were spoken of as diseases, although they all were but the manifestation of the nervous exhaustion, or neurasthenia. The following symptoms were mentioned:

TENDERNESS OF THE SCALP.

Tenderness of the scalp was a phenomenon of cerebral irritation, and was to the head what spinal irritation was to the spine. The tenderness might be confined to the vertex, might extend over the entire scalp, or might be limited to certain parts of the forehead. Like spinal tenderness, it was superficial and peripheral, and was not constant, but came and went, according to the exciting cause.

TENDERNESS OF THE SPINE AND OF THE WHOLE BODY.

When the spine was so tender as to become an important and permanent affliction and to overshadow other symptoms of the neurasthenic state, it was called spinal irritation, but strictly it was a symptom like cerebral irritation, and not properly a disease as such, although as a matter of convenience there could be no harm practically in describing it as a disease. The following points were regarded as noteworthy: 1. it occurred with great frequency among the higher classes, especially among women; 2. General and local hyperæsthesia, appearing and disappearing under any subjective or objective exciting causes; 3. It was transient in character.

TICKLISHNESS.

Nearly all persons were susceptible to the form of irritation called tickling, but in nervous exhaustion such susceptibility might become a severe annoyance.

DESIRE FOR STIMULANTS AND NARCOTICS.

When the nervous system, from any cause, lost much of its nervous force, so that it could not stand upright with ease and comfort, it leaned upon the nearest and most convenient artificial support. Whatever was capable of temporarily propping up the enfeebled frame, anything that gave rise to sedation and oblivion, as chloroform, chloral, opium, or alcohol, might be resorted to at first as an incident, and finally as a habit. Frequently an inherited tendency to inebriety was for years utterly latent, and did not break out until affliction, or some form of worry, or overwork, or disease, robbed the brain of its nerve-force. A large number of cases of that character had been reported by Dr. Crothers, of Hartford, Conn.

MENTAL DEPRESSION, WITH GENERAL TIMIDITY.

In disease as in health, fear was one of the symptoms of weakness. The nervously exhausted man was always physically insolvent and unequal to efforts that required much vital expenditure. Senseless timidity was one of the diagnostic features of that form of nervous exhaustion known as sexual exhaustion.

MORBID FEAR OF SPECIAL KINDS (*Agoraphobia*).

Fear of leaving home, of going out of the house, of going anywhere alone, etc. It was a ludicrous and absurd symptom, but it might occur in persons of intelligence, ability, and good sense.

It was analogous, in some respects, to the utter helplessness that some experienced when standing on an elevation; the will was put to rout completely, and could not rally at the call of reason. In some instances, though not in all, the strange symptom seemed to be traceable directly to sexual excess of some kind.

SICK HEADACHE AND VARIOUS FORMS OF HEAD PAINS.

Sick headache was regarded as both a symptom and a safety-valve. If we must be nervous, an occasional attack of sick headache, if it was not too severe, was an excellent way for such nervousness to manifest itself, and, no doubt, saved the person from other and worse affections.

PAIN AND HEAVINESS IN THE BACK OF THE HEAD, AND ON THE VERTEX AND THROUGH THE WHOLE HEAD,

was a common attendant upon the neurasthenic state, especially when the brain was congested. It might appear, however, when there was no evidence whatever of an excess of blood in the brain. For a number of years Dr. Beard had contended that circulation was a result of innervation; a brain or spinal cord impoverished of nerve-force was unable to maintain the balance of the ebb and flow of the arteries and the veins; consequently, anæmias and congestions arose that might be transient, or more or less permanent. But the disease was not the anæmia nor the hyperæmia (although both anæmia and hyperæmia, when they occurred, might and did induce certain symptoms peculiar to themselves), but the neurasthenia—the nervous exhaustion—the decline in the quantity and quality of nerve-force that presided over the circulation—al-

though it could not, like the blood, be weighed, measured, analyzed, or studied under the microscope.

DISTURBANCES OF THE NERVES AND ORGANS OF SPECIAL SENSE.

Nervous exhaustion produced temporary dilatation or contraction of the pupils; gave rise to the irritable eye, which was sometimes exceedingly painful and obstinate; and yet no lesion could be detected by any of the tests of modern ophthalmology.

This form of asthenopia, under various names, was coming into recognition among ophthalmologists. The eyes were painful and tender on pressure, and reading or writing or sewing was sometimes accomplished only with great pain. An attack of that kind might last half an hour, or three hours, or three months, and it might come and go suddenly. This malady, although most common among women, was found in both sexes.

SUBJECTIVE ODORS OF VARIOUS KINDS, AS OF OZONE OR PHOSPHORUS; ALSO ABNORMAL SUBJECTIVE TASTES, AS BITTER OR SOUR,

were likewise fleeting symptoms of cerebral exhaustion.

PARTIAL FAILURE IN MEMORY—SEMINAL EMISSIONS IN MARRIED MEN—LOCALIZED PERIPHERAL NUMBNESS AND HYPERÆSTHESIA—CRAWLING OR CREEPING, AS OF INSECTS JUST BENEATH THE SKIN; A SENSATION AS THOUGH A PIN OR MANY PINS WERE JUST TOUCHED TO THE SKIN; TENDENCY FOR THE LEGS AND ARMS TO GO TO SLEEP UNDER FAR SLIGHTER PRESSURE THAN IN THE NORMAL STATE OF HEALTH,

were regarded as special symptoms of nervous exhaustion.

GENERAL AND LOCAL CHILLS AND FLASHES OF HEAT.

A case was mentioned in which the knees of the patient were literally as cold as ice.

LOCAL SPASMS OF MUSCLES.

What were known as fibrillary contractions, sometimes seen in cases of progressive muscular atrophy, were also noticed in the various shades of nervous exhaustion.

The stomach in nervous dyspepsia might be the seat of similar spasms, which might follow any excitement or emotion, as of fear or responsibility. A sensation like that of a reverse aura seemed to go down to the pit of the stomach from the nerve-centres, and excited spasms apparently of the muscles of the stomach itself.

GENERAL AND LOCAL ITCHING.

In certain nervous states the itching became an element of positive distress.

ABNORMALITIES OF THE SECRETIONS.

In nervous exhaustion the *eyes* became moistened more readily than in health, and under a very slight emotion either of pleasure or of pain.

The *sebaceous glands* in nervous debility might refuse to do their duty, and the hair and the beard become dry and stiff. The hair also fell off or became gray in patches. Dryness of the skin, as well as excessive or morbid perspiration in the axillæ, or on the hands or feet, or other parts of the body. The *spermatic secretion* might also become suppressed. Obstinate constipation, in consequence of suppressed intestinal secretion.

TENDERNESS OF THE TEETH AND GUMS—VAGUE PAINS AND FLYING NEURALGIAS—FLUSHING AND FIDGETINESS.

The latter was sometimes unspeakably distressing, although it cannot be defined.

TREMULOUS AND VARIABLE PULSE, AND OCCASIONALLY PALPITATION—SUDDEN GIVING WAY OF GENERAL OR SPECIAL FUNCTIONS.

The neurasthenic patient could not trust himself a half-hour or even a moment in advance. Even in the midst of any task, mental or muscular, his strength gave out as suddenly as if he were struck by lightning.

A FEELING OF PROFOUND EXHAUSTION UNACCOMPANIED BY POSITIVE PAIN—SPECIAL IDIOSYNCRASIES WITH REGARD TO FOOD, MEDICINE AND EXTERNAL IRRITANTS.

Opium, for example, was liable to aggravate the insomnia of neurasthenic patients. Alcohol agreed with some and disagreed with others, and in a remarkable manner. Coffee frequently acted badly with these cases. Special idiosyncrasies were so frequent that, were it not for the bromides, cannabis indica, and electricity, we should be utterly disarmed in the presence of such cases.

Dr. Beard closed his paper with the following suggestions:

First.—The above symptoms were not imaginative, but real; not trifling, but serious, although not usually dangerous. Strictly speaking, nothing in disease could be imaginary. If a pain was brought on by worrying or by dwelling upon one's own condition, it was as real as though it were brought on by any objective influence.

Second.—Symptoms of nervous exhaustion were in a measure antagonistic to each other; and nervous exhaustion was itself antagonistic to many other diseases, especially of the acute and inflammatory kind. Diseases prevented diseases, diseases cured diseases, and diseases were antidotes to diseases. Sufferers from chronic neurasthenia were safer in the midst of epidemics than others were, etc.

Third.—Nervous exhaustion was a modern and preeminently an American disease.

Fourth.—The treatment of nervous exhaustion should be in general of a sedative and tonic character, and should be applied to the whole condition of the patient and not to any one of the special symptoms. Electricity in central and general applications, passive exercise, mild active exercise, perhaps absolute rest in bed, judicious use of counter-irritation, fats, fish, and phosphates, small doses of cannabis indica, the bromides, calabar bean, gelsemium, caffein, malt, oil, hydrobromic acid, were suggested as remedies. By the careful study of individual idiosyncrasies and the proper combination of remedial measures with hygienic, the majority of cases of neurasthenia could be relieved permanently, if not substantially cured.

The paper was discussed by Drs. Hubbard, H. Smith, and Weeks. The Academy then adjourned.

Stated Meeting, April 18, 1878.

DR. S. S. PURPLE, PRESIDENT, IN THE CHAIR.

SUPRA CONDYLOID AMPUTATION OF THE THIGH.

DR. J. W. S. GOULEY read a brief but interesting paper upon the above subject, which will be published in a future number of THE RECORD.

INTRA-VENOUS INJECTION OF MILK AS A SUBSTITUTE FOR TRANSFUSION OF BLOOD—WITH CASES.

Dr. T. Gaillard Thomas read a valuable paper upon the above subject, in which reference was first made to the origin, the history, and the present status of the operation of transfusion of blood.

Its occasional adoption as a therapeutical resource had been mentioned in Hebraic, Egyptian and Syriac literature.

It was not, however, until the year 1665 that it was placed upon a scientific basis as a surgical procedure, and since that date it had been an established operation.

To the question, "What is the real status of this resource in medicine?" Dr. Thomas gave the following answer: "Transfusion of blood into the human system is an operation the plausibility and theoretical advantages of which all admit, but practically the results of the operation amount to but very little indeed."

The insecure position which the operation occupied practically, was due largely to its inherent difficulties and dangers, nearly all of which arose from the tendency of the blood to coagulate. To overcome those difficulties and dangers various methods of preparing the blood for intra-venous injection had been suggested, and other fluids had also been offered as a substitute.

The object of the paper was to prove that in the milk of the cow we had a fluid which met all the theoretical and practical requirements of a safe intra-venous injection.

It might be said that milk and blood were not homogeneous fluids, and that the casein and other constituents of the milk, when introduced directly into the circulation, would be liable to give rise to disastrous results. But Dr. Thomas maintained that there was not much more want of homogeneity between blood and milk than existed between chyle and blood. The introduction of chyle into the blood was merely a part of a physiological process, and the injection of milk into the circulation was not altogether unlike copying one of nature's physiological processes.

Dr. Thomas then compared the chemical analyses of chyle and milk.

The doctor then proceeded to the relation of cases in which he had resorted to intra-venous injections of milk as a substitute for transfusion of blood.

The first was a lady from Oswego, N. Y., who resided temporarily in Brooklyn, N. Y. She was operated upon by Dr. Thomas for the removal of a large abdominal tumor in October, 1875. The case, in all its details, had already been published. Because of the severe loss of blood subsequent to the operation, and the general condition of the patient, it was resolved to resort to intra-venous injections of some restorative fluid, and Dr. Thomas decided to employ for that purpose perfectly pure fresh milk.

The suggestion of using intra-venous injections of milk was made by Dr. E. M. Hodder, of Toronto, Canada, who, twenty-eight years ago, employed it in the treatment of collapse in cases of Asiatic cholera.

The suggestion was revived by Dr. J. W. Howe, of New York, who, about one year previous to Dr. Thomas' first operation, had injected ʒ vi. of goat's milk into the cephalic vein of a patient suffering from phthisis.

Accordingly a healthy cow was driven into the yard, and ʒ viiiss. of milk drawn from her udder into a porcelain dish surrounded with warm water, was permitted to flow slowly into the median basilic vein of the patient from a glass funnel to which was attached a rubber tube and a suitable nozzle to be introduced into the opening in the blood-vessel.

A rigor followed the operation; the temperature rose to 104° F.; but those symptoms soon passed away. On the twenty-first day after the operation, the lady was able to walk down stairs, and recovery was soon so complete that she was able to return to her home in Oswego.

Soon after, Dr. J. W. Howe made some experiments upon dogs. Into the veins of *five* animals he injected milk, and all died promptly.

Dr. Eugene Dupuy, at Dr. Thomas' request, repeated Dr. Howe's experiments, when it was found that intra-venous injections of milk which had been removed from the cow for a very short time uniformly proved fatal, while the injection of *perfectly fresh* milk was entirely innocuous. Those experiments revealed the secret of failure in Dr. Howe's experiments. The milk which he had employed had been drawn from the cow an hour or two previous to the time it was used, and had been transferred to the city in a railroad car. It had probably undergone chemical change before it was used in the experiment.

The *second* case reported by Dr. Thomas was operated upon for ovariotomy, Feb. 8, 1878.

Extensive adhesions were encountered in the operation. Peritonitis and abscess followed, and the condition of the patient became so grave that, on the twentieth day after the operation, it was determined to resort to intra-venous injections of milk. A cow was secured, and the milk, drawn into a pitcher covered with carbolized gauze, was, in less than one minute from the time it was taken, flowing slowly into the vein of the patient.

On the first of March a second injection was made, and ʒ xv. of milk, taken in the manner referred to, was allowed to flow slowly into the vein. The injections were repeated March 2d, 4th, and 5th, and twelve, six, and eight ounces of milk respectively used.

The patient received in all five injections; *two* administered by Dr. Thomas and *three* given by Dr. Hunter, but the case terminated fatally. The result, however, could not be used as an argument against the operation, because, when the first injection was made, the patient was fairly moribund. At each subsequent operation it was the unanimous opinion of all who saw the patient that death was inevitable within a very brief space of time. It was thought that the patient's life was *prolonged* at least six days by the five intra-venous injections of milk. At autopsy there was found localized gangrene of the intestines, which proved that the case must have inevitably terminated fatally.

The *third* case reported simply proved that milk injected into the circulation was innocuous.

There were twelve cases upon record in which intra-venous injections of milk had been employed in the human subject: three by Hodder; two by Howe; and seven by Thomas.

The conclusions reached by Dr. Thomas were embraced in the following propositions:

1. Injection of milk into the circulation in place of blood was a perfectly feasible, safe, and legitimate procedure.

2. In this procedure none but healthy milk, drawn from the udder of the cow within a few minutes of its introduction into the vein, should be employed.

3. A glass funnel, with a rubber tube and a suitable pipe attached, was much better and safer than a more elaborate apparatus.

4. Intra-venous injection of milk was an infinitely

easier operation to perform than transfusion of blood.

5. Intra-venous injection of milk, like that of blood, was commonly followed by a chill and rapid rise in temperature, but those symptoms soon subsided and were replaced by a great improvement in the general condition of the patient.

6. He would not limit lacteal injections to cases in which profuse and exhausting hemorrhage had occurred, but recommend their use in certain cases of typhoid fever, pneumonia, cholera, etc. In conclusion it was suggested that if milk answered only nearly as good a purpose as blood for intra-venous injection, its use would create a most interesting and new era in the therapeutical department of medicine.

The paper being before the Academy for discussion—

Dr. Hutchinson, of Brooklyn, upon invitation, remarked that, although he had not had any experience with reference to intra-venous injections of milk, he had had some experience in the use of other fluids that might not be uninteresting to relate. During the cholera epidemic which occurred in New York and Brooklyn, in 1853, he resorted to intra-venous injection in five cases of collapse from that disease. In two cases the fluid used consisted of ʒ iv. of the chloride of sodium, ʒ ii. of alcohol, and Oij. of water. The two pints were used at a single operation.

In three cases a fluid was employed which was supposed to be very nearly like the serum of the blood. It was composed of grs. lx. of chloride of sodium, grs. vi. of chloride of potassium, grs. iij. of chlorate of soda, and grs. xx. of carbonate of soda. Of such a salt, 140 grains were dissolved in *forty* ounces of water, and nearly the entire quantity injected into a vein. The apparatus employed was very similar to that used by Dr. Thomas, and the fluid was kept at a temperature of 100° F. All the patients died. The effect produced by the intra-venous injections was very marked. The patients were aroused from their profound lethargy, color returned to the surface, perspiration ceased, the pulse reappeared, the intelligence was awakened, and in every case there seemed to be good prospect of recovery. In each case, however, death occurred within twenty-four hours. In one case the injection was repeated.

Dr. Hutchinson was not able to resist the conviction that, when a proper fluid was obtained, when we knew the quantity to be used, and the rapidity with which it should be injected, most valuable therapeutical results could be obtained.

Dr. A. Jacobi remarked that the report which Dr. Hutchinson had made with reference to intra-venous injections of saline solutions, agreed with those made by other observers—namely—that the patients invariably revived, but afterwards died. Modern experiments with saline solutions and serum had demonstrated why such results followed. It was because the saline injection, no matter how formed, was at at once eliminated.

There was one point upon which Dr. Thomas had not dwelt, and to which he would make allusion. Dr. Thomas had referred in general terms to the poisonous character of milk which was an hour or two old. Naturally, we would not expect that any chemical change existed in cow's milk immediately after its removal. But there were a certain number of cows in which the milk had an acid reaction even when in the udder. A large number of specimens of milk were neutral, and turned acid very quickly after removal. But whether neutral, or acid, or alkaline, depended to a great extent upon the food which the animal had taken.

It was necessary that cows should feed in pasture in order that the milk should be naturally alkaline. Milk to be introduced into the blood must be alkaline, for the blood did not at all tolerate the presence of acids. It was that fact probably that gave explanation to the ill effects produced in Dr. Howe's experiment, and the absence of ill effects in Dr. Dupuy's experiments. The question then suggested, itself would it not be well in every case, before the milk was used, to test it with litmus-paper, and if it be acid, to make it alkaline by the addition of carbonate of soda? Cow's milk, when introduced into the blood, should be a little more alkaline than it was naturally.

Again, it would, perhaps, be well to warn operators against injecting too large quantity at a single operation.

Dr. Thomas remarked that the point last referred to by Dr. Jacobi had been illustrated in the case in which five injections were given.

From six to eight ounces was probably about a reasonable quantity; eight was probably the maximum, and five the minimum quantity to be used at a single operation.

The Academy then adjourned.

Correspondence.

THE TREATMENT OF ABORTION.

To the Editor of The Medical Record.

Dear Sir:—Under the above title Dr. H. C. May, of Corning, N. Y., sends an interesting correspondence (The Medical Record, April 20, 1878), in which he reviews a late lecture by Prof. Dr. Penrose, of Philadelphia, dissents from the treatment therein recommended, and gives a typical illustration of his own treatment of this class of cases. It should not be forgotten that the report of one case, or even of several, is but the report of individual experience in the treatment of individual cases, and in most instances does not form a safe basis for scientific deductions. If there were fixed rules regarding the management of cases of abortion, the services of the obstetrician could be dispensed with, and their mechanical application trusted to nurses or an ingenious next-door neighbor. But such is not the fact, and it may be said, without incurring the risk of being rash, that scarcely any two cases occur which, from beginning to end, can be properly managed in exactly the same way.

To illustrate the plausibility of another plan of treatment, I will refer to a case almost identical in character with the one reported by Dr. May, and in which the result was equally satisfactory with that obtained by tamponing the vagina and administering ergot. Before giving the history of my case, however, I will say that tamponing the vagina under certain circumstances, in connection with abortion, is a plan of treatment which merits approval. I was summoned to go in great haste to see Mrs. H., æt. 38 years, an American, and the mother of six children. The messenger was a son of the patient, and said that his mother was "dying." I went in "obstetric haste," although the nature of the lady's sickness was a mere suspicion. When I had reached her bedside, I was immediately informed that she had been, and was then, suffering from profuse hemorrhage from the vagina. A glance at her face, a touch of the

pulse, and the saturated bed sustained the statement, and, without waiting to address my patient with reference to the last asteroid which had been discovered, I at once passed my finger into the vagina, at the same time making firm pressure over the middle hypogastrium, passed through the clots, found a placenta projecting from the mouth of the uterus, hooked my finger into it, and withdrew the mass, clots and all. The whole operation occupied probably one minute. The finger was immediately reintroduced into the vagina, the os touched, and found firmly closed. The hemorrhage had ceased. While attending to the patient, I had directed the husband to prepare a "whiskey sling." It was prepared as by the hand of an expert, and a few teaspoonful doses, associated with a moderate dose of opium, removed the faintness, revived the pulse, and elevated my patient into a very comfortable condition. I remained an hour, the favorable condition continued, and I returned home. On visiting my patient the next morning, I found her with a moderately full pulse, temperature slightly elevated, but no symptoms were present which gave rise to any anxiety. Her recovery was rapid and complete.

I did not tampon the vagina, I did not administer ergot, my patient did not vomit, and I was not compelled to remain by her bedside "three hours," and resort to various remedies for the purpose of overcoming "the deadly nausea and depression." Yet I do not mean to say but that in my next case of abortion I tamponed the vagina, administered ergot, and found the placenta in the vagina within twenty-four hours.

At my first visit I learned that pregnancy had not been suspected, for the reason that, although one menstrual period had been passed over about three months previously, she had been "unwell" twice since, and at the time in the month when menstruation usually occurred. The hemorrhage appeared quite suddenly, without definite known cause, and the discharge of the placenta convinced the woman that pregnancy had existed. It is not my purpose in this letter to disapprove of the plan of treatment adopted in Dr. May's case, but simply to report a case which terminated equally as favorably under another plan of treatment, which the doctor perhaps would not regard as "a more conservative and therefore a more excellent way." WESLEY M. CARPENTER, M.D.

210 E. 30TH ST., NEW YORK.

THE AMERICAN APPARATUS.*

TO THE EDITOR OF THE MEDICAL RECORD.

DEAR SIR:—Dr. Van Buren, in his admirable résumé contained in a recent number, of the authorship of what I had suggested might be called "The American Apparatus," questions the propriety of the suggestion, and I think with some force. Certainly it was not my intention to convey the idea that there was no other employed by good American surgeons; but as I could not retain for it the name of "Buck's" apparatus without doing apparent injustice to others who had contributed so much to its perfection, and, as at present employed, it differs considerably from that described by Dr. Buck, a change of name was thought to be necessary to avoid misapprehension. Most, if not all, who had contributed materially to its completion, were Americans. I therefore suggested "The American Apparatus," much as I would speak of "The New York Hotel," which would not necessarily imply that there was no other hotel in New York. It was simply that the apparatus might have a name which would in itself distinguish it from other forms of apparatus. If, however, it should lead any one at home or abroad to think that the ingenious and excellent apparatus devised by Dr. Nathan Smith, or that the still more ingenious and useful apparatus devised by Dr. Hodgen, of St. Louis, were not used by American surgeons, I would prefer to retain the old and familiar name of "Buck's Extension," and especially because, if he did not devise the apparatus as it is now generally used by us, he at least did more than any other man, by his publications and by the influence of his great name, to popularize the essential principles embodied in its construction.

Very truly yours,

FRANK H. HAMILTON.

* The above letter was received some time since, but its publication has been accidentally delayed.—ED.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from April 14 to April 20, 1878.

RANDOLPH, J. F., Major and Surgeon. Relieved from duty at Fort Trumbull, Conn., and to proceed to Philadelphia, Pa. S. O. 66, Department of the East, April 16, 1878.

IRWIN, B. J. D., Major and Surgeon. Relieved from duty at U. S. Military Academy, West Point, N. Y., August 28, 1878, and then to report by letter to the Surgeon-General. S. O. 79, A. G. O., April 13, 1878.

ALEXANDER, C. T., Major and Surgeon. To report in person to the Commanding General, Dept. of West Point, for duty at the Military Academy, August 28, 1878. S. O. 79, C. S., A. G. O.

WATERS, W. E., Capt. and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Clark, Texas. S. O. 77, Dept. of Texas, April 10, 1778.

MIDDLETON, P., Capt. and Asst. Surgeon. Relieved from duty at Fort Clark, Texas. S. O. 80, Dept. of Texas, April 13, 1878.

POPE, B. F., Capt. and Asst. Surgeon. Relieved from duty at Fort Stockton, Texas. S. O. 80, C. S., Dept. of Texas.

STYER, CHAS., Capt. and Asst. Surgeon. Relieved from duty in Dept. of the East, ordered to Philadelphia, Pa., and, on arrival, to report by letter to the Surgeon-General. S. O. 81, A. G. O., April 16, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending April 20, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
April 13, 1878...	0	9	79	8	89	38	0
April 20, 1878...	0	5	115	1	130*	68	0

ARKANSAS STATE MEDICAL SOCIETY.—The Third Annual Session of this Society will be held in Fort Smith, Wednesday, May 1, 1878.

* Thirty-three cases of measles were reported from the Nursery and Child's Hospital.

CONGRESS OF GERMAN SURGEONS.—The Seventh Congress of German Surgeons was held at Berlin, April 10th to 13th.

DR. BENJ. BRODIE, of Detroit, was recently presented with an elegant edition of Holmes' Surgery from the Wayne Co. Society.

LONDON PATHOLOGICAL SOCIETY.—There are a few vacancies for honorary membership in this body which are to be filled by eminent men from other countries. A few of such can be found in this village.

TENNESSEE STATE MEDICAL SOCIETY.—The annual meeting of this Society was held at Memphis, Tenn., April 3d and 4th. Dr. R. H. Evans, of Shelbyville, was elected President, and Dr. J. Berrien Lindsley, of Nashville, Secretary.

CHLORAL HYDRATE AS AN ANTISEPTIC.—Pof. Dunster (*Michigan Medical News*) calls attention to chloral hydrate as an invaluable local anodyne and antiseptic in cases of uterine cancer. He uses it in the strength of 10 to 30 grains to the ounce.

THE IOWA CATLIN is the name of a monthly medical journal published in Osceola, Iowa. The first number appears April, 1878, and contains forty octavo pages, in which are some excellent selections. Dr. Edward Lawrence is the editor, and judging from his first effort in the present number is abundantly able to fill his chair.

DISPENSARY TICKETS.—The giving of dispensary tickets by subscribers to these institutions in Ireland is so much abused that it is proposed either to render liable for professional fees those who give the tickets to unworthy persons, or to deprive them of the opportunity of signing tickets in the future.

STATISTICS OF OPERATIONS FOR STONE.—At a recent meeting of the Royal Medical Society, London, Sir Henry Thompson read a summary of his experience in operations for stone in the bladder of the male adult, embracing in all five hundred cases, and exhibited calculi from each case. Small phosphatic concretions, though removed by lithotrity, were not regarded in the *résumé*. Of the 500 exhibited 313 were uric acid calculi; 99 phosphatic; 81 mixed; one was a case of cystic oxide; two were pure phosphate and carbonate of lime, and four were phosphatic, formed on foreign bodies. The mortality, accepting death within six weeks as due to the operation, was 32 in 422 cases of lithotrity, and 29 in 78 cases of lithotomy; total, 61 deaths in 500 operations. When calculi are so large as to require the fenestrated instrument, Sir Henry thinks lithotomy should be performed; when less, lithotrity. Mr. Cadge related 220 operations, of which 134 were by lithotomy, and 86 by lithotrity. Of the former 20 per cent. died; of the latter 10 per cent.

ST. MARY'S FREE HOSPITAL FOR CHILDREN.—Arrangements are in progress by which, according to the eighth annual report of the Sisters of St. Mary, a seaside cottage will be put in operation this summer for the benefit of convalescent children. It is also proposed to erect the new hospital building, planned by Mr. Henry M. Congdon, the front elevation of which is shown in the report, as soon as the funds can be raised by subscription, but the managers have decided not to commence until the work can be prosecuted to the end without interruption from pecuniary stress. The hospital now occupies a refitted dwelling-house at 407 W. Thirty-fourth Street, but has, notwithstanding its limited facilities, received eighty patients during the year, which, with the twenty-five under treatment when the year opened, gives an aggregate of one hundred and five. Forty-four cures, nineteen materially benefited; ten deaths, six not treated, and twenty-six in hospital January 1, 1878, complete the brief statistics of the institution. Nine operations have been performed, of which four were exsection of the hip-joint.

TREATMENT OF TETANUS.—Dr. Jackson, late Presidency surgeon at Calcutta, is cited in an article in the *Lancet*, upon the treatment of lockjaw (tetanic spasm), as having in a pamphlet, published as early as 1856, rejected the usual treatment of ice to the spine, with opium and camphor, as productive of no beneficial results in the majority of instances. "I have," says the Calcutta practitioner, "found cannabis indica and aloes decidedly more valuable, and have sometimes used anæsthetics with great benefit; but it was not until I had commenced to use the latter in combination with the former, supporting the patient with a good diet, quinine, and wine, and insisting upon perfect rest, that I met with anything like uniform success." Dr. A. P. Boon, of St. Kitts, W. I., records five cases, three of them traumatic and two idiopathic, which terminated in recovery, under a combined anæsthetic and cannabis indica treatment, care being taken as to the exclusion of light, drafts of air and all distracting noises, and stimulants being freely administered. As the fatal termination is contingent upon apnœa, Dr. Boon recommends that artificial respiration should be commenced at once upon the apparent supervention of death, and persevered in until suscitation is evidently hopeless. Dr. Watson Paul reports in the same issue a case treated successfully with combined anæsthetics and atropia.

SHORT-SIGHTEDNESS IN DIFFERENT COUNTRIES.—In the course of a careful review of Dr. Loring's communication, printed in the Transactions of the recent International Medical Congress, at Philadelphia, Dr. A. H. Jacob, formerly Ophthalmic Surgeon to the City of Dublin Hospital, arrives at the conclusion that the progress of short-sightedness in the three countries, Germany, Russia, and the United States, presents points of such radical difference as to render a comparison between them of the utmost importance. In the two former, there is a noticeable decrease in the percentage of hypermetropes between the ages of 6 and 21, the hypermetropia rapidly disappearing in Russian and German eyes between the ages specified. The loss is the more frequent in Russia, in the proportion of 31 to 9. In the United States, on the other hand, the percentage of hypermetropes constantly increases during the same period. Myopia, however, develops itself in all countries at about the same age, to wit, commencing at 6 and making gradual progress during the years of school attendance. Dr. Jacob coincides with Erismann, Max Conrad, Derby, and Agnew, in giving the percentage of short-sighted persons (myopes) as considerably larger in Germany than elsewhere. In Russia it is stated as 39.2 per 100 between the ages of 6 and 21; in Germany, 51.0, or a little more than half of the whole number; in the United States, 23.24, or a little less than one-fourth. In Russia and Germany the majority of eyes are hypermetropic until the age of 13, when they become normal or emmetropic. From that age the number of myopes constantly advances. In this country, on the other hand, the majority are normal in the first instance, and remain so until 21 years of age; while of those in which myopia occurs at all, the hypermetropia is not corrected until 17 years old, when the vision becomes normal for a short time, and then passes gradually into short-sightedness.

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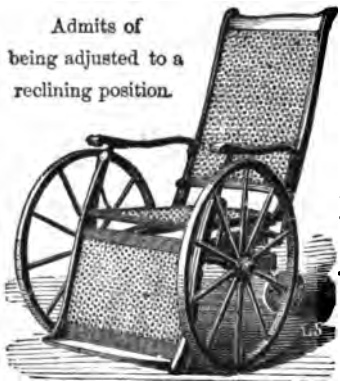

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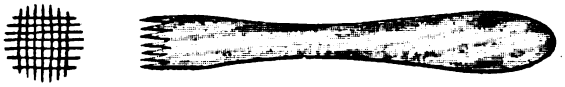

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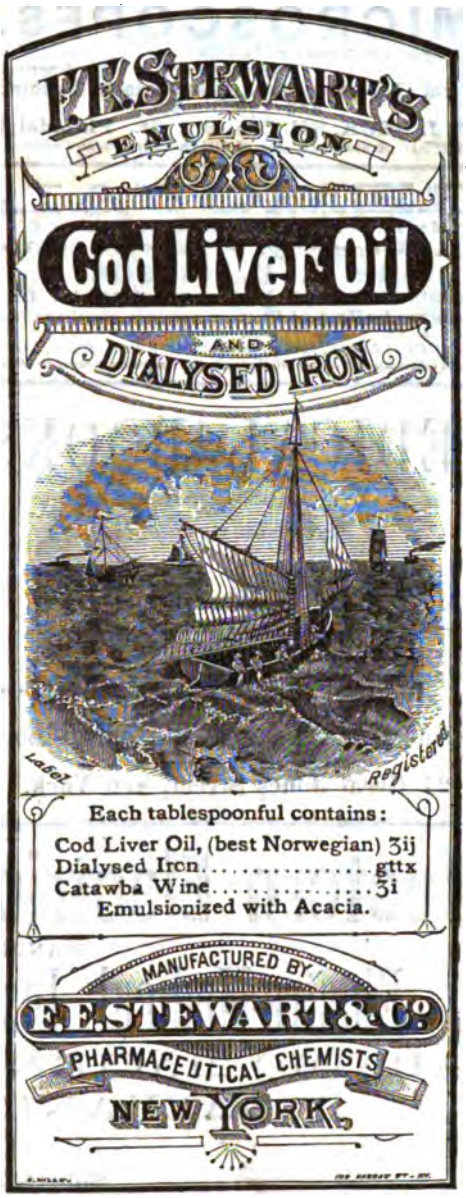

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DELLUC'S BISCOTINE FOR INFANTS AND INVALIDS.

This excellent and healthy substance is prepared from a sweetened bread and other nutritious substances, reduced to a fine powder, so as to render them easily soluble in water or milk.

A similar preparation is known in France, under the name of **Biscottes** Food for Infants and Invalids.

As an article of common diet for infants, particularly those suffering from delicate constitutions, weak intestines, or looseness of the bowels, it will be found to give health and strength with more certainty than the **Crude** substances now in use, and not like them, liable to sour on the stomach.

DELLUC & CO., 635 Broadway, New York.

The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped

to fit the mouth of the womb with openings for the secretions to pass out, and which can be sent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic, adapt themselves to all the varying positions of the body, and perform the service of the ligaments of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading Physicians with never-failing success, even in the most difficult cases.

Price—to Physicians, $8.00; to Patients, $12.00

Instruments sent by mail, at our risk, on receipt of price, with 16 cents added for postage; or by express C. O. D.

Dr. McINTOSH'S NATURAL UTERINE SUPPORTER CO., 296 West Lake Street, Chicago, Ill.

Our valuable pamphlet, "Some Practical Facts about Displacements of the Womb," will be sent you free on application.

In corresponding with Advertisers please mention THE MEDICAL RECORD

SHEDDEN'S FOODS FOR THE DIABETIC AND DYSPEPTIC.

The prepared Flour of Bran, freed from Starch by Caughlin's process, in 10 lb. cases, $5.00. Gluten Flour, rich in nitrogenous matter and the phosphates, in 10 lb. cases, at $3.00.

SHEDDEN & CO., Broadway, cor. 34th St., New York.

HORLICK'S FOOD FOR INFANTS.

This article, as shown by analysis, is the only true substitute for Mother's Milk, and, unlike the other foods, **does not contain starch.** Infants cannot digest **starchy foods** until they have their teeth. This preparation also contains the **Phosphates** so essential for the production of bone and brain. It will **sustain life single-handed.** Requires no cooking.

We also Manufacture

HORLICK'S FOOD FOR DYSPEPTICS.

HORLICK'S FOOD FOR CONSUMPTIVES.

Price $1.00 per bottle. Trial size, 50 cents.

J. & W. HORLICK & CO., Chicago, Ills.

SUPERIOR NUTRITION THE LIFE.

IMPERIAL GRANUM.

THE INVENTION OF AN EMINENT FRENCH CHEMIST.

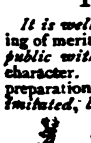
To Physicians and the Public:

This preparation is, in composition, as advertised, principally the Gluten derived, by chemical process, from *very superior growths of wheat*, and should not be confounded with burnt or boiled Flour, in which the Gluten or sanative qualities are destroyed or made medicinally inert, nor with Crushed Wheat, or finely ground Wheaten Grits, styled "Medicinal Food," and sold under various names, in which the starch and impurities contained in wheat are retained in larger quantity.

By Dubisson's formula, the starch, impurities and soluble matter found in the Wheat Cereal are effectually excluded; the Gluten only retained, which is condensed, granulated and prepared to keep in all climates, and justly entitled

IMPERIAL GRANUM.

It is well known, and should be fairly considered, that nothing of merit can b *favorably received and commended by the public without being followed by* imitations of a questionable character. IMPERIAL GRANUM *is not the exception, for no* preparation *has* attracted more attention, *nor been more fiercely imitated, by competition*, even to weeding and shipping order.



Whilst again it can be truly said that no preparation ever offered for sale has been more carefully prepared and thoroughly tested, nor has met with a more welcome reception and universal approval, or afforded more relief to invalids or to young and suffering children and aged persons. This has been confirmed by thousands of testimonials from Chemists, Physicians, Heads of Families and the Press.

Respectfully,

E. HEATON,

General Agent for the United States.

SOLD BY DRUGGISTS, AND PHARMACISTS, IN THE *PRINCIPAL CITIES OF THE UNITED STATES.*

JOHN CARLE & SONS, NEW YORK.

Dr. N. Gerber's Milk-Food

Prepared in THUN, SWITZERLAND.

Many farinaceous foods prepared for children contain too much sugar and starch, while the milk added to these foods is insufficient in quantity, so that the proportion between the azote and non-azote bodies is not fairly balanced, and consequently, the children are fed in an irrational manner.

After long experimentation, in which I have sought to avoid this serious defect, I now offer an article which I believe will meet the necessity of the case, inasmuch as it contains **less starch and sugar and more milk.**

DIRECTIONS.

For children up to three months old, one part of the "Food" to eight or ten parts **cold water.** The quantity of water may be reduced for older children to four or five parts to one of "Food." After mixing well, boil it five minutes, taking care to stir it well.

CHEMICAL ANALYSES.

The composition of Dr. N. GERBER'S "Milk-Food" is stated by well-known Chemists, as follows:

THE ANALYTICAL SANITARY INSTITUTION, LONDON, April 27, 1876.

The results of my analysis show that Dr. GERBER'S Milk-Food is composed in part of condensed milk; that it contains all the elements of a complete food, namely: the Starchy, Saccharine, Albuminous, and Mineral, in such proportions as render the food well adapted for the nutrition of infants and young children.

The amount of Nitrogenous matter and of Phosphoric Acid furnished are considerable.

The Nitrogenous matter includes 1.86 per cent of Nitrogen, and the Mineral matter 0.51 per cent of Phosphoric Acid.

ARTHUR HILL HASSALL, M.D., Chemist,
Author of "Food; its Adulterations, and the Method for their Detection."

MONTREAL, Canada, November 10, 1877.

I have satisfied myself that DR. GERBER'S Milk-Food is not a mere "Farinaceous Food," but that it really contains, as it professes to contain, the formative elements of *Flesh, Blood and Bone;* also *Carbonaceous Matter* for the maintenance of animal heat,—thus constituting a *complete diet*, formed on the basis and type of Human Milk. * * * I can conceive of no better substitute for "Mother's Milk."

J. BAKER EDWARDS, Ph.D., D.C.L.,
Professor of Chemistry Bishop's College and College of Pharmacy, Montreal, and Public Analyst for District of Montreal, under Inland Revenue Act.

HYGIENIC PHYSIOLOGICAL INSTITUTE, MUNICH, Sommer, 1877.

Repeated experiments of Dr. GERBER'S Milk-Food, made by D. Med. FR. RENK, Assistant of Privy Counsellor Prof. Dr. MAX VON PETTENKOFER, at his Laboratory; also, at Prof. Dr. C. VOIT'S Physiological Institute in Munich, show the average analysis to be:

Water,	4.31 per cent.
Mineral Salts,	2.03 "
Fats,	5 23 "
Albuminates,	15.51 "
Hydro-Carbons, soluble,	48.41 "
" " insoluble,	24.46 "
	99.95 "

This preparation is highly recommended by:

Prof. DEMME, Physician to the Jenner Hospital for Children Berne, Switzerland.

Dr. J. RUD. SCHNEIDER, Sup't of the Hospital of the Canton Berne, Switzerland.

A. M. SIGEL, M.D., Phys. to the Olga Hospital Asy. for Infants, Stuttgart.

Dr. PIO MORI, Medico Primario, Phy. to Hospital for Children, Rome, Italy.

Dr. GRIFFINI, Director of the Foundlings' Home and Lying-in Hospital in Milan.

E. BOUCHUT, Professor of the Faculty of Medicine of Paris, and Phys. to the Sick Children's Hospital.

Prof. Dr. ZWEIFEL, in Erlangen.

Send for Circular with full particulars and valuable testimonials from prominent American physicians.

ROETHLISBERGER & GERBER,
Sole Agents for the United States,
NEW YORK.

Trommer's Extract of Malt.

The rapidly increasing demand for our **IMPROVED EXTRACT OF MALT**, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops,** viz.: Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours truly, SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,			**With Hops (Plain),**	**$1 00**
"	"	"	**Pyrophosphate of Iron (Ferrated),**	**1 00**
"	"	"	**Cod Liver Oil,**	**1 00**
"	"	"	**Cod Liver Oil and Iodide of Iron,**	**1 00**
"	"	"	**Cod Liver Oil and Phosphorus,**	**1 00**
"	"	"	**Hypophosphites,**	**1 50**
"	"	"	**Iodides,**	**1 50**
"	"	"	**Alteratives,**	**1 50**
"	"	"	**Citrate of Iron and Quinia,**	**1 50**
"	"	"	**Pepsin,**	**1 50**

MANUFACTURED BY

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

In corresponding with Advertisers please mention **The Medical Record.**

NELATON'S CATHETERS,

Sometimes called Jacques', but really the invention of Dr. Nelaton, Surgeon to the late Emperor Napoleon III., have, by their decided advantages over every other kind, become a necessity in the practice of the leading Physicians and Surgeons of Paris, London, and other European Cities.

Their introduction here has been so successful that imitations are already in the market, much inferior in quality. Having secured a large stock from the original manufacturers during my stay in Paris, I am enabled to offer the genuine at a reasonable price.

These are made of *pure brown rubber*, with a smooth, soft surface, delicately flexible; and if the simple directions on the box are followed, their introduction will cause little or no pain, and effect their purpose much more easily and effectively than any other kind.

Sets of nine sizes, numbered and with wire, the whole neatly boxed, will be sent by mail on receipt of $6.00. THEO. RICKSECKER, 146 & 148 WILLIAM ST., NEW YORK.

PERFECTION SPONGE TENTS.

These Tents are the *very best in market;* in *quality of sponge, method of manufacture, strength, utility,* and *medication.*

The many complaints by the Profession against those commonly sold have encouraged the sale of the "Perfection," which will be sent in boxes of one dozen, assorted, by mail, on receipt of $2.50.

The maker holds letters of approval and recommendation from the following eminent Physicians:

J. Marion Sims, M.D., N. Y., | Washington L. Atlee, M.D., Phila.,
T. Gaillard Thomas, M.D., N.Y., | W. Byrne M.D., Brooklyn.

Address THEO. RICKSECKER, 146 & 148 WILLIAM ST., NEW YORK.

Quote MEDICAL RECORD.

TRADE MARK.

Please order PLANTEN'S Capsules, "the best of American manufacture."—See Prof. VAN BUREN & KEYES on Genito-Urinary Organs.

H. PLANTEN & SON,

224 William Street, New York.

Established 1836.

Exhibition American Institute, N. Y., 1840.
International Exhibition, N. Y., 1853.
International Exhibition, Phila., 1876,
Award for "GENERAL EXCELLENCE in MANUFACTURE."

GELATINE CAPSULES

OF ALL KINDS. Also,

JUJUBE PASTE (EMPTY) CAPSULES.

Five Sizes: No. 0, largest; No. 4, smallest.

Especially adapted and recommended for administering concentrated or nauseous medicines; free from taste or smell. Preventing irritation of mouth or throat, and injury to the teeth.

Our Capsules are not patented nor **FILLED** with any **SECRET PREPARATION,** but made strictly in accordance with official formulas, and contain **NONE** but authorized medicines of the U. S. Dispensatory; are entirely reliable and soluble, free from all **TASTE** or **SMELL;** remain perfect in any climate.

N.B.—Particular attention given to Capsuling **SPECIAL FORMULAS.**

DETAILED PRICE LISTS AND SAMPLES SENT ON APPLICATION.

Sole Agents in America for Blair's Gout and Rheumatic Pills.

Importers of Superior Norway Cod Liver Oil—put up in Pint Bottles; also by Barrel or Gallon, at the lowest market rates

In corresponding with Advertisers please mention **The Medical Record.**

SURGICAL INSTRUMENT DEPARTMENT,

Under the direction and personal supervision of

W. F. FORD,

Instrument Maker to St. Luke's, Mt. Sinai, Bellevue, and New York State Woman's Hospitals.

Manufacturers, Importers, Wholesale and Retail Dealers in

SURGICAL, DENTAL, ORTHOPÆDIC

INSTRUMENTS,

CATHETERS, TRUSSES, SUPPORTERS, SILK STOCKINGS, EAR TRUMPETS, SPLINTS, ANATOMICAL PREPARATIONS, LOCAL ANÆSTHESIA APPARATUS, LARYNGOSCOPES, OPHTHALMOSCOPES, HYPODERMIC SYRINGES, AXILLA THERMOMETERS, Etc., Etc.

☞ Special attention given to the manufacture of instruments to *order*, in exact accordance with patterns furnished by surgeons or physicians.

☞ If desired, Mr. Ford will give his personal attention to the application of Trusses and Appliances for building up the human frame.

CASWELL, HAZARD & CO.,

Broadway, corner 24th Street, New York.

Factory, 133 & 135 West 25th Street.

NEW ASPIRATOR, by Dr. Patain, Paris.

McKESSON & ROBBINS'

GELATINE-COATED PILLS.

QUININE, CARBOLATE, 1 gr.

QUININE, SALICYLATE, 1 gr.

QUININE, SULPHATE, 1 4, 1-2, 1, 1 1-2, 2, 3, 4, & 5 grs.

QUININE, BI-SULPHATE, 1-4, 1-2, 1, 2, 3, 4, & 5 grs.

QUININE, SULPHO-CARBOLATE, 1, 2, 3, and 5 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

QUININE, AND ALOES, 1 gr.

Quinia Sulphas,	3-4 gr.
Pulv. Aloes Soc.,	1-4 gr.

QUININE, ARSENIC AND NUX VOMICA.

Quinia Sulphas,	1 gr.
Acid. Arseniosum,	1-60 gr.
Ext. Nucis Vomicæ,	1-4 gr.

QUININE AND IRON.

Quinia Sulphas,	1 gr.
Ferrum Redactum,	1 gr.

QUININE AND CARBONATE OF IRON.

Quinia Sulphas,	1 gr.
Ferri Subcarb.,	2 grs.

QUININE, IRON AND NUX VOMICA.

Quinia Sulph.,	1 gr.
Ferri Carb. (Vallet's),	2 grs.
Ext. Nucis Vom.,	1-4 gr.

QUININE, PHOSPHORUS AND NUX VOMICA.

Quinia Sulphas,	1 gr.
Phosphorus,	1-60 gr.
Ext. Nucis Vomicæ,	1-40 gr.

QUININE, PHOSPHORUS AND NUX VOMICA.

Quinia Sulphas,	1 gr.
Phosphorus,	1-60 gr.
Ext. Nucis Vomicæ,	1-4 gr.

QUININE COMPOUND.

Quinia Sulphas,	1 gr.
Ferrum Redact.,	1 gr.
Acid. Arseniosum,	1-32 gr.

QUININE COMPOUND AND EXT. DANDELION.

Quinia Bi-Sulph.,	1 1-4 grs.
Ferri Sulph., Exsic.,	2 grs.
Acid. Arseniosum,	1-24 gr.
Extract Taraxici,	1 1-4 grs.

QUININE COMPOUND AND STRYCHNINE.

Quinia Sulphas,	1 gr.
Ferrum Redactum,	1 gr.
Strychnia,	1-30 gr.
Acid. Arseniosum,	1-30 gr.

QUININE AND STRYCHNINE.

Quinia Sulph.,	1 gr.
Strychnia,	1-60 gr.

QUININE, VALERIANATE, 1-2 gr.

T. H. SAYRE, Dispensing Chemist,

Sixth Avenue, cor. 46th Street, New York.

Pullna Bitterwater.

The only Bitterwater that received the Prize at the International Exhibition in Philadelphia in 1876.

This is the most effective and least weakening of any of the Alkaline Springs known. It is used with remarkable success in gastric difficulties, torpidity of the liver, and habitual constipation. It also has a specific curative effect in malarious fevers of any kind, as it increases the activity of Quinine Sulphate, and considerably shortens the time of reconvalescence. According to the most minute analysis by Barruel, the Pullna Water contains in one litre of water, the enormous quantity of sixty-two grammes of Salts in a crystallized state, of which twenty-one are Sulphate of Soda, and thirty-four Sulphate of Magnesia. This quantity is more than sufficient to explain the purgative qualities of the water. The other Salts, especially the Lithium and the Bromide of Potassium, increase in a high degree its medical effects in giving to it the peculiar qualities by which a natural Mineral Water is distinguished from an artificial solution of Salts. There is no Mineral Water better qualified to be sent to all parts of the world—a chief reason for its recommendation.

It can be used at every season of the year, and taken either warm or cold. No open-air exercise is necessary.

The dose is from 1—2 wine-glasses for adults; 1—2 tablespoonfuls with milk for children, to be taken before going to bed. An open bottle can be kept for days without change, as the water contains no gas.

Children are equally benefited by it, and it is prescribed for them in doses of a tablespoonful in milk at night, either cold or warm.

PRICE.—Case of 20 Pint Jugs.....$3.25 by
" Case of 50 Pint Jugs..... 8.00 "

Less discount according to quantity.

FOR SALE BY ALL DRUGGISTS.

Quotations for quantities may be had, as well as circulars, free from

P. SCHERER & CO.,

IMPORTERS OF

PULLNA and all other EUROPEAN MINERAL WATERS,

72 & 74 Park Place. New York.

DR. FRIEDR. WITTE.

Rostock, Mecklenburg,

Begs leave to announce to the profession and drug trade that he has given the sole agency for his goods for the U. S. and Canada to

Mr. F. ALFRED REICHARDT.

I have now a supply of Dr. Witte's goods on hand; they are the most reliable made in Germany, and his preparations of Pepsin, Ptyalin, etc., have taken the first place there *over all others*.

Pepsin, plain, soluble, 1 gr., dissolves 100 grs. of Albumen, *Per doz.*,					$1 25
Ptyalin,	1 "	"	100 "	Boiled Starch, "	1 25
Ptyalin Pepsin,	1 "	"	100 "	Fibrin, "	1 25
	and				
Resin, Scammony from Root, powd.,				*Per oz.*,	60c.
Extr. Cannabis Indic, superior to English, 2 oz. jars,					35c.
" Colocynth, simple (imported to make Ex. Coloc. Comp.),					60c.
" Taraxaci, in 1 lb. porcel. jars,					80c.
" Ferri Pomata, " " " "					$1 00

Prices inclusive of jars and bottles.

MATHIAS ROZSNYAY.

Arad, Hungary,

Begs leave to inform the Medical Profession that he has given his sole agency and the exclusive control of his preparation of

TASTELESS QUININE,
Neutral Tannate of Quinine,

To Mr. F. ALFRED REICHARDT, who keeps full stock of his preparations.

The discovery of Mr. Math. Rozsnyay to make an *absolutely tasteless and reliable* preparation of Quinine is one of the most important in modern therapeutics. The ordinary Tannate of Quinine, as made in chemical works, is obtained by precipitating the mother liquor, of which Quin. Sulphate has crystallized out, by an addition of Tannic Acid. First, this is an acid or bi-tannate, and contains likewise all the other Cinchona Alkaloids. Quinidia, Cinchonidia, Cinchona, Quiniodin, etc., the little intrinsic value of which is best proven by the price lists of large German manufacturers who quote this salt at only one-sixth of the value of the Sulphate. The *neutral* Tannate of Quinia has also great advantages over the Sulphate, as it does not cause the same cerebral and digestive troubles, as has been fully proved by the report of the commission appointed by the Academié de Medicine, in Paris, on a memoir presented by Mr. Bonesiere. The commission consists of Messrs. Orfila, Bussy & Bouvier; their names are sufficient proof for the thoroughness of their researches.

I guarantee that this Neutral Tannate contains in 2½ grains the same percentage of pure Quinine as is contained in 1 grain of the Sulphate, and that its effects in equivalent doses are the same as that of the Sulphate. In treatment of diseases of children and persons of delicate taste, it is of the highest value. It is also put up in Chocolate Lozenges, containing each 2½ grs. of Tannate, 2 doz. in a box. Pamphlet sent free on application. Price per box, $1.00. Per ounce, $8.00.

P. SCHERER & CO.,

Successors to JOHN SATTIG (Established 1841),

72 and 74 Park Place, New York,

LARGEST IMPORTERS OF

Natural Mineral Waters.

Aachner Aix La Chapelle. Per hamper 50 1-quart bottles	$12 00
Appollinaris. Per hamper of 50 1-quart jugs	7 50
" " case of 50 1-quart bottles	8 50
" " case of 100 half-quart bottles	12 50
" " case of 50 half-quart jugs	5 75
Birmensdorfer. Per case of 50 1-quart bottles	15 00
Carlsbader. Four Springs (Sprudel, Schloss, Theresian, and Muehl-brunnen). Per case of 50 1-quart bottles	14 00
Carlsbad Natural Spring Salt. One-quarter lb. bottles	
Carlsbad Soap. Per doz. one-quarter lb. cakes	3 50
Emser Kraenchen. Per cask of 50 1-quart jugs	12 50
" " " hamper of 50 half-quart jugs	8 00
Friederichshaller Bitterwater. 24 half-quart bottles	4 00
" " 30 1-quart bottles	6 50
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Haller Iodine. Per case of 25 half-quart bottles	8 00
Homburger Elizabeth. Per hamper of 50 1-quart bottles	16 00
Hunyady Janos. Per case of 50 half-quart bottles	13 00
" " " case of 24 half-quart bottles	7 00
Hungarian B. Water. Per case of 25 half-quart bottles	5 00
Kissengen Rakoczy. Per case of 25 1-quart bottles	7 00
Marienbader Kreuzbrunnen. Per case of 50 1-quart bottles	16 00
" " " case of 50 half-qt. bottles	13 00
Pullna Bitterwater. Per case of 20 1-quart jugs	4 50
" " case of 20 half-qt. jugs	3 25
" " " case of 50 half-quart jugs	8 00
Pyrmont Steelwater. Per case of 50 1-quart bottles	16 00
Roisdorfer. (The Strongest Carbonic Acid Water). Per case of 50 1-quart bottles	8 00
Roisdorfer. (The Strongest Carbonic Acid Water). Per case of 100 half-quart bottles	12 00
Roisdorfer. Per hamper of 50 1-quart jugs	7 00
" " hamper of 50 half-quart jugs	5 00
Rippoldsauer. Per case of 50 1-quart bottles	9 00
Schwalbacher Steelwater. Per cask of 50 1-quart bottles	16 00
Selters. Per cask of 100 1-quart jugs	14 00
Vichy. Per case of 50 1-quart bottles	10 00
Wilbungen Otto Spring. Per hamper of 50 1-quart bottles	12 00
" Helenen Spring. Per case of 50 1-quart bottles	14 00
Sample cases containing 1-12 dozen of each—22 jugs and bot.	5 00
" " 44 jugs and bottles	9 50
Swiss Condensed Milk. Per 48 cans	9 50
Apollinaris, assorted in 6 package lots, we charge on 50 qt. bot. or jugs $1.00, and on 100 pt. bot. or jugs $1.50 less.	
Hunyady, in 6-case lots, case of 50 bottles	11 50
" " " " 24 "	6 00

SPECIAL NOTICE.—Apollinaris, Carlsbad, Hunyady, Pullna, Carlsbad, Seltzer, and many other waters will be shipped from my depots in Boston, Philadelphia, Baltimore and New Orleans. Please send for catalogue, price-list and pamphlet on Natural Mineral Waters.

FRANCIS J. GEIS,

Brewer and Maltster, Dobbs' Ferry, N. Y.,

PURE EXTRACT OF MALT.

Sole Agent for the U. S. and Canada, F. ALFRED REICHARDT.

This extract is absolutely pure and superior to **any other** make, foreign or domestic. Made without addition of hops, ginoon, and guaranteed to be free from any substance whatsoever foreign to the best barley malt and distilled water. It is also the *cheapest* in the market. Put up in neat 1 lb. jars at 50c. per jar, or $6.75 per gallon, jar inclusive.

F. ALFRED REICHARDT,

Late Helmick, and Helmick & Co.,

Fluid Extract of Damiana.

The most effective preparation made under this name. It is a very efficient uterine tonic of the highest value in Impotency, Prostatitis, Spermatorrhœa, Suppressed Menses, and Catarrh of the Bladder. Its tonic action is as certain as that of Quinine. Put up in bottles of 6 oz. $2.00 per bottle. $16.00 per doz. Pamphlet sent gratis on application.

NITRITE OF AMYL PEARLS.

Made from Dr. E. Squibbs' Nitrite of Amyl. The only ones in the market of correct dosage. 2 and 3 drop, 75c. per doz. 5, 8 and 10 drop, $1.00 per doz.

IODOFORM, CRAYON'S.

Dr. Leblond's formula for Ulcerations of the Cervix. $1.00 per doz.

APIOL CAPSULES,

Absolutely pure. Containing 6 drops. The *only pure* of domestic make. $5.00 per 100.

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Students are divided into three classes, according to their time of study and proficiency. Students who began their professional studies elsewhere may be admitted to advanced standing; but all persons who apply for admission to the second or third year's class must pass an examination in the branches already pursued by the class to which they seek admission. The examinations are held in the following order:—

At the end of the first year—Anatomy, Physiology, and General Chemistry.

End of second year—Medical Chemistry, Materia Medica, and Pathological Anatomy.

End of third year—Therapeutics, Obstetrics, Theory and Practice of Medicine, Clinical Medicine, Surgery, and Clinical Surgery.

Examinations are also held before the opening of the School, beginning September 23d.

REQUIREMENTS FOR A DEGREE.—Every candidate must be twenty-one years of age; must have studied medicine three full years, have spent at least one continuous year at this School, have passed the required examinations, and have presented a thesis.

COURSE FOR GRADUATES.—For the purpose of affording to those already Graduates of Medicine additional facilities for pursuing clinical, laboratory, and other studies, in such subjects as may specially interest them, the Faculty has established a course which comprises the following branches: Histology; Physiology; Medical Chemistry; Pathological Anatomy; Surgery; Auscultation, Percussion, and Laryngoscopy; Ophthalmogy; Dermatology; Syphilis; Psychological Medicine; Otology; Electro-therapeutics; Gynæcology; and Obstetrics. On payment of the full fee the privilege of attending any of the other exercises of the Medical School, the use of the laboratories and library, and all other rights accorded by the University will be granted. Single branches may also be pursued. Graduates of other Medical Schools who may desire to obtain the degree of M.D. at this University will be admitted to examination for this degree after a year's study in the Graduates' Course. Examination on entrance not required.

FEES.—For Matriculation, $5; for the Year, $200; for one term alone, $120; for graduation, $30. For Graduates' Course, the fee for one year is $200; for one Term, $120; and for single courses such fees as are specified in the Catalogue. Payment in advance.

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THE COLLEGIATE YEAR is divided into three Sessions: A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 19, 1877, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the Third of October, 1877, and end about the 1st of March, 1878.

The location of the new College edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to *all the Clinics* given therein, *free of charge*.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College building. Five Didactic Lectures will be given daily in the College building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

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STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy and Physiology, and if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES.

For Course of Lectures	$140 00
Matriculation	5 00
Demonstrator's fee, including material for dissection	10 00
Graduation Fee	30 00
Post-Graduate Certificate	30 00

For further particulars and circulars, address the Dean,

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SESSIONS OF 1878-'79.

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THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofor , by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and orde as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

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J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consist chiefly of Recitations from Text-Books. This term continues from the first of March until the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
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FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

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Winter Term begins October 3, 1878; closes January 30, 1879.

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FEES.—Lecture Fees for the Winter Term, $50.00. Graduation Fee, $30.00. Matriculation Fee, $5.00. Dissecting Ticket, $5.00. Hospital Ticket, $6.00.

All Fees are payable in advance to the Registrar, Prof. NELSON.

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Annual Announcement and Circular, 1877-78.

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The REGULAR TERM will open March 5, 1878, and close the last week in June following.

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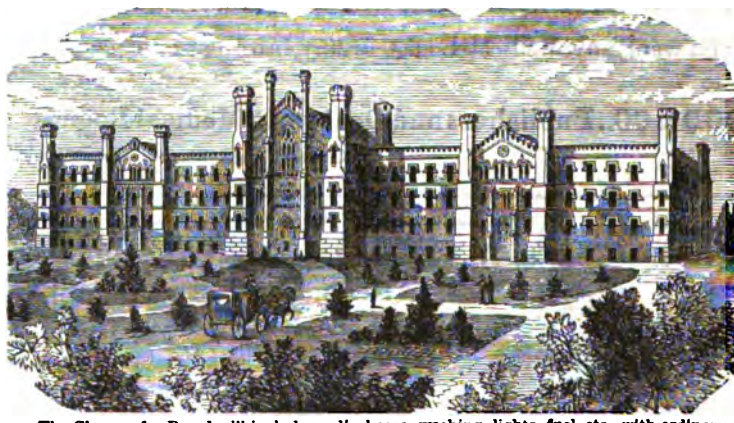

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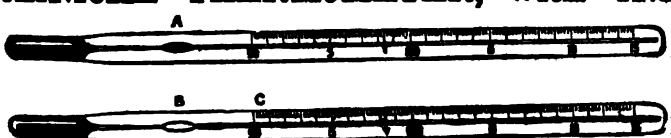

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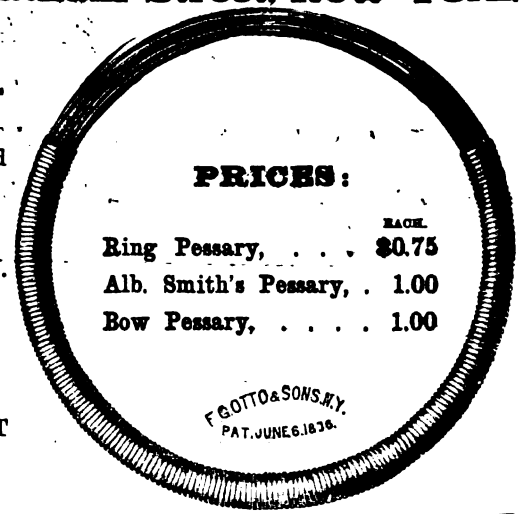

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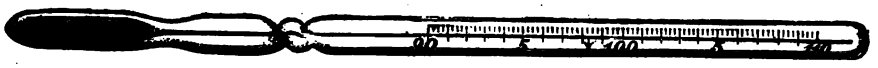

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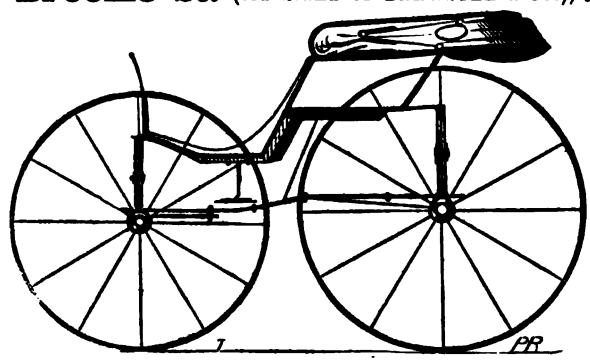

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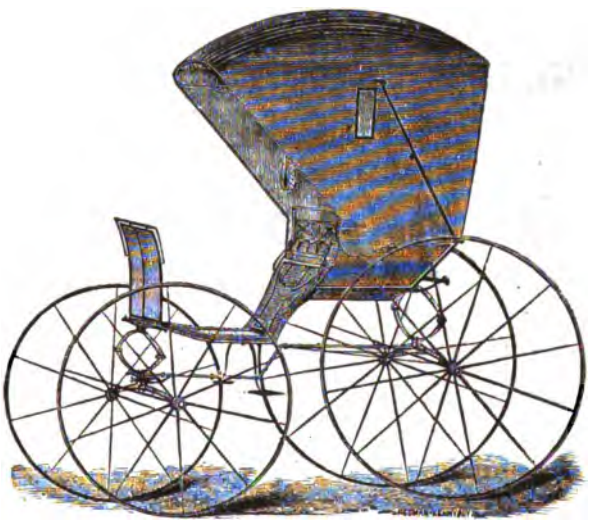

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See Advertisement of Codman & Shurtleff—Vaccine Virus, page 7.

Original Lectures.

LECTURES ON THE LOCALIZATION OF SPINAL AND CEREBRAL DISEASES.*

By E. C. SEGUIN, M.D.,

CLINICAL PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

Lecture II.

SYNOPSIS.—1. SYSTEMATIC LESIONS OF THE SPINAL CORD; LESIONS IN THE ÆSTHESODIC SYSTEM, LESIONS IN THE KINESODIC SYSTEM.

Gentlemen:—As a basis for our study of the diagnosis of the location of lesions in the spinal cord, I offer you the following classification, which I think embraces all that sound clinical observation and post-mortem examination will justify us in diagnosticating with certainty.

I. Systematic Lesions of the Spinal Cord.

II. Non-systematic or Focal Lesions of the Spinal Cord.

By the former we are to understand pathological changes which involve one of the gray or white columns of the cord for a part or the whole of its extent up and down, without extension to adjacent columns. Such lesions are almost always symmetrical in the two halves of the organ; and occasionally more than one such lesion may be present.

By the second form of lesion we understand a focus of disorganization or new tissue growth involving the spinal cord in a limited part vertically, and invading diverse columns, or even systems, transversely. These are the *lésions en foyer* of French authors.

The first group may be subdivided as follows:

I. Systematic Lesions of the Spinal Cord.
- *a.* Lesions in the Æsthesodic System.
  1. Sclerosis of the Columns of Goll.
  2. Sclerosis of the Columns of Burdach.
- *b.* Lesions in the Kinesodic System.
  1. Sclerosis of the Anterior Columns.
  2. Sclerosis of the Lateral Columns.
     a, with changes in Anterior Horns.
  3. Degeneration of the Postero-lateral Columns.
  4. Myelitis of the Anterior Horns.
  5. Degeneration of Ganglion Cells of Anterior Horns.
  6. Central Myelitis.

In studying the above forms of disease, I shall apply more or less rigidly the following method:

First, state the general symptoms which indicate disease in the part of the spinal cord (the system) affected. Second, accurately locate the lesion, and state the symptoms produced by it particularly. Third, say a few words concerning the disease in question.

a. Lesions in the æsthesodic system are characterized by the following symptoms: Pain, usually of a peculiar kind, hyperæsthesia, numbness, and anæsthesia; by a peculiar disorder in voluntary movements, viz.: ataxia: and, negatively, by the absence of true paralysis or spasm in the affected limbs.

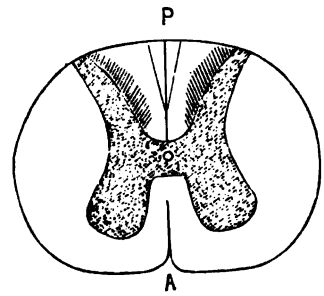
1. Sclerosis of the columns of Goll, or the posterior median columns. Whether in the ascending secondary degeneration, or idiopathically produced (one case), the lesion occupies the more or less exactly triangular space lying between the columns of Burdach. At the lowest part of the cord the lesion is hardly visible, owing to the smallness of the columns at this point, but in the cervical region it is quite large and distinct. At the calamus scriptorius the lesion disappears, and so far has not been traced higher up. In Pierret's case these columns were sclerosed throughout their whole extent. In cases of ascending secondary degeneration they are diseased only above the focus of disease.

The common lesion of the columns of Goll (secondary degeneration) gives rise, so far as we now know, to no symptoms; consequently, we can only infer its presence by determining the existence of a lesion capable of producing ascending and descending degeneration in the spinal cord.

The symptoms in the single case of idiopathic disease of these columns (Pierret's) are too uncertain and too badly reported to be of any use. They consisted in numbness, slight anæsthesia, and a tendency to retropulsion.

It is right to conclude that we cannot to-day directly diagnosticate disease limited to the columns of Goll.

2. Sclerosis of the columns of Burdach, or the posterior root-zones. The lesion begins in the outermost portion of these columns, near the inner margin of the posterior horns, and, extending forward and inward, ultimately occupies the whole of the columns of Burdach, as shown in the accompanying diagram.



The section showing this lesion, which I now pass around, was taken from the cervical enlargement of the spinal cord of a woman who had typical locomotor ataxia in the lower and upper extremities, gastric crises, diplopia, and amblyopia. In most fully developed cases of locomotor ataxia the sclerosis is found to occupy the posterior median columns as well, *i. e.*, the whole of the posterior columns are degenerated; but, since the researches of Pierret upon the functions and pathological anatomy of the posterior median columns, we must look upon changes in them as secondary to the sclerosis of the columns of Burdach.

In complicated cases of sclerosis of the posterior columns there may also be sclerosis of the lateral columns, or degenerative changes in the central and anterior gray matter.

The symptoms which are characteristic of sclerosis of the columns of Burdach are, in order of importance, pain, hyperæsthesia, anæsthesia, ataxic movements. I can only in these lectures call your attention to the great diagnostic symptoms, and must not attempt to delineate the semeiology, etc., of any disease; yet the above symptoms deserve more than a mere mention. The pains are peculiarly characteristic—nay, almost pathognomonic. They are of several varieties. First,

* Delivered at the College of Physicians and Surgeons during the months of December, 1877, and January, 1878.

sharp, lancinating cutaneous pains, appearing in spots, usually circular or oval, in size from one to two inches in diameter, in any part of the limbs which are afterward to become ataxic. A few shootings may take place in one spot, or it may be the seat of pain for twelve or twenty-four hours. A capital point is the capriciousness with which the pains appear in any and all parts of the limbs—toes, thighs, calves, shins, etc. They are vagrant or vagabond pains, in sharp contrast to the fixed *neural* pain of neuralgia. Second, deep, boring pains; and third, tearing or bruising deeper pains, affecting the articulations as well. These pains are also vagabond and capricious in their mode of appearance. They may exist for years without anæsthesia and ataxia showing themselves, and both patient and physician are apt to speak of the pains as "rheumatic," instead as of pathognomonic of an incurable disease. Hyperæsthesia accompanies and succeeds the pain, more especially in the patches of skin which are the seat of stabbing pains. During the paroxysm, and for hours afterward, the patch or patches are exquisitely sensitive, and hyperalgesia exists. Anæsthesia is said to be present very early in the disease, as well as later. In the former case it occupies patches of skin on the legs, arms, and trunk, according to the extension of the disease. In the second case it is found under the feet, later in the legs, and may involve the whole of the lower (and upper) extremities toward the close of the disease.

The ataxic walk consists in a jerky, stamping gait, the abductors and extensors acting over-forcibly; the want of co-ordination affects large muscular groups, thus differing from chorea, paralysis agitans, etc. But a somewhat similar ataxia may be present in cases of intra cranial disease, so that I would urge you to fall back upon the sensory symptoms for your diagnosis.

Many practitioners employ what they consider a sure and ready test for locomotor ataxia, viz., they bid the patient try to stand with his eyes closed. If he stagger or fall, he is said to have the disease. Now, I would have you all bear in mind that this test is worthless. Oscillating with closed eyes is a symptom common to many cerebral, spinal, and peripheral morbid states, as hysteria, myelitis, etc. I once artificially froze the soles of a patient's feet, and showed him in this amphitheatre with an excellent stagger when his eyes were closed. He staggered because his feet were anæsthetic, and that is one reason why hysterical women and the bearers of myelitis do the same. We may safely put it in this way: patients with locomotor ataxia, at a certain stage, do stagger when their eyes are closed; but, as the bearers of several other spinal diseases do the same, the sign has no special value.

For many years, and even long after the patient is absolutely unable to stand, there is almost no paresis and no diminution of reflex or of electrical excitability in the affected extremities, unless the sclerosis extend forward into the gray matter.

We ought, I think, to be able to correctly diagnosticate this lesion in its first stage, viz., when only pain and hyperæsthesia are present.

Historical Consideration.—The clinical history of locomotor ataxia has been fairly well known since 1835 or 1840; German physicians describing it in great part under the name of Tabes Dorsualis. Romberg, in 1853 (and earlier), gave almost a perfect picture of the disease; but it was reserved for Duchenne (1859–60) to recognize the value of the pains and of the ataxia, as distinguished from paresis, as cardinal symptoms. Although Duchenne's description of the affection has hardly been improved upon, it must be admitted that he knew nothing of its pathological anatomy, and was quite wrong in his explanation of the symptoms. Yet the lesion of locomotor ataxia, or tabes dorsualis, had already been discovered by Türck in 1857. Unfortunately, he buried his remarkable paper in the Transactions of the Academy of Vienna; and Gull (Sir William) independently made the same discovery in 1859. In France, Bourdon worked out the pathological anatomy in 1861, and since, our knowledge upon the point has grown enormously. The anomalies of locomotor ataxia, both semeiological and pathological, have been best studied by Charcot and his pupils. In 1873, Charcot and Pierret published their cases demonstrating that the primary essential lesion of locomotor ataxia involves the columns of Burdach.

b. Lesions in the kinesodic system are characterized by the following symptoms: paresis or paralysis, spasm, and muscular atrophy; and, negatively, by the absence of anæsthesia, or of marked and permanent pain or numbness.

1. Sclerosis of the true anterior columns or columns of Türck, or, best, the direct pyramidal fasciculi, has been known pathologically since the publication of Türck's first papers in 1851. Its semeiology is, however, unknown. We can infer its existence in those cases in which we diagnosticate lesion No. 3 (*infra*), because pathological anatomy shows us that the two lesions are usually simultaneous.

2. Sclerosis of the lateral columns. The lesion consists in an increase of the neuroglia and atrophy of nerve-fibres in the lateral masses of white substance throughout a greater part or the whole of the spinal cord. It may exist alone as a primary lesion, or may be associated with other (secondary) morbid processes, such as No. 4 (*infra*).

The symptoms consist in progressive paresis of the lower limbs, and later of the upper, with increased reflex, and a tetanoid state of the extremities. There is very little sensory disturbance, never anæsthesia: the paralyzed and tetanized muscles do not undergo atrophy; and the bladder is not in the true sense of the word paralyzed.

These symptoms have been designated by various names. Erb calls the symptom-group spastic spinal paralysis; Charcot, spasmodic tabes; and I would suggest the term tetanoid paraplegia or paralysis. Erb in 1875, and Charcot in 1876, Erb again this year, have fully described the clinical aspects of the disease.

In 1873 I described, under the title of tetanoid pseudo-paraplegia, the symptoms of the semi-developed disease, of that transition period when the patient is still able to get about upon his morbidly stiffened limbs. I failed, however, to seize upon the whole clinical picture.

The pathological anatomy of this affection does not as yet rest upon a firm basis. Türck in 1859 published three autopsies in cases of this sort, but their clinical features had not been worked out. In 1865 Charcot reported sclerosis of the lateral columns as the lesion found in a woman who had suffered from aggravated hysteria, with contractures of the extremities, for many years. In the essays of 1876–7 no other autopsies are recorded.

2 *a.* Combination of lesion of the anterior horns with sclerosis of the lateral columns. Charcot, in 1874, first called attention to this complex systematic lesion, and designated the disease as amyotrophic lateral sclerosis.

The cervical enlargement of the spinal cord being nearly always the first part affected, we observe that the symptoms appear first in the hands; a paralytic

atrophy setting in with considerable rapidity. Formication and fibrillary movements may be present. The atrophy resembles more that observed in myelitis of the anterior horns (No. 4) than in degeneration of the ganglion cells of the anterior horns (No. 5). In a short time a degree of rigidity appears in the upper extremities, and the legs become first paretic, later, rigid and contractured. This contracture may be greatly relaxed while the patient is in bed, but is exaggerated if he try to stand or walk. In consequence of great atrophy of the interossei, the "claw-hand" deformity may appear. As a rule, the muscles of the lower limbs do not waste. The bladder and rectum are not paralyzed, and no anæsthesia is observed. If the patient's life be prolonged, the disease invades the nuclei of the motor bulbar nerves, and to the above picture we have superadded the symptoms of labio-glosso-laryngeal paralysis.

Cases of this kind had been observed prior to 1874, but it is Charcot who in that year first gave us a clear statement of the pathological anatomy and semeiology of the disease. The connection between the two lesions, disease in the anterior horns, and sclerosis of the lateral columns, is by no means understood, and it may be questioned whether they are pathologically related.*

3. Degeneration of the posterior part of the lateral column, or (better) of the crossed pyramidal fasciculus. The lesion occupies, in a transverse section, a part of the white substance which lies between the lateral column and the posterior gray horn. It is separated from the periphery of the cord by healthy tissue, the direct cerebellar fasciculus. This alteration of tissue is secondary to a lesion in parts of the nervous centres above the decussation of the pyramids; in the anterior pyramids, the great motor tract in the basis cruris cerebri, the anterior part of the internal capsule, the nucleus caudatus, the convolutions comprising the excitable districts of the cerebrum. Lesions of any of these parts cause what is known as secondary degeneration throughout the motor tract, to the lowest part of the spinal cord. Consequently, the lesion in the spinal cord is always (?) on the side opposite to that on which the primary, supra-spinal disease exists. Hence, also, we usually find descending degeneration only in one-half of the cord. It should be remembered, however, that, as a portion of the anterior pyramid of the medulla does not decussate, but descends as the direct pyramidal fasciculus, or column of Türck, we must expect to find in many cases a similar lesion of this fasciculus on the same side as the supra-spinal lesion (No. 1). For example, after a lesion involving the great motor tract in the left hemisphere, we shall find descending degeneration of the crossed pyramidal fasciculus in the right half of the cord, and of the anterior column, or direct pyramidal fasciculus in its left half.

The symptom characteristic of this morbid condition is the secondary contracture, or late contracture, which so often succeeds attacks of hemiplegia, being superadded to paralysis or anæsthesia. This lesion may be complicated with No. 4, when atrophy of some of the paralyzed and rigid muscles supervenes.

In briefly mentioning the historical data connected with this lesion, I must again mention Türck, the great pioneer in the pathology of systematic lesions of the spinal cord. In 1851 and 1853 he exactly described the crossed part of the lesion. An excellent study of this and other forms of secondary degeneration was made by Bouchard in 1866, under the direction of Profs. Vulpian and Charcot. Last year Flechsig published his remarkable researches upon the nervous centres, and more exactly defined the seat of both the crossed and the direct degenerations. To Prof. Bouchard is due the credit of completing the clinical picture, by pointing out the value of the symptom contracture.

* Since this lecture was delivered, Prof. Flechsig, of Leipzig (in *Archiv der Heilkunde*, 1878, Heft 1), has made an elaborate critique of Charcot's cases and others, and claims that the lesion in the lateral columns is chiefly in the postero-lateral columns, as in descending degeneration from cerebral lesion, and that the nature of the lesion seems more like a degenerative than a sclerotic one. Flechsig suggests that future research may reveal a double lesion in the cerebrum, or, at any rate, in the upper part of the intra-cranial motor tract. This view seems to me well worthy of consideration, and a careful attempt should be made to verify it.

Original Communications.

DISEASES OF THE EAR FROM BATHING.

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The deeply-situated portions of the ear embedded in the skull are exceedingly liable to certain painful diseases, when their dense, bony case becomes a bed of torture, and their remote situation is an obstruction to the efforts made for their relief. The middle ear, with which we shall have principally to deal here, has passing through it a tube, one portion of which, the external auditory meatus, communicates with the air external to the body, and the other portion, the Eustachian tube, with the air as it exists in the throat. The vibrating membrane of the middle ear prevents the air passing through this tube.

In order that this portion of the ear may perform the function of conveying sound to the inner ear, its structure must be exceedingly delicate.

This delicate apparatus is constantly exposed to an ever-varying atmosphere which comes in contact with it on both sides, and is constantly getting it out of order, usually by sudden, acute inflammation.

This middle ear then, which is the portal, as it were, to still more delicate portions of the ear situated deeper yet in the petrous bone, is found to be quite susceptible to atmospheric influences, such as cold, violent vibrations, etc., the former setting up inflammation, and the violent vibrations rupturing the membrane, or otherwise damaging the organ by their shock.

If this organ now be immersed in an element wholly different from the one in which it is constructed for performing its normal functions, we may expect striking effects. Such an element is water, which in bathing, especially diving, is apt to be brought in contact with the sensitive middle ear, through either of the channels of communication previously referred to, the heavier water quickly displacing the air which naturally occupies the passages leading to the ear.

Although bathing is well known as a source of aural disease, I only became aware of its magnitude after special research during the bathing season of last year, which included the months of May, June, July, August, and September.

During this period of time, I saw in the public clinics of this city and in my office, about 800 aural cases of all descriptions, which included 65 having having their origin in salt-water bathing.

It may be interesting to those who may have here their attention drawn to this class of patients to state a result of my experience, namely: The majority of persons who contract aural affections from salt-water bathing are disposed to attribute them to "taking cold," etc, referring to the real cause only incidentally or after being closely questioned.

Indeed, patients will experience frequent exposures of this kind, and from them become quite deaf, without once suspecting the cause. This will serve to explain why bathing, as an exciting cause of earache or deafness, is so often overlooked by both physician and patient; for if it were not, there would be less imprudence in bathing, and even a surf bath would not be taken without caution. The plain duty of the physician is, in ordering baths for his patients, to give them such instructions as will prevent an agreeable mode of treatment becoming a source of painful injury.

I have seen of late several cases, mention of which will be made in an addendum to this article, where the Russian bath has provoked serious aural trouble, two of the cases being physicians. I have met with but few persons who felt the necessity of making any effort to protect the ears when bathing. A few, indeed, have some notion that a pledget of cotton wool protects the ears, and some hold the nose when diving.*

The entrance of water into the ear was well known in ancient times to be productive of aural disease.

Avicenne, a Persian physician of the tenth century, enumerates among the causes of aural disease, "water getting into the ear." †

When it is considered that so eminent an authority gave prominence to this source of a most common affection, we should indeed be greatly surprised that the subject is so much neglected in modern times.

It is not easy to make an estimate of the number of aural cases arising from bathing, but with the best data within reach it is safe to state that the physicians of New York City, with its population of 1,000,000, see no less a number than 1,000 during the bathing season. At least as many more do not consult a physician.

According to this approximation 1 in every 500 is more or less affected annually, and the number may be much greater.

Von Tröltsch estimates that only 1 person in 20 has normal hearing power.

As most statistics are collected in the large cities situated on the seaboard, we may conclude that many cases of deafness going to make up the list from which Tröltsch deduces his estimate are from deafness produced by salt-water bathing.

From this view chronic catarrh of the middle ear may not occupy so conspicuous a position as heretofore as the principal factor in causing deafness.

Before entering into an account of the manner in which water may reach the delicate structure composing the auditory apparatus, it may not prove uninteresting or uninstructive to view the construction of the ear in such animals as are compelled to live a portion or all of the time in water.

The marine quadrupeds which interest us most, such as the seal and the like, can remain under water a long time, and it is found that the construction of their ears is such that no damage can occur to the organ from their frequent excursions from a warm atmosphere to the colder element. We find that when diving they close the mouth and nostrils, and that they are provided by nature with a movable membrana which is drawn over the ear as they enter the water. Of course they do not breathe under water. The crocodile is similarly constituted.*

The water-shrew obtains the same protection when pursuing its game into water by the action of certain muscles which draw the meatus inwards, and at the same time close it.

The auditory apparatus of the whale is particularly instructive. The external auditory meatus is small, and begins externally with a narrow opening, finding its way to the tympanum as a long, tortuous tube.

This tube's construction would preclude the idea of its being intended to permit sound vibrations to reach the membrana tympani, and this indeed is found to be the case, for the tympanic membrane is convex outwardly—the opposite condition to that in man and other mammalia. The Eustachian tube, however, is very large, and is connected with the respiratory apparatus, which in this animal has frequent communication with the surface, and permits the sound vibrations to reach the tympanic membrane while the external meatus is submerged.†

The ear of the porpoise is similar to the above. The tympanic membrane and other important features are said to be absent in snakes and many of the saurians. Some lizards and frogs have an exposed membrana tympani. Moles, which burrow in the earth, have a closed meatus.‡

Animals living exclusively in water have the auditory apparatus specially adapted to their wants; and in some of the lower orders of marine life an auditory nerve has not been demonstrated. The latter, it is supposed, receive sound impressions by means of the shock imparted to the body. The subject might here be pursued much further with interest, but enough has been elicited to aid us very much in the investigation of the matter under consideration.

It is thus seen that all animals which live in water, or whose habits require that they should remain in that element a portion of the time, are provided by nature with ample means for protecting the organ of hearing.§

Man, however, has none of the amphibian's peculiar anatomical organization, with which he may safely shut out the water from his ears, and he is therefore in great danger when his head is submerged. The ears may be plugged, the nose held tightly closed, and the mouth shut when he dives, but much risk is taken even thus guarded, and practically it is not a protection, for ordinarily water will enter the ears at the meatus, or through the mouth and nostrils.

The water may act injuriously upon the ear in several ways. It may injure the drum-head by the mere force of impact, as when it is driven into the meatus with great violence in surf-bathing. This effect takes place more frequently where the individual has a very large auditory meatus. In fact, I have found the calibre of the auditory canal, in those whom I have examined for aural affections induced in this manner, to be larger than the average. And I have no doubt but that the Eustachian tube is also larger in the same individuals, and when an incoming wave dashes

* The inhabitants residing upon the sea-shore of both cold and warm countries, resort to bathing very extensively. The writer would be glad to hear from any one who has information bearing on the subject.

† Works of Avicenne. Basle, 1556.

* Miall: The Skull of the Crocodile. Macmillan & Co., London. 1878.

† Pilcher.

‡ Bergman and Leuckart: "Comparative Anatomy and Physiology." Stuttgart, 1852.

§ The naturalist interested in the further study of this subject will find abundant material at the N. Y. Aquarium. To the manager, Dr. H. Dorner, I am indebted for courtesies in preparing this article.

against the face, water may be freely driven into the Eustachian tubes by way of the mouth and nostrils. Large quantities of water may thus be taken when the bather is struck by a breaker unexpectedly.

When the face is turned away to avoid the splash the meatus is apt to receive it.

Or the injury may consist in an irritation of the cutis lining the meatus, some persons being very susceptible in this way.

The presence of cold water long retained in the meatus, as in diving, will set up inflammation in the parts exposed, namely, the meatus and drum-head, and in a great many instances the morbid action will extend to the tympanic cavity.

The effect of standing in the wind, after coming out of the water, and permitting the hair, ears, etc., to dry by evaporation, is also a frequent cause of aural inflammation.

Attacks of catarrh—colds—from the exposure of bathing are frequent, and inflammation of the middle ear may thus arise by extension through the Eustachian tubes from an inflamed throat.

Finally, a large number of cases are attacked through the entrance of water directly admitted into the Eustachian tubes through the mouth and nose. This latter has been so well described by Turnbull that I quote his own words.*

"But a still greater evil is from sudden deglutition, during diving or swimming, by which—the mouth, nose, and pharynx being filled with cold water, and the mouths of the Eustachian tubes open—a portion of the water passes into the middle ear. This result . . . is most common in beginners, who suddenly, from cold or shock of the contact of the water, breathe or swallow in a sobbing manner."

Simply blowing the nose for the purpose of freeing the passages of water may drive a sufficient quantity into the middle ear to set up inflammation.† Many persons have headache, earache, and other unpleasant symptoms from diving, and never repeat the experiment.

It is rather remarkable that the custom should be found to exist of always first wetting the head. Diving is the most approved method when bathing, and beginners are always enjoined to observe this as serving to ward off all evil results.

The sensation of getting "water in the ears" is disagreeable to all bathers, and they lose no time in jumping on one leg with the ear held downwards until it is freed of water. Some persons find salt water painful in the ears, but can tolerate fresh water, as in rivers. The remarks above made apply more especially to salt- or cold-water bathing.

The cold water of the sea is particularly obnoxious, on account of its comparatively uniform low temperature and the large quantity of chloride of sodium which it holds in solution, as it thus injures the ear by a direct cooling effect as well as by its highly-irritating character. The fresh water, however, of the great lakes is always very cold, and is almost as dangerous as sea-water.

The time occupied in out-door bathing is sometimes astonishingly protracted, children often remaining in the water for hours. Indeed, I have been informed by some that they have played there most of the day and evening, diving much of the time.

Many persons do not consider their daily ablution complete until the entire head has been immersed, or, at least, the hair saturated.

To the toilet now is frequently added the mopping out of the canal with a portion of sponge attached to a handle, which accomplishes no other purpose than to pack the meatus with a humid mass of wax, soap, and epidermic scales.

From these causes arise not infrequently mild attacks of earache, which receive but little attention, or are aggravated by such domestic remedies as pouring oil, laudanum, liquors, etc., into the ear.

I have recently been interested in a class of performers who have amused the public by staying under water from one to two minutes, and eating and drinking during that time. These people, by practice, acquire the necessary composure to perform this feat easily twice a day. One young woman, aged nineteen, had performed for three years and never experienced any deafness, but failed in her general health. I examined a sister of the one just mentioned, aged seventeen years. She had followed the business for one year. From her I learned that the water into which she dove was made about 80° Fahrenheit. Sometimes when cold water had to be used she could not remain under very long, or could not hold her breath at all, on account of the sighing it occasioned. If she draws water up her nose it chokes her, and on coming out she has headache and feels heavy for a time, perhaps ten or fifteen minutes. After the admission of water into the nostrils she holds her head down and it runs out. A portion of the time she wore a pledget of cotton-wool in the ears. She never had any sensation in her ears. Her sister and others always wear the cotton-wool in their ears when diving. The general use of warm water, and the absence of excitement makes this performance quite safe, the only real danger being the admission of water into the Eustachian tubes. Like the use of the nasal douche, it may be harmless in a great many instances, but is, nevertheless, a dangerous practice.

But in a certain number of cases the exposures I have referred to lead to most serious consequences, in some instances life itself being threatened.

All parts of the ear are liable to suffer from the inflammation which may thus be kindled, and when the middle ear is its seat the brain is frequently attacked through some of the numerous channels which connect these parts.*

The interval between the exposure in bathing and the first symptoms which indicate an inflammatory action to the patient, is from a few hours to a day, or possibly longer. I have the notes of a case where violent pain came on, and continued until seen by me, in five hours after "swallowing salt water." The manner in which the different portions of the ear are attacked, is well shown in the following table, condensed from the exhibit of cases at the end of this article:

TABLE SHOWING THE RESULTS OF SALT-WATER BATHING IN SIXTY-FIVE CASES.

Middle Ear.	
Acute inflammation of middle ear	10
" " " " " purulent	13
" " " " " " with brain symptoms	3
Subacute " " " "	4
	30
Drum-head.	
Acute inflammation of drum-head	8
Subacute " " "	1
	9

* Transactions of International Congress, Philadelphia, September, 1876.

† Buck, MED. RECORD, March 24, 1877.

* J. Orne Green, Diseases of the Brain in its Relations to Inflammations of the Ear. Boston, 1877.

Meatus.	
Acute inflammation of meatus	8
" " " " and middle ear	4
" " " " " drum-head	13
Subacute " " " " "	1
	26
	65

From the above table it appears that the middle ear is the most frequently attacked portion of the organ, for in addition to the thirty cases enumerated under that head, in four instances the middle ear disease was a prominent complication of an acute inflammation of the meatus.

In thirteen cases the drum-head was involved with the meatus, and the existence of tinnitus indicated strongly that the middle ear did not fail to sympathize.

In the nine cases in which the drum-head was involved, there was doubtless also more or less disturbance in the middle ear, although myringitis was the striking feature.

It is almost impossible to conceive of the existence of an inflammation confined strictly to the drum-head, as it is anatomically so intimately connected with the middle ear, its mucous layer at least being affected in all cases.

Inflammation occurring in the meatus alone in eight instances, points to the fact that this channel is frequently the place of initial invasion. It will thus be seen that, in the great majority of cases, the middle ear is affected, and indeed our apprehensions of danger increase in proportion to the extent of its disease.

In three cases the inflammation passed out of the middle ear, and involved the meninges of the brain, and the cerebral symptoms for a time seemed to endanger life. These cases all recovered after protracted illness, but details of them would be out of place here. I have observed a number of cases where the naso-pharynx and Eustachian tubes were unmistakably affected by the irritating quality of cold salt water, but as deafness was not a symptom, they do not properly belong here. It is probable that a few of the cases reported as non-purulent inflammation of the middle ear, became purulent subsequent to their being recorded, as they made but few visits after relief was obtained.

When the middle ear is inflamed, the mastoid cells are also more or less affected in most cases, and the integument and deeper structures in the whole temporal region are liable to be embraced. When the meatus is inflamed, the auricle is often swollen and sensitive to the touch. Mastication and swallowing become painful when the meatus is inflamed, owing to the swelling of the glenoid fossa which receives the condyle of the lower jaw.

As may be supposed, the first symptom which alarms the patient when the attack affects the middle ear is pain, and usually it is most violent; sometimes it is accompanied by delirium. From the beginning, often even preceding the pain, there is an almost equally distressing symptom, namely, tinnitus. It is described by patients as resembling the roaring of a cataract, the wind, violent escape of steam, etc. Deafness is always more or less marked.

Dizziness is usual, and often the patient is unable to walk without support, as holding on to some article of furniture, etc. These symptoms of course vary greatly.

In some instances from the start there is a subacute action, which never proceeds to serious results, the only annoyance being tinnitus and deafness. The latter is seldom absent, and does not depend altogether upon the violence of the disease. Patients are generally able to visit the physician, although their sufferings at night may be excessive.

Suppuration usually occurs in twenty-four hours, but there is, in acute cases, a collection of mucus in the middle ear, which, as it increases, distends the drum-head, and may not escape by bursting through that membrane for days.

The neuralgic pain ceases in most instances the moment the membrane gives way, or if perforated by the surgeon.

Although the inflammation may be confined to a small portion of the ear, the pain through sympathy affects the whole region, more or less.

In a certain number of cases, both ears are affected, perhaps one-fourth of the whole, although not always in the same degree, nor in any way sympathetically. Women are not so liable to attacks as men—they enter the water with their ears protected from dashing waves, are not divers to any extent, and do not bathe in salt water so frequently.

In the sixty-five cases which I have recorded, three only were females. The purulent discharge following an acute inflammation of the ear may continue for months or years if not arrested; it seldom ceases, under the most favorable circumstances, in less than three weeks.

Where the inflammation has not been severe beyond the meatus and drum-head, there is exfoliation of the epidermis covering these parts, which sometimes is cast off whole, resembling the finger of a glove in appearance. Where the entrance of water into the meatus loosens a plug of wax, it is apt to become impacted and produce the symptoms usual in that condition.

As regards the treatment of inflammation of the ear from these causes, it does not vary from that indicated in inflammation of the organ from other causes, and I shall therefore not dwell upon the subject here at length.

When fluid is pressing behind the drum-head, an early incision should be made in that membrane, for the evacuation of the contents of the tympanum.

Syringing the ear with hot water is nearly always grateful from the beginning of an attack; it relieves the congestion of the parts. Syringing is to be done gently, and repeated as often as is agreeable to the feelings of the patient. It should be continued during the treatment as long as secretions collect in the meatus, but with decreasing frequency as the suppuration lessens, a humid state of the parts being undesirable. The water used should be hot as can be borne by the patient.

After the active stage has passed, the ear may be dressed by placing a roll of absorbent cotton-wool in the meatus, either plain or medicated with some mild astringent, as borax, alum or tannic acid.*

When the drum-head is imperforate, and the middle ear affected only in a slight degree, if the Eustachian tube be free, rarefaction of air in the meatus will often aid the escape of mucus towards the throat, and hasten recovery.

In nearly every case leeches should be applied to the ear affected, usually directly in front of the tragus, or in the concha, or below the lobule, where the ear joins the head. They cannot be applied too quickly, as they relieve pain, and in some instances aid in preventing suppuration. If there is much tenderness over the mastoid, a free and prompt incision must be considered.

* For a description of the uses of medicated wool, see Record, March 2, 1878.

Abscesses in the meatus or in the neighborhood of the auricle are not infrequently met with, and should be incised early.

Any further details of treatment, together with the management of the accompanying deafness, would be beyond the scope of this article.

ADDENDUM.

FOUR CASES OF AURAL DISEASE FOLLOWING THE RUSSIAN BATH.

CASE I.—Dr. ——, age 52.—*Acute inflammation of inner extremity of meatus, drum-head, and middle ear.*

On Jan. 10, 1877, took Russian bath, including the plunge into cold water, which entered both meatus. Second day had acute pain, stuffiness—tinnitus, with complete deafness in left ear. Did not fully recover until June 25th.

CASE II.—R. T., age 36.—*Acute inflammation of middle ear.*

On May 13, 1877, took Russian bath, including the plunge. On May 19th left ear pained very much. He did not sleep much, on account of the pain, for two weeks. The inner extremity of left meatus closed, and the epidermis exfoliating. Was only seen twice; at second visit was free of pain.

CASE III.—Dr. ——, age 32.—*Subacute inflammation of drum-head and middle ear.*

June 25th, took Russian bath, including shower-bath and plunge. One week later had severe pain in the left ear. The meatus, drum-head, and middle ear were inflamed. The right ear slightly affected. Recovery in a few weeks.

CASE IV.—Mr. A. H. S., age 37.—*Impaction of wax producing acute inflammation of drum-head.*

Went in bath with the patient just described. Took shower and plunge after the vapor bath. On immersing his head had a feeling of uneasiness. Next day had decided pain in left ear, which kept him from sleeping. Pain was at times excruciating for the next three weeks. The impacted cerumen, which was found to be the cause of the irritation, was removed, and the membrane, against which it had been pressing, was highly injected and thickened. The right ear was filled with hardened wax. Recovery rapid.

None of these cases went on to suppuration, which is so characteristic of the inflammation following salt-water bathing.

Case IV. was, of course, one which might have suffered at any moment from the loosening of the wax.

In the Russian bath the patient usually remains in vapor at the temperature of 115° F. for about half an hour, and then plunges into a cold bath.

I have never heard of any aural affection being induced by the Turkish bath, where the patient remains for half an hour or longer in a dry atmosphere, heated to 140° to 180°, and is then gradually cooled off. In the latter bath it is not so common a custom to take the cold plunge or swim.

Conclusions.—The ear is far oftener the seat of inflammation and resulting deafness from bathing than is generally supposed. Although its delicate parts occupy a deep situation in the skull, which is usually a protection from objects capable of injuring it, yet in any bathing which includes immersion of the head it is liable to be more or less damaged.

This damage consists in the admission of water to the ear, either through the external auditory canal, or the Eustachian tube.

When water finds admittance to the former, if cold or salt, inflammation of the meatus alone may result, or if violently injected, as in surf-bathing, or long retained in the canal from diving, the disease may affect the drum-head and middle ear.

Whenever water is forced from the mouth and nostrils into the middle ear through the Eustachian tube, inflammation of the middle ear is almost sure to occur, even though the water be warm. This has been frequently illustrated in a most painful manner by those who have been induced to use the popular nasal douche, inflammation of an acute purulent character having frequently been thus established, which has been dangerous to the life of the patient, and after a tedious recovery left great deafness behind.

Frequent exposures, especially in salt-water bathing, may be the cause of slight earaches, which are usually neglected as unimportant, but which are frequently the precursors of much deafness.

The fact that several thousand severe cases of aural disease thus result annually in New York City alone, should be a serious admonition to all who are concerned; and that three of the sixty-five cases here reported had dangerous cerebral complications should be a further warning.

That bathing is pleasant and healthful is of course admitted, but that it cannot be practised as at present without danger is undeniable. It has been shown here by a glance at natural history that amphibia, whose life is passed indifferently in either air or water, have naturally the means of protecting their auditory apparatus; but man is not so constructed, and therefore he cannot with safety practise diving or submerging the head.

He should never dive if he wishes to preserve his hearing.

When in the surf he should take the water upon his chest or back closing the mouth and nostrils, being careful to not present the ear to the incoming wave.

It is equally dangerous while swimming to receive dashing water into the mouth or nostrils. A firm pledget of cotton-wool in the ears is some protection. Drying the hair and body, and dressing quickly after the bath are, of course, necessary precautions.

The neglect to observe care in bathing is well illustrated by the four cases of aural disease, which I have presented here in the addendum as originating from the Russian bath, two of the attacks happening to physicians. This should point to the necessity of our always putting a patient, advised to use any kind of a bath, upon his guard as regards the danger to the ear.

TABULAR VIEW OF SIXTY-FIVE CASES OF AURAL DISEASES FROM SALT-WATER BATHING.

No.	Age.	1877. Date.	
1	29	May 2	Acute inflammation middle ear—at age of three years, and subsequently, had attacks of earache from bathing.
2	16	June 14	Acute inflammation meatus and drum-head.
3	27	" 28	" " "
4	15	" 29	" " " and middle ear.
5	18	July 6	Subacute inflammation middle ear—left—the right middle ear affected by bathing 12 years ago.
6	16	" 14	Acute inflammation meatus and drum-head
7	17	" "	" " " " "
8	20	" "	" " " " "
9	16	" "	" " " " "
10	18	" "	" " " " "
11	17	" "	" purulent inflammation middle ear.
12	23	" 16	Subacute inflammation drum-head, much deafness and tinnitus.
13	16	" 18	Acute inflammation meatus and drum-head.

No.	Age.	1877. Date.	
14	38	July 19	Acute purulent inflammation middle ear—brain involved.
15	26	" 30	Acute purulent inflammation middle ear.
16	19	" "	" inflammation meatus. Two years ago both ears affected by salt-water bathing.
17	15	" "	Acute inflammation meatus.
18	18	" 23	" " "
19	17	" "	" " "
20	22	" 27	" " of drum-head—tenderness over mastoid.
21	11	" "	Subacute inflammation of middle ear. There was previously chronic purulent inflammation of middle ear.
22	11	" 28	Acute inflammation of meatus.
23	12	" 30	" " " middle ear.
24	20	Aug. 1	" " " " "
25	21	" 2	" " " drum-heads with ulceration of both.
26	20	" 2	Acute inflammation of meatus and drum-head.
27	22	" 3	" " " " " middle ear.
28	22	" 4	" " " " " "
29	30	" 6	" " " " " drum-head.
30	15	" 6	" " " drum-head.
31	8	" 8	" " " " for two months previously the patient was bathing daily while earache existed.
32	15	" "	Acute inflammation of drum-head.
33	23	" 9	" purulent inflammation of middle ear.
34	11	" 10	" " " " " " four years ago had acute purulent inflammation of same ear.
35	12	" "	Acute purulent inflammation middle ear.
36	18	" "	" inflammation middle ear.
37	20	" "	" purulent inflammation middle ear.
38	34	" 11	" inflammation of meatus and middle ear.
39	31	" 14	" " " drum-head.
40	26	" "	" purulent inflammation of middle ear.
41	40	" 17	" " " " " " brain involved.
42	28	" 18	Acute purulent inflammation of middle ear.
43	17	" 20	Subacute inflammation of middle ear.
44	34	" 23	" " meatus and drum-head.
45	16	" 25	Acute inflammation of middle ear.
46	16	" 27	" " " meatus and drum-head.
47	25	" 30	" purulent inflammation middle ear—Brain involved.
48	14	" "	Subacute inflammation middle ear.
49	21	" "	Acute purulent inflammation middle ear.
50	14	" 31	" inflammation of middle ear.
51	14	Sept. 4	" " middle ear.
52	29	" 5	" " drum-head.
53	21	" 6	" " meatus—there existed chronic purulent inflammation of middle ear before this attack.
54	32	" "	Acute purulent inflammation middle ear.
55	15	" "	" inflammation of drum-heads—no pus formed in middle ear.
56	11	" 7	Acute purulent inflammation of middle ear.
57	25	" "	" " " " " " one attack before this season from bathing.
58	32	" 8	Acute inflammation middle ear.
59	15	" "	" " " " bilateral.
60	21	" 10	" " of meatus (and the nasal passage).
61	42	" 13	Subacute inflammation meatus and drum-head
62	12	" "	Acute inflammation middle ear.
63	33	" "	" purulent inflammation middle ear (and inflammation of meatus and auricle).
64	18	" "	Acute inflammation meatus and drum-heads unattended by pain or tinnitus.
65	12	" 15	Acute inflammation meatus and drum-head—one year ago had attack of acute purulent inflammation of middle ear from bathing.

12 West 35th St.

A Successful Operation.—Surgeon A. L. Cox, who died at Chattanooga, was an eccentric and enthusiastic army surgeon in the late war of the rebellion. One day, soon after the battle of Antietam, he essayed to amputate the mangled limb of a Connecticut soldier, and became so much absorbed in his delicate task that he did not notice that the man was dying. As he began sewing up the stump a hospital steward chanced along and said: "Doctor, there's no use of going on; the man is dead." The surgeon looked up in surprise, and then said: "I am sorry that the poor fellow is dead, but there is one consolation about the matter, he has gone to heaven with a 'flap' that he can be proud of."

Progress of Medical Science.

Glycosuria and Diabetes.—M. Duhomme claims that glycosuria and diabetes are two distinct diseases; the first an affection amenable to treatment and frequently met with; the second an uncontrollable and rare disease. The diagnosis is sometimes difficult, the two affections presenting many similarities. The following points, however, have been noted by this observer. The urine of diabetes varies but little from day to day in color, density, quantity, or in amount of sugar; the urine of glycosuria is remarkable for the irregularity of these characteristics. The reaction of diabetic urine with Fehling's test liquid is very satisfactory, each drop, as it falls into the reagent, produces a more and more marked discoloration, the precipitate is of a brilliant red color, and is readily deposited. If the urine of glycosuria contain much sugar, an equally marked reaction is produced; if a little less sugar be present, the precipitate is of a less brilliant red, and forms more slowly; if the sugar be trifling in amount, Fehling's test becomes valueless. The therapeutics of the disease is a valuable aid, for the classical treatment is effectual in glycosuria, but useless in diabetes.—*Gazette Hebdomadaire de Médecine et de Chirurgie.*

Etiology and Pathology of Chronic Joint Disease.—An article by Newton M. Shaffer, M.D., on the Etiology and Pathology of Chronic Joint Disease has been published in the third volume of "American Clinical Lectures." Just at this time the views of one who has had such an extended field of observation on this subject are especially worthy of notice. The origin of these joint affections Dr. Shaffer attributes to a constitutional predisposition to chronic inflammation, rather than to traumatism, which is never a prolific cause of chronic inflammation, its effects being rapid and acute. Acute joint disease (synovitis) does not usually, in his experience, degenerate into a chronic form of inflammation, while chronic joint disease has an antecedent history, vague and indistinct perhaps, but easily recognizable when once the local symptoms are present. The condition of a part suffering from the effects of traumatism is essentially one of malnutrition; the circulation is sluggish, the inflammatory products deposited in the tissues are not absorbed, and fasciæ, tendons, ligaments, are contracted through continued disease; but this condition is purely local, dependent on local causes and amenable to local treatment. In chronic joint disease, the malnutrition and sluggish circulation are general, and the arthritis but a local manifestation.

The primary lesion may be seated either in the bone or in the synovial membrane, the more frequent and by far the more rebellious to treatment being the affection of the bone. In chronic synovitis, the synovial membrane becomes soft and œdematous, the surface is covered with granulations which increase in size and become fungous in character. This fungous degeneration gradually encroaches on the articular cartilage, filling the articulation with its unhealthy granulations, and sending down processes into the substance of the cartilage, destroying it, and attacking the bone, producing fungous caries. At the same time the œdematous infiltration extends outwards, involving all the tissues, until it makes its appearance externally. Chronic osteitis attacks the epiphysis of one, very rarely of two, of the important bones of a joint. The rich vascular supply which is

called for by the nutritive activity of the epiphysis, renders this portion of the bone more liable than the apophysis to take on inflammatory changes, and the peculiar diathesis from which these patients suffer engenders a state of chronic congestion, which may, under unfavorable circumstances, degenerate into chronic inflammation, with the occurrence of a "regressive metamorphosis," that ultimates in caries and the formation of degenerate pus.

In the diagnosis of these two affections, Dr. Shaffer lays stress upon the absence from chronic synovitis of the muscular atrophy, the reflex muscular spasm, and the osteitic cry, of chronic articular osteitis. In the early stages, before suppuration has set in, a temperature of 100.5° or over, will almost exclude chronic joint trouble.—*American Clinical Lectures*, Vol. III., No. VI.

PARACENTESIS OF THE PERICARDIUM.—Paracentesis of the pericardium is not an operation to be lightly undertaken, but the following accession to the list of successful cases will tend to bring it into greater favor. The case is reported by Prof. Pepper, of the University of Pennsylvania. The patient, a well-developed girl of 17 years, was taken on Sept. 2d with præcordial pain, and soon developed all the symptoms of pericarditis with rapid effusion. On Sept. 9th, the respirations were 60, the pulse 145; præcordial pain severe, and dyspnœa very alarming. The urine contained slight traces of albumen and a few fragmentary hyaline casts; no œdema of any part, save a slight puffiness about ankles. On the 10th and 11th she grew worse, and had several slight convulsive attacks. Late on the night of the 11th, the respirations were 80, pulse 160, extremities cold. Each paroxysm of dyspnœa seemed as if it would prove fatal, and it seemed clear that death would occur before morning. With the consent of the parents, paracentesis was now performed, Dieulafoy's aspirator being used. The puncture was made in the fifth intercostal space, about one inch inside of the line of the left nipple, and about eight ounces of a reddish serum withdrawn. This fluid contained a large proportion of albumen, some red blood-globules, and much pseudo-fibrin. The effect was magical; the pulse fell to 114, and became full and regular; the respirations fell to 40, and she became quiet and comfortable. From this time the cardiac symptoms improved slowly but steadily, and the uræmia yielded gradually to treatment.

This makes the forty-fourth reported case, about twenty of which have been successful, but it must be recollected that many of these were unfavorable subjects. Prof. Pepper is satisfied that the operation is justified, and even imperatively demanded under certain conditions. "Under no circumstances," he says, "has the operation, if properly performed, been productive of any injurious effects; even in the most hopelessly unfavorable cases it has afforded great relief." The primary indication for its performance is the existence of a liquid effusion in the pericardial sac, which has not yielded to a thorough employment of other modes of treatment, and which is causing such grave disturbances of circulation and respiration as to urgently threaten life. Even in less urgent cases, if the liquid be purulent, the operation should be had recourse to, and it cannot be done too early. Dieulafoy's aspirator is without doubt the best instrument to employ, and experiments upon the cadaver have shown that the point of normal apex beat is the point of election. In conclusion, he says this must be regarded as a comparatively simple and safe operation, when the indications for it exist, and he does not believe that if the fluid collect again, it would more likely be purulent on account of its having been performed.—*The Medical News and Library*, March, 1878.

TREATMENT OF FRACTURES OF THE SHAFT OF THE FEMUR.—To muscular contraction has generally been attributed the shortening following fractures of the femur, but Dr. Bauer, of St. Louis, denies this as the prime factor, although an active element at the time of fracture, and whenever the muscles are directly irritated. Hamilton considers the lower fragment to be drawn under the upper one by muscular contraction, and that the proper treatment is by extension and counter-extension to overcome this muscular action. In direct opposition to these views, Bauer says: "We hold that the upper fragment is pushed over the lower by the simple bending of the trunk of the patient towards the injured extremity for the simple purpose of relieving himself from, and changing the irksome straight position." As a corollary to this he claims that the indication is, not to extend the limb, but to prevent the pushing down of the upper fragment, and this is best accomplished by means of a double inclined plane properly fitted and adapted to each individual case. The apparatus he recommends is of sheet-iron, properly shaped, and well padded with cotton batting. This has been used in a number of cases with good success, as fully established by measurement in the erect posture. To accomplish this the patient is placed erect on an even floor and a plumb-line suspended from the seventh spinous process of the cervical vertebra. If the limbs are of equal length, the line will be parallel with the spine and internatal groove. If, however, one extremity be shorter than its mate, the line will drop on the opposite side of the groove. By raising the shorter limb the groove and line may be made to coincide, and the thickness of the block required to effect this will be equal to the difference between the limbs.—*St. Louis Clinical Record*, March, 1878.

GONORRHŒAL EPIDIDYMITIS.—Dr. F. J. Bumstead, in the *American Practitioner* for March, has given a résumé of the treatment of gonorrhœal epididymitis. His own treatment on the first appearance of swelled testicle consists of absolute rest in bed, the administration of a free cathartic, and a restricted diet; an opiate may be administered at night if necessary. The testicle should be well supported, and an evaporating lotion applied. At night the scrotum may be smeared with the following mixture: ℞. Ext. belladonnæ, ʒ ij.; glycerine, ʒ ss.; aquæ, ʒ i. The scrotum should then be covered with a piece of lint moistened in the same. The immersion of the testicle in very hot water for ten to fifteen minutes, and then pouring upon it from a height a stream of cold water for five minutes, as recommended by Dr. Edwin Lloyd, is sometimes productive of very good effect. After the subsidence of the epididymitis, more or less fluid will, in the majority of cases, be detected in the sac of the tunica vaginalis; and here instant relief may be given, and further progress of the disease cut off, by the multiple punctures of the scrotum so highly recommended by Velpeau: "So great is my confidence in the effect of these incisions, that I do not hesitate to tell a patient that if he will submit to them he will be on his feet again in two or three days." The writer has never seen any ill effect from them, although Montanier reports a case in which simple incision into the tunica vaginalis was followed by excessive hemorrhage. Mr. J. L. Milton says: "The surgeon's first object is to arrest *pain; with this the inflammation stops.*" He ac-

complishes this with morphia, and applies externally the following lotion: ℞. Liq. ammon. acetatis, ʒi.; sp. ætheris, ʒiss.; mist. camph., ʒiijss. M. Prof. Marshall suggests the oleate of mercury with morphia. Dr. Ed. Warren injects into the tunica vaginalis one-sixth of a grain of morphia, and straps the testicle; internally he gives bromide of pot. grs. xx., tr. gelsemium sempervir. ℥ xv., fl. ext. ergot ʒi., in half an ounce of cinnamon-water every three hours. Drs. Piffard and Fox use pulsatilla, giving a drop of the "mother tincture" every one or two hours. The application of ice has been very highly recommended by M. Diday and others; the rule Dr. Bumstead follows is, if it does not afford relief within two hours, give it up and try some other plan. Poulticing is an old-fashioned mode of treatment, but is doubtless of service in some cases when the patient is unwilling to submit to puncture of the tunica vaginalis. Strapping the testicle is only applicable after the swelling and pain have subsided. This plan is much less used now than formerly, and, according to Cullerier has been entirely abandoned in France. Prof. Thiry, of Brussels, however, very strongly advocates this treatment; he uses it in the "période de stade," that is, when the inflammation has fully reached its height, not waiting for the decline of the symptoms. Dr. Marc Girard applies to the affected testicle lint soaked in a solution of nitrate of silver, one part to a hundred of water; in five cases treated in this way the pain ceased in about twenty-four hours, and the average length of treatment was six days. Its mode of action is unknown. M. Vidal revived Petit's operation, which consisted of an extension of Velpeau's incisions into the substance of the testicle. Vidal used this in over four hundred cases, and prefers it to any other method. But one puncture of this kind is made, the lancet entering the testicle to a depth of less than three-tenths of an inch. Mr. Henry Smith, of King's College Hospital, advocates the same treatment, and states that he has met "with results which have astonished himself and his numerous pupils." Prof. Bock, of Christiana, injects a few drops of a solution of nitrate of silver into the prostatic urethra. Dr. Waterman, of Indianapolis, administers internally acetate of potassa with acetate of morphia, and applies locally a liniment composed of tr. iodinii, aq. ammoniæ, tr. opii, ol. olivæ, graduating the dose of morphia so as to secure full, but not excessive anodyne effects, and the proportions of iodine and ammonia so as to cause a half-blistering of the skin. The pain is said to cease, sometimes in three hours, and the effusion to be rapidly absorbed. Dr. Julian Alvarez relieves the pain in the course of one or two hours by the application of iodoform ointment. If the induration of the epididymis persists after the subsidence of the acute symptoms, the mercurial ointment, or ung. plumbi iodidi, or an ointment of iodoform, should be tried, and the iodide of potassium should be administered internally.

Writers' Cramp.—In a paper read before the Royal Medical and Chirurgical Society, Dr. Poore gave an analysis of seventy-five cases of writers' cramp and impaired writing power. These cases fell naturally into six groups: 1. Paralytic (six cases). 2. Spasmodic (five cases). 3. Degenerative (nine cases). 4. Neuralgic, or neuritic (nineteen cases). 5. Writers' cramp (thirty-two). 6. Anomalous (four cases). The spasms which affect the hand, and which are particularly prone to follow attacks of hemiplegia, owe sometimes, there is good reason to believe, their character, if not their origin, to a faulty antagonism (due to a secondary paralysis or paresis) among the muscles of the paralyzed limb. Although such spasms are usually attributed to disturbance of the gray matter, they might easily be due to a loss of equilibrium between the antagonistic muscles of a limb, especially when voluntary control is lessened by a lesion of the central ganglia. Loss of writing power is often the first and most prominent symptom of degenerative change occurring in the spinal cord or brain. The neuritic or neuralgic group is characterized by a painful and tender condition of the nerves of a limb, produced by overwork, or more frequently by injury combined with exposure to cold and a depressed state of the health. It is not always easy to distinguish these cases from true writers' cramp, but it is characteristic of the neuralgic group that—1. The symptoms involve a wider area; 2. The symptoms are sometimes induced without excessive exercise of any function; 3. Nerve-tenderness or neuralgia is a prominent symptom. In the group of true writers' cramp attention was directed—1. To the inferences which may be drawn from an inspection of the handwriting; 2. To the fact that the joints were found to be implicated no less than twenty-one times, the joint affection being rheumatic, neuropathic, gouty, or due to strained position; 3. To the fact that a difficulty in writing is not very infrequently hereditary, or developed very early in life; and that, 4. Any evidence of involvement of the nerve-centres is decidedly rare. The existence of a special co-ordinating centre for the controlling of the act of writing seems to the writer impossible, because—1. He had never seen a case of writers' cramp without peripheral evidence of change; and in the majority of cases there had been no evidence of any change other than peripheral. 2. If there be a co-ordinating centre for writing, it must be created, as it were, by education. 3. Writers' cramp is never suddenly established, as aphasia sometimes is. 4. It is almost certain that a peripheral lesion may cause all the symptoms of writers' cramp. The relative frequency of this, as compared with other professional ailments, is due to the fact that prolonged strain of the muscles which hold and steady the pen is inseparable from the act of writing.—*Medical Examiner*, Feb. 28th.

Heart-Clots.—The prognosis of heart-clots is usually considered to be necessarily and speedily fatal, but, from an analysis of three cases occurring in the practice of Dr. James, of Richmond, and in sixty-eight reported by others, Dr. James draws conclusions a little less gloomy, believing that cure may even sometimes result. One of his patients presented evidences of the existence of the clot a week before death, another two weeks, and a third for upwards of seven months. Turnbull and Lancereaux mention cases lasting a month and upward. Thus the existence of a heart-clot is not in itself fatal, and there is a possibility of its breaking down and being swept off in the current of the blood, giving rise, perhaps, to embolism, infarction, etc., but these are conditions from which, under favorable circumstances, recovery may take place. The possibility of this is proved by cases reported by Chisholm, Tanner, Turnbull, McDonald, Anderson, and others. The clinical record of the treatment is not very bright; the most successful has been the free use of stimulants and anodynes. Among the stimulants the author considers ammonia to hold a front rank, but the effect of this drug upon the blood should be remembered. As a prophylaxis, the prevention of stasis of blood in the heart is of the greatest importance.—*Reprint from Transactions Medical Society of Virginia.*

THE MEDICAL RECORD:

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GEORGE F. SHRADY, A.M., M.D., Editor.

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THE ABUSE OF MEDICAL CHARITIES.

The recent report to the County Society of the Commitee on the Abuse of Medical Charities brings up again for general discussion a subject which is always interesting to medical men. The report very properly takes the ground that there should be some discrimination made by the hospital and dispensary authorities between paupers and well-to-do patients; that some guarantee should be given to the profession for the faithful execution of such obligations. The certificate system promises a great deal in this direction, and its merits deserve a thorough canvassing. In a general way nothing can be more rational. The practical difficulties, however, are in the details which are necessary to make the plan effective.

Unless such a system can be carried out with an impartiality that is unquestioned it is liable to great abuses. In Great Britain, for instance, the issue of certificates has in some cases been as indiscriminate and as unwarrantable as the bestowal of medical charity in any of our college clinics, or in the admission of patients to the Out-door Departments of the New York or Bellevue Hospitals. In fact, not long ago, this certificate system was considered to fall so far short of its real object that the trustees of certain of the institutions affected by it advised its discontinuance. The latter was, of course, on the ground of an abuse rather than a use of its benefits.

It is well, however, to take such possibilities into account in advising reforms in our own systems. We can at least benefit so far by the experience of others who have gone before in guarding against errors that they committed, and which have led to the results as stated. There it is a common practice to issue tickets or certificates for treatment to persons who subscribe certain sums to the dispensaries. These tickets are, of course, not used directly by the subscribers, but are distributed to their friends, who receive free treatment accordingly. Not only are these certificates issued to improper persons, but the authorities have no more right to deny free treatment to the holders than has a bank to refuse the payment of its certified check. It has been stated that the larger number of these subscribers are tradesmen, who not only do not care to inquire into the real need of an applicant, but who actually use their tickets as an extra inducement for customers It would appear, however, that with our present system of managing dispensaries this practice could be guarded against.

The other abuses do not amount to much, and can be so effectually overcome by care as to ordinary common-sense detail that no particular reference to them is desirable. The trouble will be not in the certificate system, but in its proper management. The latter can be accomplished by the material which is already at hand, all that is required being a unanimity of action, not only on the part of the managers of these institutions, but of the profession at large.

The Committee has expressed itself very emphatically against the general principle of indiscriminate charity, as practised by the Out Patient Department of the New York Hospital. There is not a gentleman in the profession who can offer the least possible objection to the stand taken. The question is not how many patients are treated in this manner, or how little profit is made from the practice, or how few undeserving ones apply, but what excuse is there for such a public violation of trust on the part of the managers with the profession, as is implied in the deliberate publication of the rules governing their Out-Patient Department? With mere corporations abuses are oftentimes winked at because there appears to be no remedy for them, but in the instance before us they are openly invoked, and not only is a premium placed upon fraud, but the young and plodding practitioner is cheated out of his daily bread. The institution advertises in a way that the young practitioner does not dare do, and with money that was given for charitable purposes only, offers to his legitimate patients inducements in the way of accommodations, appliances, and treatment, that are far beyond his means, and for a fee of a dollar per month. What is the result of all this? Independent of the cheapness of the arrangements, patients are very often induced to avail themselves of the services of such distinguished men, to the virtual neglect of their family attendants. In fact, the supposed extra value of the services is sufficient to quiet the conscience of most patients, regarding any particular obligations to their regular medical adviser. In the meantime the practitioner grows poorer and poorer, his patients leave him, and the annual report of the hospital managers states, concerning this Out-Patient Department, that the "increasing demands upon it by a respectable class of applicants, largely from the rural districts, is rapidly demonstrating its value." But as the whole matter is now fairly before

the Comitia Minora, we leave it there for the present.

We beg to remind the Committee that the question is not one with the managers of the New York Hospital merely, but with the managers of all the hospitals in the land; and as such, its solution will interest the whole profession. If we allow such a precedent to be established, all hopes for reform of ordinary and lesser abuses of medical charity will forever end.

The portion of the report of the Committee referring to gratuitous professional service in hospitals invites a word or two of comment. The Committee state that such a practice is unbusinesslike, and leads to professional poverty. At the risk of appearing to speak against the pecuniary interests of the profession generally, we take issue on these points. It is true that all persons connected with these institutions, from the steward to scrub-woman, receive pay for their services, but the surgeon or physician receives his compensation in another way, by increased opportunities for experience. Aside from this medical services are never grudged to the poor. This is so universally the rule that the recommendation of the Committee will be viewed by the majority of the profession as an absurdity. But we may have more to say on this particular point hereafter.

Reports of Hospitals.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, March 18, 1878.

DR. JOHN C. PETERS, PRESIDENT, IN THE CHAIR.

DR. L. H. SAYRE exhibited an hemorrhoidal tumor which was removed by the écraseur. The operation differed from the ordinary one in that the strangulation was made rapidly.

EXTIRPATION OF SUPERIOR MAXILLA.

DR. MASON presented the left superior maxilla, which he had removed by operation from a female aged thirty-four years, a patient in Roosevelt Hospital. Two years ago she suffered from an abscess in the vicinity of one of the molar teeth. In due time there was a spontaneous discharge of pus. Shortly after this a growth made its appearance in the neighborhood, but it did not increase rapidly, or give rise to any special pain, until two months ago. At the time of her admission to the hospital she was very much run down by excessive pain, which was confined to the left side of the face and to the region of the orbit. The vision of one eye was slightly impaired. The tumor filled the whole of the antrum, projecting internally into the nares and upward upon the orbit, causing the eye to bulge slightly forward, and also involving the outer surface of the alveolar process and the roof of the mouth. The incision was made by Fergusson's method, and the whole of the superior maxilla removed, leaving its periosteum intact. Tumor was examined by Dr. Delafield, and found to be a spindle-cell sarcoma. He alluded, in connection with this case, to a similar operation which he had performed upon a patient six years ago, with the result of a reproduction of the bone.

PELVIC CELLULITIS FOLLOWED BY INTERSTITIAL GASTRITIS AND HEPATITIS.

DR. LOOMIS exhibited the stomach, gall-bladder, pancreas, and small portions of the liver and peritoneum removed from a German lady, aged forty-three years, and the mother of three children. She first consulted Dr. L. in the fall of 1875, for dyspepsia, as she termed it, having been under treatment for that complaint for some time in Germany. She was rosy-cheeked, and altogether was the last person to be suspected of having any grave disease.

After careful and repeated examinations of her case at that time, a diagnosis was made of chronic interstitial gastritis and hepatitis. The reasons were that the area of the liver was diminished; that its surface, as far as it could be reached, was smooth; that the patient was of temperate habits, and that she had suffered after her last confinement with what appeared to have been pelvic cellulitis and peritonitis. Dr. L. had before his mind a case with a similar history, which he presented to the Society two years ago, and in which at the autopsy the lesions of the diseases referred to were found. In that case there was a marked thickening of the capsule of the liver, which condition was evidently the result of an old peritonitis, developed during the attack of pelvic cellulitis. Dr. L. also discovered a mass of hardened tissue in the epigastric region, but as this presented no definite outline, the idea of cancer was not entertained.

She visited Dr. L.'s office until the latter part of April, gradually losing ground and fading in color. She then complained of enlargement of the abdomen. This, on careful examination, was found to be due to tympanites merely. She then consulted a prominent gynæcologist of this city, who stated that she had stricture of the rectum, that the distention of the abdomen was a consequence, and that an operation would relieve her. Finding that Dr. L. had charge of the case, he was invited in consultation. Dr. L. not agreeing in the diagnosis, and regarding the case as a hopeless one, resigned all connection with it, expressing the wish that she might be cured. About six weeks after the operation Dr. L. was invited to see her again. He found the abdomen more distended than ever, and that she was still losing flesh. The abdominal cavity was then one-half filled with fluid. She subsequently came under the care of Dr. L. again, and a consultation was held with a prominent physician, who agreed in the diagnosis originally made. The patient was tapped soon after, and about twelve quarts of clear fluid were drawn off. She then went to Saratoga, and was under the charge of Dr. Lente until the middle of August. While there she had a severe attack of diarrhœa, which so prostrated her that she was brought to the city on a mattress. She was tapped by Dr. Lente while in Saratoga, and when she returned to the city the operation was repeated by Dr. Drake. At that time she vomited almost everything that she took upon her stomach. After tapping her, Dr. Drake discovered a tumor just above the umbilicus, two inches in length and one inch in width. He was then of the opinion that the disease was cancer of the stomach. During Dr. Loomis's absence from town, there was another consultation, and the diagnosis was made of rum-drinker's liver; and soon after this still another consultation with a distinguished gynæcologist, when the case was decided to be one of sarcoma of the uterus and intestine. From that time the patient gradually sank and failed, so that when Dr. L. returned from the country, she was a mere skeleton. She was tapped a few days after, and

for the first time some floccules of lymph were found in the fluid. She died on the 10th of November.

At the autopsy the lungs and heart were in a normal condition. There was a slight amount of fluid in the peritoneal cavity. The abdominal cavity contained three quarts of turbid fluid, and the peritoneum was thickened, presenting the ordinary appearances of chronic peritonitis. The small intestines were bound together by adhesions. The uterus was retroverted completely and enlarged, but contained no tumor. The rectum was not the seat of stricture, although there was thickening of the peritoneum and of the tissues about the rectum. The stomach was one-third its normal size, its walls being thick, firm, and almost cartilaginous. The pyloric orifice was much diminished in size, as was also the gall-bladder, the walls of which were thickened. The pancreas was adherent to the stomach, and through it to the liver, making a continuous map of thickened tissue. This was examined by Dr. Arnold, who failed to find any evidence of cancerous degeneration. The uterus was bound down by the same character of tissue-formation. In a word, the case was one of chronic peritonitis with chronic interstitial gastritis. The liver was also involved in the action, but to a less extent, its capsule being very much thickened, but the connective tissue of the organ not much increased.

In conclusion, Dr. Loomis again referred to the case presented by him two years ago. At that time Dr. Putnam-Jacobi stated that she had met with two such cases of interstitial gastritis, and in both instances they were antedated by attacks of pelvic cellulitis.

Dr. Van Gersen—Do you suppose that pelvic cellulitis was the direct cause of the subsequent disease?

Dr. Loomis—That is my supposition, although there are no means of proving it by the autopsy.

Dr. Van Gersen then referred to the case of a child aged thirteen years, in which there was a history somewhat similar to the one related, and in which Dr. Jacobi made a similar diagnosis, giving the opinion that the disease originated in pelvic cellulitis. The starting-point in that case, however, was a scrofulous diathesis, attended with marked enlargement of the glands. He did not see the termination of the case, but he recollected the diagnosis.

Dr. Loomis—There was no hereditary or acquired taint in this case. The point which interested me was the diagnosis; when the tapping was first performed, she was seen by some good men, who did not suspect any peritonitis. The question was, whether the peritonitis existed at that time or not.

Dr. Janeway stated that he had seen many cases of chronic peritonitis, the nature of which, either from pain or any other usual sign, was not suspected. One such had been tapped for ovarian dropsy.

Dr. Peters remarked that simple thickening of the stomach was very rare. In 1844 such a case was reported to the Society, but very few had occurred since then.

PYELITIS—COLON AND PELVIS OF KIDNEY COMMUNICATING.

Dr. Bridge presented the kidneys, ureters, bladder, and prostatic urethra, with the following history:

They were taken from a young man who died at Trinity Infirmary, November 9, 1875. The history of the case, so far as I have been able to obtain it, has been taken from the records of St. Luke's Hospital, of which the patient was for a considerable time an inmate, and from a few oral notes furnished by those who had him in charge.

The history is a meagre one, and ante-mortem seems not to have sufficed for a positive diagnosis, since different diagnoses were made as to the true nature of the disease which proved fatal; but the post-mortem specimen which I offer seems of sufficient interest, even without a history, to occupy the attention of the Society for a few moments. The history, so far as could be obtained, is as follows:

George H. Bohne, a German, æt. 18, single, was admitted September 25, 1874, to St. Luke's Hospital. Seven years previously he was kicked in the perineum by a schoolmate, but besides this was aware of no cause which might have originated the disease of which he died. Within a few days he noticed that he had to micturate more frequently than before the accident.

In 1872, five years later, he began by slow degrees to pass water still oftener, and occasionally tinged with blood. Since then this condition unchanged until he entered St. Luke's in 1874. At that time the urine would be clear for several days together, then it would contain blood and pus, and a few clots ragged in shape, and though two or three times longer one way than the other, still not moulded by the urethra. Micturition was not painful, but occurred on an average three times during the night, and much oftener in the daytime. The bladder was carefully examined for stone, but nothing found. The prostate gland was normal in size and contour. The urine on examination was found to be normal in quantity, loaded at times with urates, and contained albumen, but not more than could be accounted for by the amount of blood present. In the sediment were pus-corpuscles of very large size.

November 6, 1874, the patient was etherized and examined for stone; none was found, the meatus being narrow and slit up so as to admit No. XV. From this time until December 3d gallic acid and tincture ferri chlorid. were taken in large and frequent doses, without improvement. The attempt was made to define the point of origin of blood passed. The bladder was emptied, the first ʒ i. containing clots; the urine following was bloody, but free from clots. A flexible rubber catheter was introduced and the bladder washed; with such washing the water became clearer, but the last ʒ i. contained considerable blood. The bladder being finally washed moderately clean, the catheter was tied *in situ*. After fifteen minutes the urine was as bloody as ever. For four hours subsequently long clots were passed of the calibre of the catheter. During the two hours following this, ʒ iij. of urine were passed nearly free from blood, but containing pus in moderate quantity. This examination seemed to point to the neck of the bladder as the source of the blood, which seemed to have clotted within the catheter pure. The clear urine passed excludes the kidneys as the origin of the hæmaturia. There was no history of seminal emissions.

December 10th.—Strictures were found at five and at one inch from meatus.

An examination was made by one of the staff of surgeons with the endoscope, and several reddish points or granulations were discovered in the prostatic portion of the urethra, which bled on being wiped with cotton.

During the winter a tumor began to develop in the left lumbar region (considered by some malignant, by others non-malignant).

October 6, 1875, the patient entered Trinity Infirmary. During the month preceding suffered from vomiting, which occurred from one to four hours after eating. No pain in tumor complained of.

October 30th.—Dr. Hockley drew off 3½ ʒ of pus

from the tumor by aspiration. No febrile reactions occurred. The patient died November 9th.

At the autopsy about one quart of pus and cheesy matter was found in the left kidney. The descending colon was adherent to the tumor, and an opening from it into the sack of the kidney was found large enough to allow the passage of an ordinary lead-pencil. The patient had in life passed pus from the bowel.

No examination of other organs than those above mentioned was made.

CHRONIC ENDOCARDITIS (THICKENING AND RETRACTION OF AORTIC VALVES) TRICUSPID REGURGITATION—HYPERTROPHOUS DILATATION OF HEART—HYDROTHORAX—COMPRESSED LUNG—BROWN INDURATION OF LUNG—RED ATROPHY OF LIVER—CHRONIC CONGESTION OF KIDNEYS.

DR. BEVERLEY ROBINSON presented specimens with the following history: They were taken from the body of a woman, twenty-eight years of age, who died in Charity Hospital, March 4, 1878, and were given to me by Dr. E. A. Maxwell, one of the curators to the hospital. They appear to me of considerable interest, and for that reason I desire to show them to the members of the Pathological Society.

The following are a few data taken from the patient's history: She enjoyed good health until eight years ago, when she suffered from an attack of acute rheumatism. Dyspnœa began three years since. Habits of intemperance nearly all her life. Has had swelling of feet, headache, and dizziness for a long time—as well as she remembers, about five years.

Two weeks previous to entrance into hospital (Dec. 12, 1877), had for first time an attack of severe pain in the chest, irradiating down the left arm. When patient entered hospital (Dec. 27, 1877), she was breathing with great difficulty, her face was cyanosed, her extremities cold; respiration, 60 in the minute; pulse, 130, very irregular and intermittent; subcrepitant râles were heard over both lungs; her heart was beating tumultuously, and no murmurs could be distinguished; albumen was found in the urine in moderate quantity.

A day or two after admission to the hospital, a cardiac murmur was heard at the apex and carried towards the axilla. A double murmur was heard at the base of heart, and a murmur was detected in the arteries of the neck. In the recorded history on the books of the hospital it is not mentioned at what sounds of the heart these murmurs severally occurred. There was a heaving impulse and *purring thrill* over the precordial region. Percussion showed increased cardiac dulness.

On Jan. 18th the pulse was found jerking in character, and a double murmur was found to the right of sternum over fourth intercostal space and conveyed to the right. It was supposed to be distinct from the murmurs previously mentioned. A few days later patient had epistaxis, spat blood, and complained of much pain in right side. Signs of pneumonic consolidation were discovered in right lung. Patient had several attacks of orothapnœa whilst in the hospital, which were relieved by inhalations of nitrite of amyl. She died quietly on March 4th.

Autopsy, ten hours after death.—Body in condition of general anasarca. Both pleural cavities are filled with blood-stained fluid. No adhesions on either side.

Lungs.—Both show compression throughout, most marked at bases. There is also a moderate amount of brown induration in both lungs.

Heart weight, twenty ounces. By hydrostatic test there is free regurgitation at aortic orifice and slight insufficiency of the tricuspid valve. Both ventricles are dilated. The walls of the left ventricle are notably thickened and of yellowish brown color. The free margins of mitral valve are slightly thickened, and the auricular surface is roughened. The endocardium of left ventricle shows patches of chronic endocarditis. The liver presents the appearance of red atrophy. Kidneys are in a condition of chronic congestion. The other organs are uninteresting. The above details are taken from a post-mortem record by Dr. E. A. Maxwell.

HOW IS THE PURRING THRILL PRODUCED?

In conclusion, Dr. Robinson asked concerning the explanation of the purring thrill in this case.

DR. LOOMIS said that he had come to regard a purring thrill as indicating one of two conditions: either stenosis of the mitral orifice, or mitral regurgitation with marked dilatation of the left ventricle.

DR. JANEWAY thought that there was either mitral stenosis or aortic regurgitation in these cases, but did not think it possible to have mitral regurgitation. The purring thrill in this instance, he thought, was explained by aortic regurgitation.

DR LOOMIS had met with it in mitral regurgitation simply, and thought it was due to the vibration of the cordæ tendinæ in the dilated cavity of the left ventricle.

DR. JANEWAY could not understand why this should be so, it being contrary to his observation.

DR. LOOMIS explained as follows:

As a result of regurgitation, the left auricle and the veins in the lungs become distended, and an abnormal quantity of blood is pressed into the left ventricle, causing dilatation of the left ventricle; then hypertrophy of ventricle takes place—just the same results as in aortic regurgitation. The only necessary condition was that, for the production of the thrill, there should be a vibration of cordæ tendinæ in the dilated cavity.

DR. JANEWAY said that in cases of simple mitral regurgitation the rule was, according to his experience, that the left ventricle scarcely dilated at all, but that the right ventricular wall was hypertrophied.

DR. LOOMIS asked if in mitral regurgitation it was not generally the rule to have hypertrophy and dilatation of the left ventricle.

DR. JANEWAY answered, not to any extent.

DR. LOOMIS said such was contrary to his experience.

DR. JANEWAY repeated his belief that the purring thrill was either due to aortic regurgitation or mitral stenosis. Niemeyer considered the thrill almost pathognomonic of mitral stenosis.

DR. ROBINSON asked if that condition could be diagnosticated before death.

DR. JANEWAY had succeeded several times.

DR. LOOMIS asked if the purring thrill did not occur with the first sound.

DR. JANEWAY had felt it presystolic.

In answer to a question, Dr. Loomis explained the cause of the thrill as a vibration of the cordæ tendinæ during contraction of the ventricle. He could not see how the thrill could be obtained without vibration, and how the vibration of the cordæ tendinæ could occur without dilatation of the left ventricle.

DR. JANEWAY was convinced of the possibility of absence of mitral regurgitation in such cases by the results of autopsical examinations. He believed that the thrill could be produced in aortic regurgitation by two currents of blood meeting in the ventricle.

REMARKABLE REPAIR AFTER EXSECTION OF HIP.

DR. SAYRE presented a specimen of remarkable repair after exsection of the hip, with a view of illustrating the value of the operation and the chances of improvement afterwards.

He saw the case first on the 22d July, 1875, when the child was two years and nine months old, but very small for her age. She had an immense abscess on the left hip, discharging freely, and the probe reached dead bone. The left limb was strongly adducted across the right thigh, and flexed at an angle of forty-five degrees with the pelvis. The abdomen was immensely distended and the liver enlarged. The child was thirty-three inches long. Was advised to be put in wire cuirass with slight extension, to keep out of doors, take cod-liver oil and iron, and if no improvement followed, to be exsected when the weather became cooler.

She was brought to Bellevue Hospital, Sept. 29, 1875, and the following history is copied from the records of Bellevue: Ward 12, Bellevue Hospital, September 29, 1875. Rosy Mullens, æt. 3, U. S. First suspicion of disease occurred to mother last November, on noticing her child standing mainly on the right leg, holding the left slightly bent. Some one said that the child fell and struck on the left hip, but mother knew nothing of it. After that, baby stayed in bed, or sat up, but did not walk. Swelling took place about the hip, but the mother was confined, and paid little attention to it.

In the latter part of January (1875), she called on a doctor, who lanced the swelling and let out pus and blood, since which time discharge has continued.

Child has grown thin, appetite failed, her back has gradually curved more and more, and her thigh adducted more strongly.

On day of admission (September 29, 1875), Dr. Sayre performed the operation of exsection of the hip-joint, according to his method, the child being anæsthetized, in this case, by chloroform. He made a curved incision over the trochanter major of about two inches in length. The head of the bone, neck, and part of great trochanter and ligamentum teres had been absorbed, acetabulum perforated, and all that remained to be done was to pick out a few loose fragments of the bone, and saw off the upper end of the shaft of the femur just above trochanter minor. He then, with his finger, scraped off the lining membrane from the sinuses, filled the wound and sinuses with balsam of Peru, put in oakum tents, and placed the child in wire breeches, the dressing not to be removed for three days; child gets ℥ x. of "Loomis's tonic," t. i. d.

Oct. 1st.—Child has done well. A.M., P. 140, R. 32, T. 99¾°; P.M., P. 125, R. 36, T. 99¾°. Wound dressed to-day. Oct. 2d.—A.M., P. 116, R. 36, T. 98¾°; P.M., P. 106, R. 46, T. 100°. Oct. 3d.—Wound discharging freely. Child is less irritable; appetite improved. A.M., P. 120, R. 40, T. 99°. Oct. 4th.—Temp. in evening normal. Oct. 5th.—Temp. in evening 101¾°. Quinine, gr. iij., ordered. Oct. 9th.—Child has improved slowly. Temp. has not been elevated but once until to-night, when it was 102¾°. Ordered ʒ i. ol. ricini, which operated before morning. Oct. 10th.—This night, child seemed to have some laryngeal trouble. Examination showed some bronchitis and considerable mucus in throat. Ordered warm fomentations to throat and chest, and gtt. x. each of paregoric and syr. scillæ. The next morning the child was found much better, yet it was thought best to omit dressing it. Oct. 12th—Quinine and iron stopped, and the following ordered t. i. d.:

℞. Ammon. carbonat.....gr. iv.
Spts. vini gallici.....ʒ i.
Syr. simple.....ad ℥ ij.
M.

Oct. 13th.—P. 114, R. 42, T. 99°. Oct. 30th.—Pulse has continued to range from 120 to 140; most of the time was 136; occasionally as high as 154. Respirations from 40 to 60. Temp. from 98¾° to 101°, being most of the time below 100°, once mounting up to 103°. The discharge is diminishing; the opening over trochanter is closed; the sinus, posteriorly, is still open; child's appetite has been good most of the time.

Dec. 13th.—Dr. Sayre's side extension splint was to-day applied before the class. The posterior sinuses still remain open, though but little pus is discharged when the child is dressed. In every way there has been improvement. Dec. 18th.—Patient able to sit up in a chair.

March 10, 1876.—Posterior sinus yet open, and discharge free. General condition has improved. No splint has been worn for the last ten days. The diseased limb is at least an inch longer than the other. Passive motion made every day.

May 19th.—An abscess deep down, about midway on the outer side of the thigh, was to-day opened by Dr. Sayre, and some ℥ ij. of ill-smelling pus evacuated. Poulticed.

(This was probably due to the wound closing too soon, tent not having been sufficiently pressed in.—SAYRE.)

Since this date child has been in the hospital, and but little attention has been paid to it beyond dressing the wound. No splint is worn.

Nov. 1, 1877.—Patient to-day transferred to First Surgical Division, Ward 2. She remains in bed all the time; limbs slightly flexed and adducted. One sinus over left hip out of which some pus escapes. Complains of no pain. Passes urine and fæces in bed.

March 1, 1878.—Child's condition about the same until the last few days. Abscesses have formed occasionally, and been opened. It is noticed that there are two prominences of the spinous processes; one in the upper dorsal region, very sharp, and one in the lumbar region. Child takes large quantities of milk. For the last few days her breathing has been rapid and labored. March 4th.—Child has steadily grown weaker, and this A.M., at 7.30, she *died*.

Autopsy.—Six hours after death, by Dr. Janeway, in presence of Drs. Sayre, Stephen Smith, and Wood. These measurements were made by Dr. Stephen Smith:

Length of body, 30 inches. Left lower extremity, 13 inches in length, from anterior superior spine of ilium to external malleolus. Right limb, 13¼ inches long, between the same points. Length of both limbs from trochanter major to external malleolus, 13½ inches. *Circumference* of body over umbilicus, 40 inches; over false ribs, 20 inches. A *sharp angular projection* observed over third dorsal vertebra, and another not quite so prominent over the first lumbar. *Over left hip* exists the line of an incision, two inches in length, all healed except a minute opening at its upper part. A second cicatrix, 1¼ inches long, on the outer surface of the shaft. Behind, a third incision, which is discharging, a drop or two of serum being squeezed out of it.

As body is placed on its back the left limb becomes straight, and *slight* movement at the hip is noticed.

Body is emaciated, face œdematous, belly markedly protuberant.

On opening the abdomen no ascites is found. Muscles of abdominal wall are flabby. *The liver* projected four inches below free border of ribs; slightly rounded at its right extremity, border sharp in the rest of its extent. Upper border extends to fourth rib. Is waxy, and weighs 2¼ pounds (avoirdupois). *The spleen* projects downwards and towards the median line for two inches. Its upper extremity is curved on itself at right angles to the body of the spleen. Is firm, waxy, and weighs 8 ounces (avoirdupois). *On opening the thorax* the pericardium is found to contain a small quantity of serum.

The right heart is loaded with clotted blood; the left heart is contracted and nearly empty. The clots are soft and fibrinous, most elastic in the right ventricle; there are a few in the right auricle. The foramen ovale is closed. Valves normal. Weight of heart 8 ounces (avoirdupois). *The left pleura* is coated with recent fibrinous exudations; pleural cavity contains a small amount of serum. Calcareous matter is found in the pleura, and more escapes from the posterior border of the lung on section, being the result of an old abscess. Hepatization of the upper and back part of the left lung. *In right lung* apex is adherent. In it is found a cretaceous mass, one inch in diameter, with some cheesy matter. Rest of lung healthy.

Left kidney markedly waxy, especially in the pyramids. Interstitial changes beginning. *Right kidney* also waxy. Both enlarged. Weight of both, 5 ounces (avoirdupois). *Right supra-renal capsule* contained a clot of blood. *Mesenteric glands* enlarged and cheesy. A cretaceous deposit in most of them. Slight waxy changes in *intestines*.

Spinal column, pelvis, and upper half of both femurs removed *en masse*.

Left hip covered by thick mass of fat. A transverse section of left hip made through joint. Upper end of femur found to rest in old acetabulum, and to be united to it by a mass of vascular and apparently fibrous tissue, which admits of considerable movement. A probe can be passed from the posterior sinus down to this mass. This is the only sinus left. No carious bone found.

Reporter S. R. Morrow, Jr., M.D., assistant.

After death Mr. Mason took the accompanying photographs by simply suspending her in a head-rest. It will be observed that the limbs are nearly normal in position, and they assumed this position by their own gravity, without any extension or traction being applied to them. The limb operated upon is in fact the straighter of the two, and not so much flexed at either knee or hip as the other. A sharp, angular projection is distinct over the third dorsal, and another, not so prominent, on the first lumbar vertebræ, and the enormous abdomen is markedly conspicuous.

DR. BRIDDON referred to the case of a little child in the Presbyterian Hospital, who, for a long time after the operation of exsection had been performed upon him, was in an almost hopeless condition. The operation had been performed as a last resort, waxy liver being present at the time. Since then the sinuses had been closing, the child had become ruddy, the legs well developed, and the liver decreased in size.

DR. SAYRE asked Dr. Briddon if he did not think the child would have escaped the waxy liver if the operation had been performed a year earlier.

DR. BRIDDON replied that at such time the child had no hip disease.

Remarks were made by Drs. Mason and Janeway concerning the advisability of the operation; after which the Society went into Executive Session.

Correspondence.

HYPOPHOSPHITE OF ZINC.

A NEW REMEDY.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—This salt has never, so far as I can learn, been used internally for medicinal purposes, and the object of this paper is to explain its peculiar advantages and to call professional attention to it.

The only combination of phosphorus and zinc heretofore used is the phosphide of zinc. The formula for this, as given in Soubeiran's work as recently revised by Regnault, is PZn_3. This shows it to consist of phosphorus and metallic zinc in the proportion of one part of the first to about six parts of the latter, and both unoxidized. As no oxygen enters into its combination, the phosphorus produces the same irritant effect in the stomach as if given in the free state, its irritant action being caused by its oxidation.

The ordinary dose of phosphide of zinc is one-tenth grain. This quantity cannot be largely increased. The proportion of zinc contained in this quantity is too infinitesimal to prove a very powerful nervous tonic, while the proportion of phosphorus is still less.

I therefore propose the use of hypophosphite of zinc. The formula for this is (ZnO, 6HO, PO) (O=8).

In this salt both the zinc and phosphorus are in a protoxidized state, in which condition the phosphorus is rendered non-irritant, admitting the use of such quantities as to fully meet all indications for either phosphorus or zinc. The salt being perfectly soluble, is at once assimilated, while both elements in the phosphide must be oxidized previous to assimilation. Its advantage in most nervous diseases over zinc oxide, zinc sulphate, etc., being that the very desirable effects of phosphorus in its best condition for assimilative action are also available by its use.

The condition of absolute purity is essential to this, as to all hypophosphite salts, for unless used in this condition their therapeutic effect is either very much impaired or wholly lost.

I recommend the use of the syrup, as the sugar is a most efficient preserver against atmospheric influence, and renders the preparation more palatable, though the salt has scarcely any taste, at first, a slight metallic after-taste being perceptible.

It is prepared in the form of syrup, eight grains of the salt to one fluid ounce, of which a teaspoonful (one grain) is the usual dose, and may probably be given in twice or thrice that quantity three times a day.

The salt used is purified and neutral. It has been therapeutically tested with very satisfactory results.

I am, respectfully,

ROBERT W. GARDNER.

170 WILLIAM STREET, NEW YORK.

VAGINISMUS *vs.* INSANITY.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—Without discussing the pathology or determining whether hyperæsthesia of the female sexual organs ends always in vaginismus or not, I desire that the following report should go on record as showing the evil of a diagnosis so nearly fatal to the mental

welfare of the patient, as happened in the present case:

April 2, 1875.—Miss J., age 38. Nervous temperament. Began menstruating at 15, with previous good health. Until six years ago menstruation accompanied with slight pelvic pains directly preceding and during the first day of flow. From this date (1869) dysmenorrhœa greatly intensified and continuing throughout the catamenial flux, with more or less pelvic distress during the entire intermenstrual period.

Under the aggravated influence of her local symptoms Miss J., instead of her usually cheerful disposition, became alternately fretful and gloomy, her melancholy being accompanied with frequent fits of weeping and a deep dislike for social intercourse and family conversation.

Familiar with the above symptoms, but without inquiry or examination of the pelvic organs, Miss J.'s "family physician" unhesitatingly diagnosed (?) her disease "a clear case of insanity," urging that the *poor lunatic* be immediately removed to an insane asylum.

It was during the preparatory arrangements for such removal that I learned so much of Miss J.'s history as above related, and suspicious of what the cause of her affection might be, I advised, and with the family approval, proceeded to make an examination of her case with the following results:

First—The patient unanæsthetized. External organs of generation well developed and seemingly healthy. Attempting a digital exploration, however, the lightest touch induced such extreme pain as to throw the patient into a severe fit of nervous agitation, followed by prolonged shivering and an uncontrollable weeping.

Separating the labia, not the smallest aperture was discernible, nor could a uterine probe of the least calibre be passed into either the *rectum* or vagina, so firm, unyielding, and excessively distressful was the spasm of the sphincter-vaginæ and *rectal* muscles.

Second — The patient thoroughly chloroformed. With surprise to all present, the muscles completely relaxed, and a Sims large-size speculum freely entered a roomy and perfectly healthy vagina.

The cervix, like that of a virgin, small circular os, healthy, and free from all discharge. The uterus correctly placed, freely movable, and of normal size and consistency. Cavity closed, barely admitting the smallest probe, and measuring two and a quarter inches.

Advising an operation, and with a favorable prognosis, urged to complete it at once, I proceeded to dissect away the hymen, rupturing with my hands the fourchette, and widely distending the osteum vaginæ; introducing after the operation Sims's largest size hard-rubber dilator, directing that it be worn two hours at a time three times a day for three weeks, and for two weeks longer one hour every second day. With this treatment, and the frequent use of vaginal injections, my patient was discharged at the end of the fifth week, *cured*.

Miss J., visiting my office two weeks ago (thirty-two months after the operation), reports a regular and painless menstruation, freedom from all local trouble, general good health, and a gain of thirty-three pounds in weight since 1875, which, with the fact that I introduce, and enlarge without pain, Cusco's speculum, adds not a little to the emphasis with which she declares herself "the happiest of mortals."

T. Naylor Bradfield, M.D.

106 Halsey Street, Newark, N. J.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from April 21 *to April* 27, 1878.

Head, J. F., Lieut.-Col. and Surgeon. Assigned to duty at Boston, Mass., as Attending Surgeon and Examiner of recruits, and, upon arrival there, to report by letter to the Com'd'g General, Div. of the Atlantic. S. O. 85, A. G. O., April 20, 1878.

Hammond, J. F. Lieut. Col. and Surgeon. Assigned to duty as Post Surgeon at Fort Adams, R. I., relieving Surgeon Campbell. S. O. 71, Dept. of the East, April 24, 1878.

Campbell, J., Lieut.-Col. and Surgeon. Relieved from duty in Dept. of the East, and to report in person to the Com'd'g Officer, Dept. of the South, for duty as Medical Director of that Department, relieving Surgeon Head. S. O. 85, C. S., A. G. O.

Alexander, R. H., Major and Surgeon. Having relinquished the unexpired portion of his leave of absence, to report in person to Com'd'g General, Dept. of the East, for assignment to duty. S. O. 58, C. S., A. G. O. And assigned to duty as Post Surgeon, at Fort Trumbull, Conn. S. O. 71, C. S., Dept. of the East.

Loring, L. Y., Capt. and Asst. Surgeon. Assigned to duty at St. Louis Barracks, Mo. S. O. 85, C. S., A. G. O.

Buell, J. W., 1st Lieut. and Asst. Surgeon. Relieved from duty in Dept. of Texas. S. O. 86, A. G. O., April 22, 1878.

Medical Items and News.

Contagious Diseases — Weekly Statement.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending April 27, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
April 20, 1878...	0	5	115	1	130	68	0
April 27, 1878...	0	6	79	3	64	49	1

Abuse of Medical Charities.—Copy of preambles and resolutions offered as portion of a report from the Committee on Abuses of Medical Charities to the New York County Medical Society:

Whereas, The dispensary and hospital service is provided for the pauper population of this city, but is shared by another class without proper limit; and

Whereas, Those arms of this service which maintain shelter, sustenance, and attendance for the out- and in-patient, from steward to scrub-woman, are paid for their labor; and

Whereas, There is now much actual suffering for the necessaries of life in the ranks of the medical profession, which may be partly charged to the plan now common for the physician and surgeon to give gratuitously what is paid for in other departments; and

Whereas, The knowledge of these facts is exceedingly limited or persistently ignored in the body of the profession, and should be clearly and widely made known; therefore, be it

Resolved, That this New York County Medical Society, in the name and on the behalf of the entire profession,

call upon the proper bodies to enact, and the proper officials to faithfully execute, such laws and rules as shall discriminate against the giving relief to any except such as are examined and found to be absolutely without means to pay for such service, and that upon presenting a proper "certificate" duly issued by some person or persons to be designated.

Resolved, That from this date the practice of gratuitous professional serving in charitable institutions leads to professional poverty, is counted unbusinesslike, and is held as odious before the eyes of the fraternity, and that after the fourth day of July, 1878, it shall be considered as sufficient cause for disfellowship.

Resolved, That an address setting forth these abuses be prepared, printed, and circulated amongst the entire profession, City and State, at the expense of this County Medical Society.

GEO. H. MITCHELL, *Chairman.*

E. S. BATES, *Secretary.*

J. C. Peters, Pres. County Medical Society, and Committee on Ethics, etc., etc., F. H. Hamilton, D. B. St. J. Roosa, M. S. Buttles, A. S. Hunter, W. T. White.

HARTFORD COUNTY MEDICAL SOCIETY, CONN.—At the annual meeting of the Hartford County Medical Society Dr. W. A. M. Wainwright was elected President, and Dr. C. W. Chamberlain Clerk for the ensuing year.

MEDICAL SOCIETY OF NEW JERSEY.—The annual meeting of the Medical Society of New Jersey will be held in the Monmouth House, Spring Lake, on Tuesday, May 28th, at half-past seven P.M., and will continue in session the following day.

WM. PIERSON, Jr., *Sec'y.*

PRIZE OF ALUMNI ASSOCIATION OF COLLEGE OF PHYSICIANS AND SURGEONS.—The Alumni Association of the College of Physicians and Surgeons in the City of New York offer for the following year a prize of five hundred dollars, open for competition to all alumni of the college. It will be awarded to the best *medical essay* submitted, if deemed sufficiently meritorious, upon any subject which the writer may select. The essay, in order to compete, must be based upon *original investigations.* Each essay must be marked with a device or motto, and accompanied by a sealed envelope similarly marked, containing the name and address of the author. Essays must be submitted to the Prize Committee on or before February 15, 1879. The committee consists of Drs. Henry B. Sands, Wm. H. Draper, and Frank E. Beckwith. Essays may be sent directly to any of the committee, or care of the Secretary of the college.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.—At a stated meeting held April 22, 1878, it was voted to grant certificates of membership to Drs. A. E. McDonald, R. A. Murray, C. Hitchcock, J. Hadden, G. L. Peabody, and E. S. Bates.

FRIENDLY PROFESSIONAL VISITS.—Mr. Liston was once asked by a patient to take part in a hunting excursion with the hounds in a northern county; he complied. His opinion was asked in regard to a certain case: he advised amputation of a limb, performed amputation in his usual masterly manner, and—was reminded, when he claimed his fee, he was regarded "merely as a friend." Liston said to us, "I will never again accept an invitation to be mounted 'as a friend.'" Radcliffe tells us that on one occasion a miserly old merchant attempted to steal his opinion with regard to his own case. "What shall I do?" said the patient to him. "Why, sir, I should advise you to take advice"—a very proper response to the would-be-pauper patient. The lawyers are shrewder than we are in these matters. Mr. Fazarkley was once asked by one of his hunting friends what he would do under certain circumstances. "I think," said he to the inquiry, "I should defend the action." The action was defended, and defendant mulcted in damages and costs. "I lost my cause," said his hunting friend to Mr. Fazarkley, "by acting upon your opinion." "I don't recollect it," said Fazarkley. The vanquished defendant thereupon replied, "You gave me that opinion when we were riding together to meet the Pytchley hounds." "Oh!" said Fazarkley, "that was my *travelling*, not my *professional* opinion." It is scarcely necessary, we think, to draw a moral from these facts.

DR. MONTEFIORE J. MOSES died at his home in this city on April 11, 1878, of Bright's disease. Dr. Moses was born in Charleston, South Carolina, July 20, 1841. His family removed to New York soon after, so that Dr. Moses' boyhood was passed in this city. In 1854 he returned to Charleston and studied medicine for two years. He entered the University Medical College of this city in 1856, and graduated in 1861, taking one of the Valentine Mott medals. At the breaking out of the rebellion he entered the Second Georgia Regiment and served for fifteen months as a private soldier. He afterwards served as surgeon of the regiment and as medical officer in a post hospital in Enterprise, Miss. Still later he was surgeon of the Thirty-seventh Mississippi Regiment until the close of the war. In 1863, he married Miss Jonas, of Columbus, Georgia. In 1869 he entered upon the practice of medicine in New York, where he remained until his death. Dr. Moses was a gentleman of exceedingly pleasing address and fine professional and scholarly attainments, as well as of the most exemplary character. He had acquired a large private practice, and had fully entered upon a successful and honorable career. His wife and three children survive him.

THE LATE SETH SHOVE, M.D.—At a regular meeting of the Croton Medical and Surgical Union held at Katonah, Westchester County, N. Y., April 2, 1878, the following resolutions were adopted:

Whereas, We have learned with profound sorrow of the death of Dr. Seth Shove; and

Whereas, It is our sad duty to testify to the great loss sustained by us in his death; and

Whereas, It is becoming and proper that we should bear public testimony to his excellence of character and to his high professional attainments; therefore, be it

Resolved, That in the death of Dr. Shove this Society, of which he was an honored and efficient member, has sustained a loss which is irreparable.

Resolved, That we bear witness to his superior talents, his cultivated mind, his kind heart, his sympathizing nature, and his high sense of professional honor.

Resolved, That in his varied learning, his ripe professional experience, and his wise counsels, we recognize the qualities that constitute the highest type of a physician and the best guarantees for the professional success which crowned his career.

Resolved, That we shall ever cherish his noble example as a man, his enviable reputation as a physician, and his endearing qualities as a friend.

Resolved, That we sympathize with his family in this their overwhelming sorrow.

Resolved, That a copy of these resolutions be sent to

the family of the deceased, and that it also be published in THE MEDICAL RECORD and the local papers.

J. Q. ADAMS, M.D.,
J. H. SMITH, M.D., } *Committee.*
L. F. PELTON, M.D.,

DR. W. H. B. POST has retired from partnership with Dr. E. C. Mann in the management of the Sunnyside Medical Retreat at Washington Heights, N. Y.

AMERICAN MEDICAL COLLEGE ASSOCIATION.—At the recent meeting of the Tennessee State Society the following was unanimously adopted:

Whereas, An association has been formed looking to the advancement of medical education in the United States, and the establishment of a common policy among medical colleges in the more important matters of college management, under the name of the American Medical College Association; and

Whereas, Such Association has entered into articles of confederation to this end; and

Whereas, The action of said Association has been indorsed by the American Medical Association; therefore, be it

Resolved, That we congratulate the profession upon this step in the right direction in maintaining and elevating its honor and dignity, and cordially approve and indorse said action.

CRIMINAL NEGLIGENCE ON THE PART OF A DRUGGIST.—Another druggist has come to grief in France, this time in Paris. A bottle of syrup of buckthorn had been ordered for a girl aged fourteen years, but the pharmacist, M. Champion, gave instead of it a bottle of chloroform. A dose of this was administered to the patient, who almost immediately fell into a stupor, followed by delirium, and soon expired, after intense suffering. The autopsy showed that death was due to the absorption of the chloroform. At the trial the pharmacist put in the plea that the mistake was made by the messenger, who took the wrong bottle from the counter. This assertion was refuted, however, and a witness testified to the fact that the defendant had committed other mistakes, though fortunately they were of a less dangerous character. The trial ended in the conviction of the accused, who was condemned to pay a fine of 200 frs., and, in addition, 1,500 frs damages to the mother of the victim.

TYPHUS IN ST. PETERSBURG.—An epidemic of typhus, which counts four hundred victims per week, is raging in St. Petersburg. The disease was brought from Armenia by the Turkish prisoners and the Russian soldiers. The sanitary condition of the Transcaucasus at the present time is exceedingly bad; Generals Chelkoviskow and Goubski have already succumbed to the plague, and General Heimann is dangerously ill. It is claimed that this state of affairs is the fruit of gross negligence and disregard of hygienic rules in the army of the Caucasus.

POPULATION OF SAXONY.—Saxony, which is now proportionally as populous as Belgium, if not more so, is one of the countries of Europe in which the increase in population has been most rapid of late years. In 1834 the kingdom had 1,595,668 inhabitants, and in 1875 the number had increased to 2,760,586. The increase was due, in a large measure, to immigration, as Saxony has become one of the most active manufacturing countries in the universe. The greater part of the increase has been in the cities, the chief of which are Dresden, Leipsic, and Chemnitz. Dresden, in 1834, had 66,000 inhabitants; now, with its suburbs, it has 244,000. Leipsic, in 1834, had 45,000, and in 1875, 213,000. Chemnitz, in 1834, had 21,000, and in 1875, 114,000.

ALABAMA STATE MEDICAL CONVENTION.—The annual convention of this body was held at Eufaula, Alabama, April 11th and 12th.

PRURITUS VULVÆ.—Duhring, in his late work on skin affections, mentions most favorably camphor, chloral, and borax, variously combined:

℞. Chloral..... grs. x to xxx.
Water..... ʒi.

Used as a lotion to the parts:

℞. Boracis..... ʒiv.
Morphiæ sulphatis..... gr. viij.
Glycerine..... ʒss.
Aquæ..... ʒviiss.
M.

These preparations, a little weakened, may be used by injection. For this purpose the following has been found highly efficacious:

℞. Nitrate of alumina..... ʒi.
Aquæ..... ʒi.
M.

As an ointment the following is strongly recommended:

℞. Campho æ,
Chloralis hydratis..... aā ʒi.
Ungt. aquæ rosæ..... ʒi.
M.

THE PHARMACEUTICAL ASSOCIATION OF GEORGIA met in Augusta, April 9th.

THE NATIONAL QUARANTINE BILL, which we recently took occasion to endorse, has now become a law. The Supervising Surgeon-General of the Marine Hospital Service is charged with its enforcement.

BROMIDROSIS.—A solution of common soda freely applied will often remove bromidrosis from the feet and axilla.

NITRO-MURIATIC ACID should always be prescribed by itself, otherwise explosions are liable to occur.

THERMO-CAUTERY AND ETHER.—When employing thermo-cautery, chloroform should be used as the anæsthetic instead of ether, the latter being liable to ignition and explosion.

LISTER'S METHOD, BURSTING OF A BOILER OF THE SPRAY APPARATUS.—Recently, at an operation in this city, the boiler of the spray apparatus exploded, and before the bystanders recovered their composure the bacteria seized their opportunity and entered the wound in force. No one was injured, and the fact that the wound is now healing by second intention is conclusive proof of the value of the antiseptic process properly carried out. The orifice of the safety-valve was found to be entirely free from bacterial deposits, and except for the fact that the valve itself would not work the apparatus was perfect.

ANTI-VACCINATION.—An Englishman has been fined on twenty-five different occasions for refusing to allow his child to be vaccinated. An English paper very properly indorses the action of the authorities, maintaining that toleration does not apply to the preparation of the soil for an epidemic of small-pox.

AMERICAN MEDICAL ASSOCIATION.—The twenty-ninth Annual Session will be held in the city of Buffalo, N. Y., on Tuesday, Wednesday, Thursday, and Friday, June 4, 5, 6, and 7, 1878, commencing on Tuesday at 11 A.M. "The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in*

their respective State Societies, and from the Medical Department of the Army and Navy of the United States." "Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, Territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association."

THE LATE DR. NATHAN R. SMITH, OF BALTIMORE.—Prof. S. C. Chew, M.D., of the University of Maryland, delivered a very interesting and scholarly address, commemorative of Prof. Smith, before the Alumni Association of the University, March 1, 1878.

PRIORITY OF THE METHOD OF SUSPENSION IN THE TREATMENT OF SPINAL DISEASES.—Dr. C. T. Hunter, of Philadelphia, sends the following note to Dr. L. A. Sayre, of this city. For the present, and perhaps until Hippocrates or Galen are heard from, a very important question of priority seems to be settled:

"MY DEAR DOCTOR:—When your son was here, two or three weeks ago, I told him that Dr. Ashhurst had found a reference to suspension of the body in spinal disease, and I promised to send it to you as soon as I should be able to find it. The book is entitled 'A Treatise of the Rickets: being a Disease common to Children, wherein (among many other things) is showed: 1 the Essence, 2 the Causes, 3 the Signs, 4 the Remedies of the Disease.' By Francis Glisson, George Bate, and Ahasuerus Regemarter, Fellows of the College of Physicians, London. Printed by John Streater in 1668.

"I enclose a copy of the extract, as I don't think that you will be able to find the book in New York.

"*Extract from Glisson on Rickets, p.* 363. 'The artificial suspension of the Body is performed by the help of an Instrument cunningly made with Swathing-Bands, first crossing the Breast and coming under the armpits, then about the Head and under the Chin, and then receiving the Hands by two handles, so that it is a pleasure to see the Child hanging pendulous in the Air, and moved to and fro by the spectators. This kind of Exercise is thought to be many waies (ways) conducible in this Affect, for it helpeth to restore the Crooked Bones, to erect the bended Joynts, and to lengthen the short Stature of the Body. Moreover, it exciteth the vital Heat, and withall alureth a plentiful distribution of the Nourishment to the external and first affected parts; and in the meantime it is rather a pleasure than a trouble to the Child. Some, that the parts may the more be stretched, hang Leaden Shooes upon the Feet, and fasten weights to the Body, that the parts may the more easily be extended to an equal length. But this exercise is only proper for those that are strong.'

"This work on Rickets belongs to the Pennsylvania Hospital Library."

MONUMENT TO CLAUDE BERNARD.—A subscription is open in the Paris medical journals for a monument to Claude Bernard. As French physicians have not alone been enlightened by his discoveries, and as Americans are as largely indebted to him as any others, it would appear to be eminently proper that a subscription list should be started in this country.

THE NEW YORK OPHTHALMIC AND AURAL INSTITUTE treated during the last year 4,460 new patients, viz, 3,629 for diseases of the eye, and 831 for diseases of the ear. As inmates, 308 patients were treated, receiving an aggregate maintenance of 7,210 days, showing a daily average of 19¾ inmates. The number of more important operations was 397, among which 54 for primary cataract (51 successful), 46, iridectomies, 127, squint operations.

From the time when the institution was opened, in May, 1869, to the 31st of December, 1877, it treated 32,651 patients gratuitously in its dispensary, 2,513 in the house, and performed 3,484 operations.

As a *school of Ophthalmology and Otology*, the institution has annually given, during the last years, two regular and systematic courses of instruction in all branches of the above specialties.

The surgical staff consisted of Drs. H. Knapp, T. R. Pooley, E. Grüning, A. Alt, C. Williams, P. J. Dills, F. C. Valentine, R. O. Born, and Bettmann.

CASE OF BLOOD-POISONING BY RED STOCKINGS.—A peculiar case of blood-poisoning has recently been reported from Coburg. A woman, after receiving an injury on the shin, put on a pair of red woollen stockings, which came in direct contact with the wound. This rapidly assumed an unhealthy aspect, and symptoms of general blood-poisoning by the *aniline*, with which the stockings were colored, soon set in. The case terminated fatally ten days afterwards.

DEATH FROM CRIMINAL MALPRACTICE.—A railway signal-man in Stahnsdorf, Prussia, who enjoys the reputation of a great medicine-man, was recently called to attend a peasant woman for an ulcer. The treatment consisted in free incisions, as a result of which the patient was seized with tetanus, which terminated fatally. The operator was arrested, tried, and condemned to a year's imprisonment.

INFRANGIBLE GLASS.—Two instances of explosion of the so-called infrangible or flexible glass have recently been reported in Germany. In one case a tumbler made from this glass, which had been repeatedly filled with tea, suddenly broke into splinters with a violent explosion, while being raised to the mouth. The splinters flew all over the room, some of them striking the ceiling, and others cutting the hands and faces of persons sitting near.

In the other case, two of the flexible glasses had been bought in the afternoon, and to prove their infrangibility, repeatedly allowed to fall from the table to the floor. In the evening they were filled with beer and left on the table. About five minutes afterwards a sudden detonation as loud as a pistol shot was heard, and a thousand minute bits of glass flew over the table in every direction. Very few of the splinters were of any size. One of the two glasses had exploded while standing perfectly free and undisturbed on the table. On examination of the splinters it was found that the bottom of the glass in particular was broken into small square pieces, which had lost their usual solidity, and could easily be crumbled between the fingers. It was then remembered that the under part of the bottom of the broken glass had been remarkably rough and uneven, while the other glass was quite smooth. Numerous experiments were then made with this second glass; it was filled with different fluids, struck, allowed to fall, etc., but no explosion occurred. The cause of these dangerous explosions remains as yet enveloped in mystery. Whatever it may be, however, the above facts demonstrate the necessity of caution in the use of flexible glass, as an explosion during the act of drinking would be liable to cause serious injury to the face, and more particularly to the eyes.

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This Extract contains the entire properties of the leaf of the **Erythroxylon Coca.**

COCA WINE.

This Wine has been successfully used in France as a **tonic,** and found very desirable where a more mild effect of the Coca than the Fluid Extract was desired.

SOLUTION FERROUS CHLORIDE.

This Solution of Iron is the lowest form of Chloride. It is much less Styptic in taste than Tr. Iron Chloride, consequently pleasanter to the patient; is much more easily assimilated by weak and irritable stomachs.

Knowing how difficult it is to introduce into the blood, in a proper form, a sufficient quantity of iron to be beneficial, we have manufactured and introduce the **Ferrous Chloride** as being easily absorbed and acting with much efficacy, even when given in small doses.

RELIABLE ANIMAL VACCINE.

The undersigned respectfully announces that he has discontinued the practice of furnishing Vaccine *at his residence.*
This Animal Vaccine can be obtained at CASWELL, HAZARD & Co's., Broadway, cor. 24th Street.

FRANK P. FOSTER, M.D.

We have an arrangement with Dr. Foster by which we receive this Vaccine *fresh daily.*
By this arrangement all supplied by us *is absolutely fresh.*
We can furnish it in any quantity desired, either by express, or by mail, if remittance is made to cover postage.
Dr. Foster's Animal Vaccine is the only kind that may be said to have the unqualified indorsement of the medical profession of New York

QUILL SLIPS (half quill, charged on convex surface, at square-cut end),	$0.25
CAPILLARY TUBES, ...	2.00

SURGICAL INSTRUMENT DEPARTMENT,

Under the direction and personal supervision of **W. F. FORD,** Instrument Maker to St. Luke's, Mt. Sinai, New York State Woman's Hospitals, Bellevue, and all the other New York City Hospitals,

MANUFACTURERS, IMPORTERS, WHOLESALE AND RETAIL DEALERS IN

Surgical, Dental, Orthopædic Instruments, Catheters, Trusses, Supporters, Silk Stockings, Ear Trumpets, Splints, Anatomical Preparations, Local Anæsthesia Apparatus, Laryngoscopes, Ophthalmoscopes, Hypodermic Syringes, Axilla Thermometers, Etc., Etc.

PROF. LISTER'S ANTISEPTIC DRESSING.

PREPARED BY US.

We also have direct from Edinburgh Professor Lister's entire Antiseptic Dressing, consisting of Antiseptic Gauze, Mackintosh Cloth, Protection Silk, Carbolized Ligatures, and Spray Producers for Dr. Lister's method.

☞ Special attention given to the Manufacture of Instruments to *order*, in exact accordance with patterns furnished by Surgeons and Physicians.

☞ If desired, Mr. Ford will give his personal attention to the application of Trusses and Appliances for building up the human frame

CASWELL, HAZARD & CO.,

DRUGGISTS & CHEMISTS,

Factory, 159 & 161 W. 29th St. Broadway, corner 24th St., New York.

In corresponding with Advertisers please mention **The Medical Record.**

SAVORY & MOORE beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are Guaranteed.

PANCREATIC EMULSION

Prepared in accordance with the direction of the Physician who introduced this purely

MEDICINAL FOOD FOR CONSUMPTION AND WASTING DISEASES.

Pancreatic Emulsion will always take precedence of Cod-Liver Oil by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM instead of the evanescent fluid fats or oils.

Neither Cod-Liver Oil nor EMULSIONS of COD-LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

Pancreatic Emulsion (properly so-called), is THE NECESSARY FOOD OF THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

Pancreatic Emulsion, may therefore be regarded as Chyle obtained by nature's own process. In certain cases both Cod-Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both PANCREATIC EMULSION and Cod-Liver Oil are *not to be regarded as Medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

Pancreatized (Digestive) Cod-Liver Oil. By Pancreatizing Cod-Liver Oil, the active digestive priciple of the Pancreatic Juice is imparted to it, which renders it in a highly favorable condition for rapid and complete digestion and assimilation, preventing nausea, and largely increasing the beneficial properties of the Oil.

Peptodyn, the New Digestive, is a combination of the whole of the digestive secretions—Pepsine, Pancreatine, Diastase, &c., forming an invaluable remedy in the treatment of all forms of Dyspepsia, and all diseases arising from imperfect nutrition.

N.B.—*The success of this Remedy has led to several imitations of it*, which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

Tins, 1/-, 2/-, 5/-, 10/-

AS SUPPLIED TO

THE ROYAL NURSERIES

of England, Russia, Etc.,

AND CONTAINING THE

HIGHEST AMOUNT OF NOURISHMENT

IN THE

MOST DIGESTIBLE AND CONVENIENT FORM.

THE MOST PERFECT SUBSTITUTE FOR HEALTHY MOTHER'S MILK.

DATURA TATULA FOR ASTHMA, ETC.

A powerful and universally adopted Remedy.

"By immediate contact with the air cells and passages, instant relief is given."—Dr. LATHAM, *Physician to the Queen.*

"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, &c."—Dr. W. BARKER.

"The smoke causes no nausea. I have never known an instance in which relief was not obtained."—GENERAL ALEXANDER.

In Tins, for use by means of a pipe, Cigars and Cigarettes, and Pastilles for Inhalation.

SAVORY & MOORE, 143 New Bond Street, London.

Agents for America—E. FOUGERA & CO., NEW YORK.

In corresponding with Advertisers please mention **The Medical Record.**

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quinine Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"Messrs. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 84 grains, and the weight of the single pills is very uniform, varying but slightly either way from 8.4 grains. The whole number of pills, (100,) yielded 143.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia**, free from other cinchona alkaloids. This amount of dry Quinia corresponds to **803.8 grains of Sulphate of Quinia**, containing 8 molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 \cdot H_2\,SO_4 + 8\,H_2\,O$); or to **901.7 grains of Sulphate of Quinia**, containing 7½ molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 \cdot H_2\,SO_4 + 7½\,H_2\,O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully, CHARLES RICE,
Chemist, Bellevue Hospital, N. Y."

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine.

ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph.

ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt in experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders,

Yours respectfully,

March 27th, 1878. McKESSON & ROBBINS.

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25
"HOSPITAL QUININE," ½ gr.	85	4 00
"HOSPITAL QUININE," 1 gr.	1 40	6 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25
"HOSPITAL QUININE," 2 grs.	2 50	12 25
"HOSPITAL QUININE," 3 grs.	3 75	18 50
"HOSPITAL QUININE," 4 grs.	4 50	22 25
"HOSPITAL QUININE," 5 grs.	6 00	29 75
Quinidia, Sulphate, 1 gr.	80	3 75
Quinidia, Sulphate, 2 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75
Chinoidine, ¼ and 1 gr.	60	2 75
Chinoidine, 3 grs.	75	3 50
CINCHONA BARK ALKALOIDS. (Quinia Sulph., 1-2 gr. / Quinidia Sulph., 1-2 gr. / Cinchonia Sulph., 1-2 gr. / Cinchonidia Sulph., 1-2 gr.)	2 00	9 75
Cinchonia, Sulphate, 3 grs.	1 00	4 75
Cinchonidia, Sulphate, 1 gr.	60	2 75
Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Cinchonidia, Sulphate, 5 grs.	2 50	12 25

SEND FOR FORMULA BOOK AND PRICE LIST OF PILLS.

TO PHYSICIANS.

JAS. MEYER, JR.'S

GIRONDIN Disinfectant.

Instantly Destroys and Neutralizes Poisonous Gases, arising from Imperfect Sewerage or any other source of Infection.

It Arrests and Prevents Contagion.

Is Approved and Endorsed by Prominent Sanitarians, Physicians, and Business Men.

Used in Hospitals, Sick Rooms, Manufactories, Hotels, and Dwellings.

PARK & TILFORD,

NEW YORK,
SOLE AGENTS FOR U. S.

Send for Pamphlet to

Disinfectants.

The lively discussion that has recently taken place on the question of noxious sewer gases and their effect upon the health of the City, has served to direct attention to the use of disinfectants, and several articles have been brought to the notice of the public. One of these is the Girondin Disinfectant, introduced here by Park & Tilford. and warmly commended by Dr. Moreau Morris, by whom it was subjected to severe tests while he was City Sanitary Inspector and Superintendent. The results of these tests were satisfactory, especially when this disinfectant was placed in comparison with other articles submitted to analysis. Dr. Morris says the Girondin Disinfectant is a preparation "made upon thoroughly scientific principles, is a combination of well-tried materials, and is so certain in its effects through these combinations that it will not only almost instantly deoderize all offensive exhalations, but utterly destroy all the infective properties of decomposition, which it does by the instant arrest of all fermentative processes permanently and absolutely. Commercial rivalry, or, perhaps prejudice, has operated as a bar to its use by the public, and hitherto its cost also entered into the element of its more general uses, but the latter objection has now been removed, so that it may be obtained at a very cheap rate. It has received since its first introduction to the Board of Health in 1871, from year to year, until now, the unqualified approval of official sanitarians, practical surgeons, physicians, and hospital managers."

Please mention MEDICAL RECORD. **PARK & TILFORD, cor. Broadway and 21st St., N. Y.**

TAMAR INDIEN

A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HÆMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris.

To be had of all Respectable Chemists throughout the world.

MEDICATED DISCS

FOR HYPODERMIC INJECTION.

SPECIAL NOTICE.

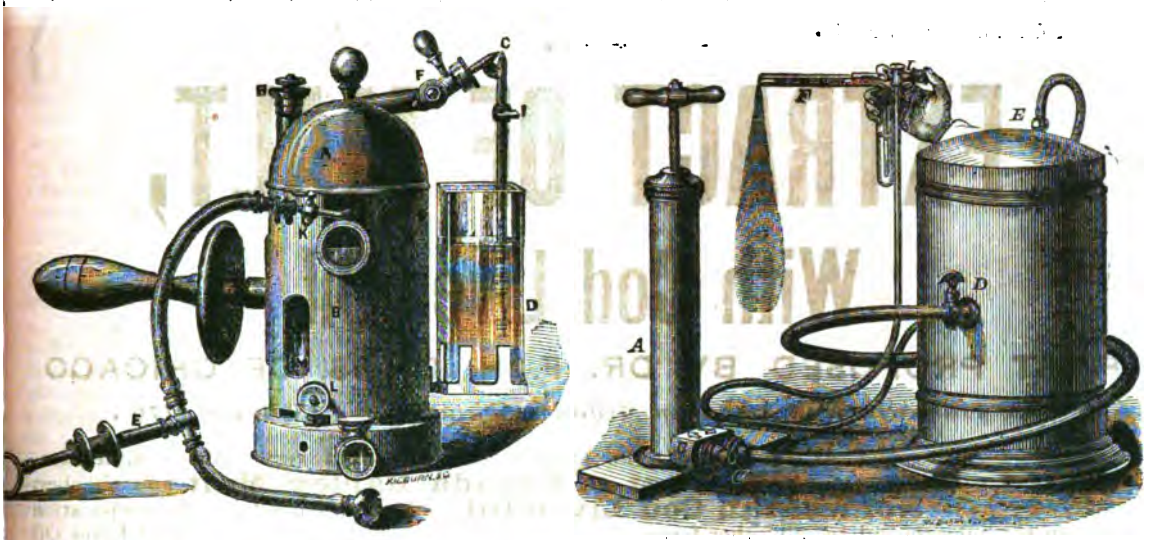
Messrs. SAVORY & MOORE beg most respectfully to inform the MEDICAL PROFESSION generally that the great demand which has arisen for their **GELATINE PREPARATIONS**, since they were first introduced, has compelled them to extend their Laboratory in New Bond Street, by the erection of a Department for the exclusive purification and manipulation of these articles. The discs for **HYPODERMIC INJECTIONS**, and for **OPHTHALMIC PURPOSES**, as well as the **LAMELS FOR INTERNAL USE**, will henceforth be prepared under the **immediate supervision of the Firm.** This Special Department is so arranged that the delicate process of manufacturing the Sheets of Gelatine cannot possibly be interfered with, and consequently the **perfect purity** and **accurate dosage** of these important and delicate preparations may be **THOROUGHLY RELIED ON.**

The HYPODERMIC DISCS are now sold in boxes, which have been found to be of greater advantage for their preservation than the leather wallets originally employed.

SAVORY & MOORE, 143 NEW BOND STREET, LONDON, ENGLAND.

In corresponding with Advertisers please mention **The Medical Record.**

THE ANTISEPTIC ATOMIZER.



In this apparatus we have incorporated some of the best features of the Atomizing Apparatus heretofore made by us, already familiar to the profession. It is of best materials and workmanship—strong, durable, convenient, easily regulated, and by means of a new attachment of our own design, adequate without cessation of spray for any operation, or series of operations, however extended. Full description on application.

A NEW PAMPHLET

On Atomization of Liquids, with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American Practitioner, together with a description of the best forms of apparatus, will be sent post-paid on application. Also our new illustrated Catalogue of Surgical Instruments.

ATOMIZING APPARATUS BY COMPRESSED AIR.

This apparatus will be found entirely satisfactory on account of its elegance and perfect working qualities. It has a double acting Brass Pump (condensing or exhaust, at will), with valves unchangable by time or use. Strong Copper Receiver, Nickel Plated, 12 feet, light and flexible but strong; brown-colored Tubing and a self-closing cut-off (our own design, represented at I), readily connected with any tubes now in use.

PRICES REDUCED.

The Complete Atomizer	**$5.00**	**Clarke's Atomizer**	**$3.00**
Dr. Oliver's "	**4.00**	**The Constant "**	**3.00**
Shurtleff's "	**3.50**	**Dr. Knight's "**	**2.50**

The Boston Atomizer, $2.50.

See our pamphlet for description of a great variety of Atomizers, Tubes, etc.

CODMAN & SHURTLEFF,

MAKERS AND IMPORTERS OF SUPERIOR SURGICAL INSTRUMENTS,

13 & 15 Tremont Street, BOSTON.

The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt, and all its combinations.

EXTRACT OF MALT,

With Cod Liver Oil,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO

(See Transactions of American Medical Association, for 1876, page 176),

Is presented to the Medical Profession as an efficient, palatable, and very stable combination, consisting of equal parts of the **Extract of Canada Barley Malt** and the best quality of genuine **Norwegian Cod Liver Oil.** Many patients take this preparation who can not take the oil in any other form. It may be employed in all cases where Cod Liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

EXTRACT OF MALT,

With Cod Liver Oil and Phosphorus,

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod Liver Oil, Phosphorus being added in the proportion of 1-100 grain to the dose, and so combined, as to be perfectly protected from oxidation. The **Trommer Extract of Malt Company** prepare this combination agreeably to the suggestion of **Dr. Wilson Fox.** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

EXTRACT OF MALT,

With Cod Liver Oil and Iodide Iron

Added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod Liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians referring to it in terms of high praise.

MANUFACTURED BY

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

In corresponding with Advertisers please mention **The Medical Record.**

DENNISON'S ABSORBENT COTTON.

WHAT PROMINENT PHYSICIANS SAY ABOUT IT:

"Your *Absorbent Cotton* seems to be perfect. I can and do speak of it in the highest terms."—SAMUEL SEXTON, M.D., *New York, March 14th.*

"I am greatly pleased with your *Absorbent Cotton.* It will be a decided and valuable acquisition to our surgical appliances. It absorbs like a sponge."—W. W. DAWSON, M.D., *Cincinnati, April 18th.*

"Its delicate fibre and peculiar elasticity, enables me to cleanse the most sensitive surface without any pain."—LEARTUS CONNOR, M.D., *Detroit Medical College, April 22d.*

Sold by Apothecaries and Dealers in Surgical and Dental Goods.

A liberal Sample Package sent by mail for 25 cents, by

DENNISON & CO., Proprietors, 198 Broadway, New York.

Quote MEDICAL RECORD.

CHAMPION SPOUTING SPRING NATURAL WATER

FROM SARATOGA.

For sale by all respectable Druggists and Dealers in Mineral Waters, on Draught and in Bottles.

THE CHAMPION SPOUTING SPRING contains a very large preponderance of the elements which render mineral waters valuable as medicine, and which are in constant use by Physicians of the various schools; and the remarkable cure of some of the prevailing diseases has given the water of this Spring great favor among professional men. For *Headache*, or disordered state of the Stomach arising from the use of wines or hearty eating, it is a fine corrective, giving immediate relief. It is invaluable for the treatment of Biliousness, Dyspepsia, Constipation, Piles, Rheumatism, Neuralgia, Cutaneous Diseases, Scrofula, &c., and owing to the presence of Lithia, Magnesia and Bi-Carbonate of Lime, is recommended by Physicians for Bright's Disease of the Kidneys, and Diseases of the Bladder.

DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast, and at a moderately high temperature, if prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

The constant and increasing success of the CHAMPION WATER is due to its hygienic properties; it is *refreshing* and *healthful*, and should be found in every home.

PRICES:

In New York. *Delivered free of Charge.*

Pints, 4 dozen in a case.....$9 00
Quarts, 2 dozen in a case..... 7 00

In Saratoga. *Delivered at the Cars.*

Pints, 4 dozen in a case.....$8 00
Quarts, 2 dozen in a case..... 6 00

Orders addressed to **Champion Spouting Spring, Saratoga, N. Y.**, or to the Company's office, **205-213 E. 12th St., New York,** will receive prompt attention.

What will the Weather be To-morrow?

POOL'S SIGNAL SERVICE BAROMETER,

Or Storm Glass and Thermometer Combined

WILL TELL YOU!

It will detect and indicate correctly any change in the weather 12 to 48 hours in advance. It will tell what kind of a storm is approaching, and from what quarter it comes—invaluable to navigators. Farmers can plan their work according to its predictions. It will save fifty times its cost in a single season. There is an accurate thermometer attached, which alone is worth the price of the combination. We will send it FREE to any address on receipt of **$2.00.** This great WEATHER INDICATOR is endorsed by the most eminent Physicians, Professors, and Scientific men of the day, to be the *BEST IN THE WORLD.*

U.S.N AGENTS WANTED **OVELTY CO**

BEWARE OF IMITATIONS! None genuine without our **Trade-Mark.** Every instrument warranted PERFECT AND RELIABLE. When you order, please state your Post Office address, and mention the name of Express Co., and their nearest office *to your place.* Post Office Money Orders or Registered Letters may be safely sent at OUR RISK. We make good ALL DAMAGE THAT OCCURS BY SHIPPING.

AGENTS WANTED. Send stamp for circular. Exclusive control of territory granted. Manufactured only by the

U. S. NOVELTY COMPANY,

105 Maiden Lane, New York.

LIBERAL DISCOUNT TO THE TRADE.

We clip the following indorsement from the *Cultivator and Country Gentleman*, of Albany, N. Y., May 24, 1877:

A GOOD STORM GLASS.—For the benefit of the readers of the COUNTRY GENTLEMAN, I beg to say that I fully tested, through all the storms of March, one of the U. S. Novelty Co.'s combined barometers and thermometers, and find it in all respects reliable. It tells accurately 24 hours beforehand the approach of violent storms of any kind, and is cheap at $2, and quite a little ornament.

WM. HORNE, M.D., Janesville, Wis.

In corresponding with Advertisers please mention **The Medical Record.**

FOOD for INFANTS and INVALIDS

THE

Health Food Company,

74 Fourth Ave., adjoining Stewart's,

NEW YORK,

Would call the attention of the Profession to their

Cold Blast (Attrition) Whole Wheat Flour,

AS AN ADJUNCT IN THE TREATMENT OF

INDIGESTION, CONSTIPATION, and MAL-NUTRITION.

This Flour represents all the Food Elements of the Wheat, the indigestible silex coat being first taken off, and the entire kernel, including the phosphates, etc., being reduced to fine flour by a new process, in which both the admixture of detritus from mill-stones and the injurious effects of heating the flour during preparation, are entirely avoided.

IT IS CHEAPER THAN WHITE FLOUR,

Because it contains nearly four times the amount of the Mineral Substances, for

NOURISHING THE NERVES, BONES, HAIR, AND TEETH.

ATTENTION IS ALSO DIRECTED TO OUR

WHITE WHEAT GLUTEN,

For *diabetes*, and for those requiring the Nitrogenous and Mineral portions of the Wheat, *without starch*. This, like the Whole Wheat Flour, can be made into Bread and Crackers, or may be taken in various ways, and often proves a very valuable remedy for the *Constipation* and *Dyspepsia* associated with many diseases. In excessive fatness, and in disturbed mental states, the Gluten (crude and purified) proves very serviceable.

Circulars, descriptive of these and other Health Foods, mailed to all applicants.

SHEDDEN'S FOODS
FOR THE
DIABETIC AND DYSPEPTIC.

The prepared Flour of Bran, freed from Starch by Gamgee's process, in 10 lb. cases, $5.00. Gluten Flour, rich in nitrogenous matter and the phosphates, in 10 lb. cases, at $3.00.

SHEDDEN & CO., Broadway, cor. 34th St., New York.

FOOD;

Its Varieties,
Chemical Composition,
Nutritive Value,
Comparative Digestibility,
Physical Functions and Uses,
Preparation,
Culinary Treatment,
Preservation,
Adulterations, &c.

By HENRY LETHEBY, M.B., M.A., Ph.D., &c.,

Professor of Chemistry at London Hospital, Food Analyst and Medical Officer of Health to the City of London.

In one neat 12mo volume, bound in muslin. Price $2.25

WILLIAM WOOD & CO., Publishers,
27 Great Jones Street, New York.

MELLIN'S FOOD

TRADE MARK.

For Infants and Invalids,

— FOR THE —

Healthful Rearing of Hand-fed Children & the Preservation of Infant Life

AND FOR THE NOURISHMENT OF INVALIDS WHO CANNOT DIGEST ORDINARY FOOD.

Price, $1.00 per Bottle. Trial Size, 60 cents. For Sale by Druggists.

MELLIN'S FOOD IS ENTIRELY SOLUBLE AND NOT FARINACEOUS.

We will furnish a sample of Mellin's Food free to any physician who may desire to try it in his practice. Send for a pamphlet on "Infants' Food," etc., containing Analysis, Testimonials, etc.

PREPARED ONLY BY G. MELLIN, LONDON.

T. METCALF & CO., 39 Tremont St., Boston, Sole Agents for the United States.

LA BELLE CHOCOLATIERE.

ESTABLISHED 1780.

WALTER BAKER & CO.,

MANUFACTURERS OF

BAKER'S COCOA,
BAKER'S BROMA,
BREAKFAST COCOA,
PREMIUM CRACKED COCOA,
BAKER'S CHOCOLATE,
FRENCH VANILLA CHOCOLATE,
EAGLE FRENCH CHOCOLATE,
GERMAN SWEET CHOCOLATE.

Acknowledged the BEST throughout the World.

SOLD BY ALL THE PRINCIPAL GROCERS.

QUINETUM PILLS

(Sugar-Coated.)

The name **Quinetum** was given by Dr. De Vry to the collective alkaloids obtained from Peruvian bark; it has been extensively used by physicians throughout Holland in cases where the salts of quinine had been habitually employed. Dr. H. J. Vinkhuysen, Physician to the Household of the King of the Netherlands, has closely observed its effects, and arrived at the following conclusions:

1. The action of Quinetum in cases of marked or larval malaria, and especially in rheumatic affections due to malarious influences, is incomparably greater than that of quinine.

2. The tonic action of Quinetum is similar to, and even greater than that of quinine.

3. The influence of Quinetum in chronic cases is greater than that of quinine.

4. Persons who are liable to suffer from the toxic effects of quinine, and who therefore cannot take it without the greatest discomfort, can take Quinetum without this unpleasant effect, and yet obtain a similar therapeutical result.

5. Quinetum never causes noises in the ears.

6. Quinetum does not produce the unpleasant and even dangerous symptoms of quinine when given during the fit, and may be taken during the fit without causing any unpleasant feeling.

7. In all forms of pure malarial intermittent fever, Quinetum has the same apyretic effect as quinine, but is less powerful and acts more slowly. It must therefore be given in large doses, and at longer intervals before the ague fit, than quinine.

8. The only malarious disease in which Quinetum cannot be employed in place of quinine, is in pernicious fever. Quinetum requires more time to act than quinine, and as rapidity of action is absolutely necessary in this disease, Quinetum cannot be used in it as a substitute for quinine.

These Pills may be obtained of Druggists, or will be sent by mail, post-paid, on receipt of price.

One Grain,	- -	*Per 100,*	- -	*$0.75*
Two Grains,	- -	"	- -	*1.10*
Three Grains,	- -	"	- -	*1.50*

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Tinctures according to **Class II** are made from three parts of the plant to two parts of Alcohol by weight.

Tinctures according to **Class III** are made from one part of the plant to two parts of Alcohol by weight.

To distinguish these Tinctures from those of the U. S. Pharm., the Greek letter φ (phi is written after their names on the label, and *appended to each bottle is a label giving the proportion of the plant in the tincture.*

These fresh plant tinctures are sold at the following rates, with few exceptions:

1 oz. 25 cts.; 2 oz. 45 cts.; 4 oz. 85 cts.; 8 oz. $1.60; 1 lb. $3 00.

Aconit. lycoct.
Aconit. nap.
Aconit. rad.
Actæa spicata.
Aethusa cynap.
Agaricus emet.
Agnus castus.
Althæa.
Anagallis ar.
Anthoxanth. odor†
Aquilegia.
Arnica mont.
Arnica rad.
Artemisia abrot.
Artemisia absynth.
Arum mac.
Asclepias vincetox.
Asperula odor.
Asplenium scolop.
Bellodonna.
Bellis perennis.
Bryonia alba.
Cactus grand.*
Caladium seg.
Calendula.
Caltha pal.
Carduus bened.
Chamomilla vulg.
Chenopodium anth.
Cicuta virosa.
Clematis erecta.
Clematis vitalba.
Colchicum e rad.
Conium mac.
Convulvulus arv.
Cotyledon umb.†
Cyclamen Europ.
Dictamus alb.
Digitalis purp.
Drosera rotund.
Dulcamara.
Euonymus Europ.
Euphrosia off.
Filix mas.
Fragaria vesca.
Gentiana lutea.
Gratiola.
Helleborus niger.
Hyoscyamus niger.
Juglans regia.
Lactu a vi osa.
Lamium alb.
Laurocerasus.
Menianthes trif.
Mercurialis per.
Mezereum.
Oenanthe croc.†
Paris quadrif.
Phellandr. aq.
Pimpinella.
Prunus padus.
Prunus spinosa.
Pulsatilla nigr.
Pulmonaria vulg.
Ranunculus bulb.
Ranunculus scel.
Salvia off.
Sabina.
Salix alb.
Salix niger.
Sambucus cortex.
Sambucus mara.
Sedum acre.
Sempervivum tect.
Symphitum off.
Taxus bacc.
Teucrium marum verum.
Thlaspi bursa past.
Tilia Europ.
Trifolium fibr.
Tussilago petasites.
Urt ca uren.
Uva ursi.
Verbena off.
Vinca minor.
Viola odor.
Viola tricolor.
Viscum alb.

N. B.—Remedies marked with an asterisk * are at double, those with a dagger †, treble the above rates.

Additions are made as other remedies come into use.

☞ *List of Medicinal Triturations will follow.*

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Powd. Ext. Belladonna	.50
Powd. Ext. Colocynth	.60
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Powd. Ext. Conium	.40
Powd. Ext. Cannabis Indicus	.75
Powd. Ext. Digitalis	.40
Powd. Ext. Guarana	1.80
Powd. Ext. Gentian	.40
Powd. Ext. Hop	.50
Powd. Ext. Hyoscyamus	.50
Powd. Ext. Ipecac	.90
Powd. Ext. Jalap	.40
Powd. Ext. Lobelia	.40
Powd. Ext. Lettuce	.50
Powd. Ext. Mandrake	.40
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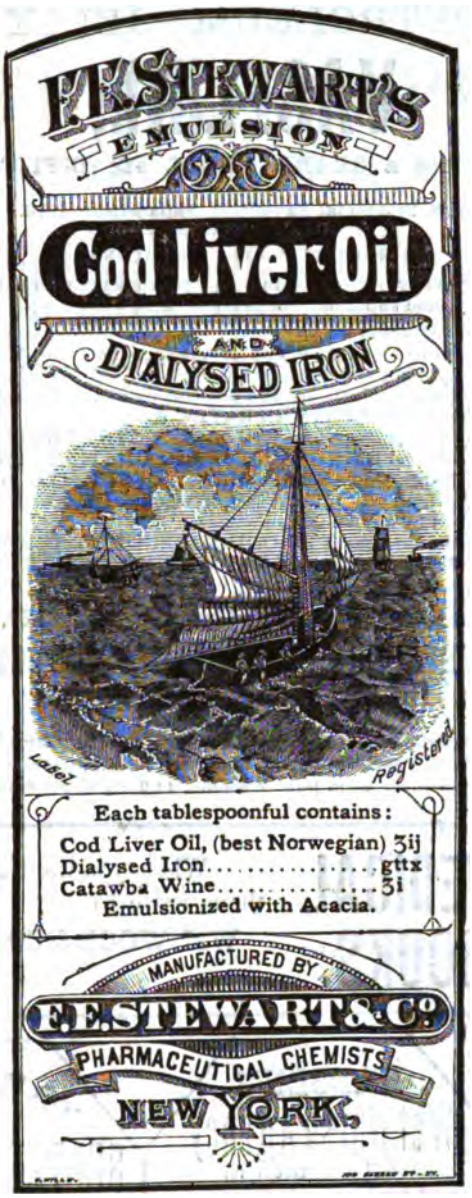

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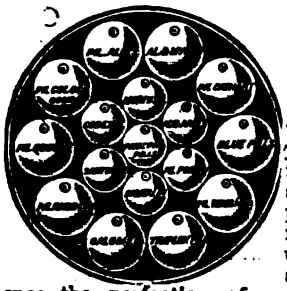

These new pills and granules are the only real improvement made in pills for many years. While they are a novelty, their principal claim to superiority lies in the fact that they have undoubted advantages over all other pills, and are at once the perfection of accuracy, and a safeguard against mistakes or substitution. Their claim to the confidence of the medical profession and pharmacists rests on the entire purity of the ingredients used; perfect accuracy of composition and uniformity of size; ready solubility; tastelessness and harmlessness of the coating, which is vegetable; perfect preservation in all climates; entire security against mistakes or substitution, every pill or granule having printed upon its surface either its common name or its composition, as Pil. Cath. comp., or Pil. Quin, 1 grain.

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Pills, prepared according to the U. S. Ph. when officinal: Aloes; Aloes and Assafœtida; Aloes and Mastich; Aloes and Myrrh; Assafœtida; Comp. Cathartic; Comp. Calomel; Comp. Colocynth; Iron, Carbonate; do. Citrate, 2 grains; do. Citrate of, and Quin., 2 grains; do. Pyrophosphate, 2 grains; Blue Pills, 3 grains; Calomel, 5 centigrammes, or 3-4th grain; Podophyllin, 1-6th, 3-4th and 1 grain; Proto-iodide of Mercury, with Opium, Ricord's formula; Quin. Sulph., 3-4th, 1, 1½, 2 and 3 grains; Rhubarb; Comp. Rhubarb; Santonine, 3-4th gr.; Triplex; Valer. Zinc., 3-4th gr.

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BY A PHYSICIAN.

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Why is this?

Because it is found that certain manufacturers, appealing to the convenience and profit of the apothecary, have been sacrificing merit and therapeutic value to elegance of appearance, and have employed officinal forms and professional nomenclature to foist upon the physician, by aid of the druggist, compounds of little or no value, and altogether unworthy of the high claims made for them.

Thus, the manufacture of medicinal agents for the use of Physicians is rapidly degenerating into empiricism, and is becoming almost as objectionable as the ordinary clap-trap of the "patent medicine" business.

Notably is this true with reference to that important and useful agent, *Belladonna Plaster*.

Dr. J. M. Grosvenor, graduate of Dartmouth, was the first to appreciate and turn to practical account, an improvement in compounding Belladonna Plaster by using purified rubber as a basis of combination.

His experiments in affectingthe combination in therapeutic and mechanical perfection were long continued, exhaustive and expensive.

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Because it proved to be an entirely reliable preparation — presenting the drug uniformly, accurately, and with the most precise and skilful attention to convenience and activity.

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Belladonna Plaster is sold to the druggist in yard rolls, enclosed in a tin case. He cuts it into strips for dispensing as the physician may order.

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Finally he adopted, for the protection of the profession, the expedient of stamping his name at short intervals across the back of his "Belladonna Plaster" in violet ink, but omitting the words "Belladonna Plaster," for reasons which practitioners will understand.

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The profession are reminded that a true Belladonna Plaster, accurately prepared, *cannot* be a *cheap* product. Dr. Grosvenor originally sold his Plaster at the lowest practicable price, and that price has never been changed. Any plaster professing to contain the same elements that is sold at any price considerably lower, stamps itself at once as being the work of quackery.

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These Pearls supply a long felt want in the administration of this powerful remedial agent. A finely blown glass bulb is filled with a given quantity of the Amyl, each 2, 3, 5 and 8 drops, the glass is then drawn out and hermetically sealed. The patient who shall inhale it carries the Pearls in a little box, and at the approach of premonitory symptoms crushes one in a handkerchief and inhales the medicine: the glass is so very thin that the patient runs no danger whatever of wounding himself. The great advantage of this new contrivance is in the rapidity with which a correct dose of the Nitrite of Amyl can be administered by the patient himself, and in all cases of Asthma, Angina Pectoris, Epilepsy, or other diseases where this is essential, these glass Pearls form as yet the best known method of applying it.

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This is a tapering rubber stopple, closing the mouth of the vial tighter than ordinary corks, much more durable, impervious to Acid, Iodine, etc., and on account of its length and taper fitting equally well in bottles varying in size from ½ to 6 ounces.

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Alcoholic Extract Belladonna, U. S. P.	*2,571*
Allen's English Extract	*1,411*
Herring's English Extract	*1,179*

The practitioner, as well as ourselves, has but one choice.

Considering these features from a professional standpoint, we offer a Belladona Plaster which cannot be improved upon.

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This article has met with unprecedented success, and has been emphatically pronounced by our most skilful General and Orthopædic Surgeons, as "the best Surgeons' Adhesive Plaster known". It is applied without heat or moisture, conforms quickly to the parts; is perfectly flexible and waterproof, and is ready for use at any moment. It is free from irritating properties and very healing. In counter-extension it has no equal, as it does not move or slide after being applied. Our India Rubber Adhesive Plaster is also spread on twilled linen, which resists the most powerful strain. In addition to these general improvements, the plaster being impervious to water, wounds can be cleansed without removing the plaster, obviating the necessity of constant redressing, saving labor and time. **Whenever continued powerful adhesion is required, it should be procured in porous form.**

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Our Mustard Plaster is a decided improvement over the best French makes; the mustard is manipulated so as to exclude all the moisture, retaining unimpaired by such treatment its essential properties. They are always reliable, conform quickly to the part, and when thoroughly wet do not break into pieces, as is the case with all other mustard plasters. They do not crack or peel off, and can be removed without soiling the skin or linen. Being **manufactured only of pure mustard,** they are perfectly free from Croton Oil or other dangerous substitutes, often employed to induce intense irritation.

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This article has a splendid reputation; its characteristic action is not impaired by age in any climate. The whole fly is incorporated, which by constant manipulation is thoroughly and beautifully combined with the plaster. **Its properties are developed quicker, and its blisters in less time than the cerate.** It never fails to blister when used as directed. In addition to its superior efficacy as a vesicant, we incorporate a sufficient quantity of Camphor, which, with the Olive Oil, used on the face of the plaster, **prevents Strangury.** This improvement will be appreciated by every practitioner. It is more reliable than any known cantharidal preparation.

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SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

FACULTY:

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.
FORDYCE BARKER, M.D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Professor of clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
WILLIAM M. POLK, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
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EDWARD G. JANEWAY, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

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ERSKINE MASON, M.D., Clinical Professor of Surgery.
EDWIN L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consist chiefly of Recitations from Text-Books. This term continues from the first of March until the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
Graduation fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	25 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

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OF THE
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BUFFALO, N. Y.

Session of 1878-79.

Preliminary Term begins.....Oct. 2.
Regular Term " .....Nov. 6.

FEES.—Matriculation, $5.00. Faculty, $100.00. Perpetual Ticket, $150.00. Graduation Ticket, $25.00.

THOMAS F. ROCHESTER, M.D., Dean,
Buffalo, N. Y.

MIAMI MEDICAL COLLEGE,
OF CINCINNATI.

Next Session will commence October 3d, 1878. Professors' Tickets, $40.00.

FACULTY.—JOHN A. MURPHY, M.D., Dean; E. WILLIAMS, M.D.; WM. CLENDENIN, M.D.; WM. H. TAYLOR, M.D.; J. B. HOUSE, M.D.; W. H. MUSSEY, M.D.; T. H. KEARNEY, M.D.; J. C. MACKENZIE, M.D.; W. B. DAVIS, M.D.; BYRON STANTON, M.D.

For Circulars, address, JOHN A. MURPHY, M.D., 163 W. 7th St.

STARLING MEDICAL COLLEGE,
COLUMBUS, OHIO.

The Thirty-second Session of Starling Medical College will begin October 2, 1878, and continue until March, 1879. It will be preceded by a preliminary course beginning September 4, 1878. Extensive additions have recently been made to the Museum and other teaching facilities of the College.

FACULTY.—F. Carter, M.D., Dean; H. G. Landis, M.D.; J. H. Pooley, M.D.; S. Loving, M.D.; J. M. Wheaton, M.D.; E. B. Fullerton, M.D.; W. J. Conklin, M.D. (of Dayton); Alex. Dunlap, M.D.; Otto Frankenberg, M.D.

Lecture tickets, including matriculation, $45.

College, cor. of State and Sixth Sts.; Dean's Office, 181 E. State St.

Letters of Inquiry should be addressed to the Dean.

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FEES.—Lecture Tickets, including Matriculation Ticket, $50.00.

WINTER SESSION.—Commences on the third Wednesday in September, and continues 24 weeks.

SUMMER SESSION.—Commences on the first Monday in April.

H. H. POWELL, M.D., Secretary, 328 Euclid Avenue.

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IOWA STATE UNIVERSITY,
IOWA CITY, IOWA.

MEDICAL DEPARTMENT.—SESSION OF 1878-'79.

The next regular course will commence on Wednesday, October 24th, 1877, and continue until the first Wednesday in March, 1878. The preliminary term will begin on Wednesday, October 10th, and continue until the opening of the regular course. Clinical instruction in Mercy Hospital gratuitous. Advanced students will be intrusted with the care of cases. Applicants for graduation will be required to perform operations upon the cadaver. An abundant supply of dissecting material constantly on hand.

FEES.—For the entire Course, $80.00. Matriculation Ticket, $5.00. Demonstrator's Ticket, $5.00. Graduation Fee, $25.00. For further information, address W. F. PECK, M.D., Dean, Davenport, Iowa, Or, ELMER F. CLAPP, M.D., Sec'y, Iowa City, Iowa.

N. H. MEDICAL INSTITUTION AT
DARTMOUTH COLLEGE.

The *Eighty-second* Annual Course of Lectures begins Aug. 1, 1878, and continues fourteen weeks. Recitations from Dec. 5 to June 20.

FACULTY:—E. R. Phelps, M.D., LL.D., Practice Emeritus; O. P. Hubbard, M.D., LL.D., Chemistry; J. Ordronaux, M.D., LL.D., Medical Jurisprudence; C. P. Frost, M.D., Practice; P. S. Conner, M.D., Surgery; E. S. Dunster, M.D., Gynecology and Obstetrics; H. M. Field, M.D., Therapeutics; L. B. Row, M.D., Anatomy and Physiology.

FEES:—Matriculation, $5; Lectures, $77; Graduation, $25; Recitations, $40.

For Circular, address C. P. FROST, M.D., Dean, Hanover, N. H.

MEDICAL DEPARTMENT OF
HARVARD UNIVERSITY,
BOSTON, MASS.

NINETY-FIFTH ANNUAL ANNOUNCEMENT. (1878-79.)

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A Catalogue, containing detailed information and specimens of examination papers, will be sent on addressing

DR. E. H. FITZ, Secretary, 106 Boylston St., Boston, Mass.

MEDICAL INSTITUTION OF
YALE COLLEGE.

Spring Term begins February 14, and closes June 25, 1878.

Winter Term begins October 3, 1878; closes January 30, 1879.

FEES.—Matriculation Fee, $5.00. For the Spring Term, $60.00. Contingent Expenses of Laboratory, Spring Term, $10.00. Winter Term, Lecture Fees, $105. Demonstrator's Ticket, paid once a year by those who dissect, $5.00. Graduation Fee, $25.00.

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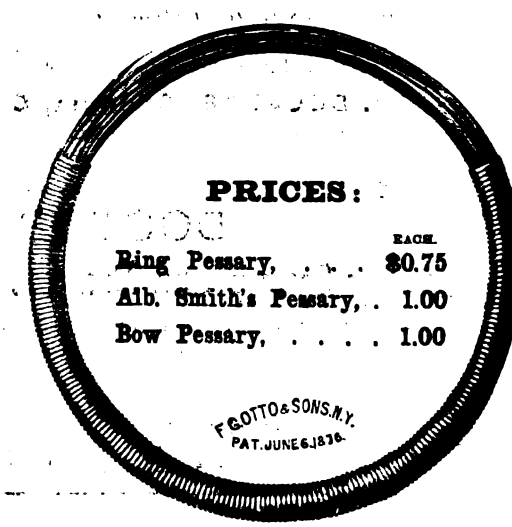

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Original Lectures.

LECTURE ON ABSCESS IN THE NEIGHBORHOOD OF THE ANUS AND RECTUM.

By W. H. VAN BUREN, M.D.,

PROFESSOR OF SURGERY IN BELLEVUE HOSPITAL MEDICAL COLLEGE.

(Delivered at the College in the Spring Course, April, 1878.)

Abscess in the neighborhood of the rectum and anus is a very common affection, although it is often borne in silence, especially by women, through dislike of exposure and dread of the surgeon's knife. The practitioner who is familiar with the different phases of the disease has it in his power to prevent great inconvenience and suffering, and not unfrequently even to save life. Recognizing it by the description of characteristic symptoms, he can often say confidently to his patient, "Take a little ether and let me save you much trouble hereafter." There is no class of cases in which anæsthesia adds so largely to our power as in the surgery of the rectum; and here, in this country, where it was first discovered, the duty would seem to devolve upon us to demonstrate its practical utility in everyday surgery, for abroad, and especially on the Continent, the tendency is very strong to continue in the beaten track, and reserve it for the greater operations.

I shall assume that you know something of the general pathology of abscess. Here, as elsewhere, it takes its origin in the alteration or actual death of a portion of tissue, possibly very minute, which thus becomes a source of irritation sufficient to provoke an effort for its elimination or floating out from the organism by pus formation. This necrosis or change in quality of tissue—the ultimate cause of every abscess not due to the presence of an actual foreign body introduced into the tissues from without—may originate in *local traumatism*, or in *failure of local textural nutrition from general causes.* Thus, in answer to the question why abscesses should form in this region, we find amongst clearly substantiated antecedents the following: Perforation, immediate or ulcerative, by hard substances which have been swallowed and afterwards actually found in abscesses near the rectum, *e.g.*, pins, needles, fish-bones, sharp fragments of chicken and other bones—the pelvis of a snipe, an apple core, etc.; abrasions caused by impacted and hardened fæces, or by foreign bodies introduced through the anus, leading in some instances to perforating ulcer; violent stretching of the parts in forced efforts at defecation; contusions, as from kicks, or riding on horseback; mechanical or chemical irritation by contact of substances used for cleanliness, by scratching to relieve pruritus or eczema, or by the contact of strong perspiration after much walking, or of acrid secretions from the vagina; strangulated or irritated hæmorrhoids; the presence of stricture or cancer of the gut—of which the formation of abscess in the neighborhood is not an unfrequent complication; local chilling, as by sitting on a cold stone or a wet seat; finally, the tubercular diathesis, and also, in persons of good constitution, a temporarily vitiated condition of the blood and consequent depression of the vital powers.

We must not lose sight of the facts that chronic abscess of remote origin in necrosis of bone, and psoas abscess, sometimes gravitate to this region and point near the anus, and that the vicinity of an enlarged prostate, or a diseased bladder or seminal vesicles, may cause perineal abscess, and encroach upon the rectum. I have punctured an abscess seated between the prostatic urethra and rectum and projecting into the latter—to relieve retention of urine; and Gooch relates the case of an old gentleman long subject to gravel who, after a perineal abscess and much subsequent complaint of pain at the anus, was found, on examination (which had been unwisely deferred), with a urinary calculus of a slender, tapering shape, and over an inch long, projecting more than a third of its length into the rectum. Its removal was followed by cure. (*Chirurg. Works*, London, 1792, vol. iii., p. 216.)

I am disposed to emphasize the subject of etiology, because the more thoroughly we grasp the causes of disease the greater the chances of success by hygienic and preventive measures, and the more direct and rational our treatment.

Before describing any of the various forms in which we encounter them in practice, it is important to observe that *all abscesses near the lower end of the rectum have certain characteristic features in common*, viz.:

1. They can be rarely made to abort, going on almost inevitably to suppuration.

2. They do not heal readily, but as a rule tend to degenerate into chronic sinuses and fistulæ.

3. The pus which they discharge is offensive in odor, in consequence of the exosmosis of gases from the bowel.

From what I have said thus far you will already understand, I think, why it is a received rule of surgical practice that *these abscesses should always be opened, and opened early*, even without waiting for unequivocal evidences of fluctuation. It is another good rule, to be mentioned in this connection, that *all incisions for this purpose should radiate from the anus as a centre;* we thus avoid cutting across the general course of blood-vessels, and we escape, also, possible bad effects of subsequent contraction in healing.

Abscesses in this region vary in situation as well as in size, and they vary widely in gravity, as we shall see.

Often a little round lump will form just at the verge of the orifice of the anus, taking its origin from a hard stool, or an external pile, or the chafing of the napkin of a menstruating woman. It becomes hot, and exquisitely painful. This is, naturally, one of the most sensitive spots in the body; the sphincter is provoked to spasmodic contraction by the presence of the painful little tumor, which is therefore constantly pinched, and for four or five days, or until it bursts, life is a burden.

If abortion cannot be effected in twenty-four hours by a pig's bladder partially filled with ice and moulded accurately to the part, then the tumor should be freely incised. Freezing with ice or ether-spray might replace general anæsthesia. Afterward a piece of fine sponge, cut to fit the part and moistened with laudanum or comp. tinct. benzoin, may be kept in contact with it. These little anal abscesses, which, like those of the eyelids (hordeoli), often originate in glandular follicles, cause an amount of pain out of all proportion to their size. They occur more frequently before middle life, and in some individuals show a tendency to habitual recurrence. The regular use of an astringent or alcoholic lotion to harden the skin is often of service in such cases. One form of this marginal abscess undoubtedly takes its source in a little varicose venous pouch—one of the varieties of origin of the external hæmorrhoid; this, when left to itself, is likely to leave behind it a minute "blind external

fistula," often associated with a little flap of shrivelled integument.

A *painless* variety of marginal abscess sometimes forms insidiously, generally in a delicate, perhaps phthisical subject; it may discharge itself and leave a little fistula without its existence having been suspected. This is more of the nature of what is known as the "dermoid" abscess, and it requires decided local stimulants to make it heal after incision.

Where the focus of pus formation is situated farther from the verge of the anus and beyond the grip of the sphincter, the pain, even of the acutest grade of abscess, although from its greater size very considerable, is not so constant and intolerable as in the first variety. There is more or less extensive redness of the skin, followed by central softening, and accompanied by febrile reaction. Entire rest, narcotic and sedative poultices, with early and free opening, are the remedies. Such a case, if not promptly met, might linger a fortnight or longer. One of its prominent difficulties is to provide for defecation without great temporary increase of pain. It is better that this should be done daily, or every other day, than to run the risk of fæcal accumulation and its consequences, which might interfere with subsequent prompt repair. The best means to use for this purpose are a moderate dose of some mild, reliable laxative, such as castor oil, sulphur and cream of tartar, or fluid extract buckthorn, assisted at the right moment by an enema of warm water and sweet oil.

The introduction of the nozzle of the injecting tube is not painful under these circumstances, if rightly managed, and it is usually wise to overrule the objections of a patient who has no experience of this remedy. The obstruction to the local circulation from a loaded rectum constitutes a positive aggravation of the malady.

This is the more common form of acute abscess near the anus. When left to itself the complete relief from pain which follows spontaneous discharge leads the patient to dismiss the trouble from his mind and consider himself cured. It is only some weeks later that the fact forces itself upon his attention, in consequence of finding his clothing more or less constantly soiled by a watery and perhaps offensive discharge, that a fistula has formed.

It happens, occasionally, that a collection of pus forms outside of the rectum, in most cases just on a level with the upper limit of the sphincter, and, failing to reach the surface externally, and in most cases causing no very urgent pain, finally discharges itself into the bowel, so that the patient, after voiding some matter at stool, finds himself relieved. It is in this manner that what is called the "blind internal fistula" forms —a variety of fistula which is not very common. The relief, however, in a case like this, is not usually permanent; a hard lump remains somewhere on the buttock, near the anus, and continues somewhat tender on external pressure; sooner or later it becomes the seat of another abscess, which may break externally, and thus the complete process of repair failing, the "blind internal fistula" is converted into a "complete fistula."

In both this and the last variety of abscess the exciting cause is undoubtedly, in most instances, a perforating ulcer at the bottom of one of the lacunæ of the rectum, which are situated just above the external sphincter, the ulceration having been provoked by the lodgment in the little pocket of some source of irritation derived from the passing fæces. Hence an explanation of the fact that when a complete fistula follows one of these abscesses its communication with the bowel is found most frequently just above the upper limit of the external sphincter. Not rarely the starting-point of the abscess is in the substance of this muscle, so that the resulting fistula actually traverses the muscular mass. When the abscess extends entirely outside of the sphincter muscle, it then occupies the ischio-rectal fossa, and, in the loose connective tissue and fat of this region provided to accommodate the varying bulk of the rectal pouch, finds room for rapid development.

It is a much more grave form of rectal abscess, that which takes its origin, at first, deep in the ischio-rectal fossa. It is caused in some cases, doubtless, by ulcerative perforation of the rectal pouch; in others as a direct result of constitutional dyscrasia. The progress of these cases is often slow, insidious, and depressing, because the pus tends to travel inwards—in the direction of least resistance rather than towards the surface. The dense integument and subcutaneous cushion of the buttock become thickened and brawny, often over a considerable extent of surface. There is not, necessarily, any very urgent pain or throbbing; but fever is present, and frequently there are evidences of septicæmic depression. When the surgeon is not familiar with these cases, and waits for evidences of fluctuation before interfering, extensive destruction of pelvic connective tissue may occur, involving danger to life. A finger in the rectum will recognize increased heat and an œdematous, doughy feel. The indications are those of phlegmonous erysipelas; the surgeon should make an early and free opening with the knife through the integument, and follow it with his finger, so as to secure a direct and sufficient outlet —not only for pus, but for sloughy débris. This affords the only assurance of safety. When it is neglected there is liable to be extensive surface ulceration and sloughing, with an amount of destruction of pelvic connective tissue around the lower end of the gut, which is often irreparable; and where the patient does recover he is liable to permanent disability.

I was consulted recently by a healthy-looking Western gentleman, in middle life, who was about to marry a second time, for occasional inability to prevent escape of flatus from the anus, and when his bowels were loose he was also liable to incontinence of fæces. He had been operated upon twenty years before for fistula, but through his own neglect the disease was not cured. Other abscesses followed, one of which was very severe and extensive, and it left, after long convalescence, several new fistulous tracts. These were subsequently laid open at different operations, and all healed soundly. On examination I found the anal orifice retracted much more deeply between the nates than usual; indeed, vigorous pulling asunder of the buttocks was required to bring it into view. It was formed posteriorly by a dense cicatrix, and a slight protrusion of mucous membrane presented. There was no grip to the sphincter, which had evidently been seriously damaged. There had been also, pretty certainly, extensive loss of substance of the pelvic connective tissue around the lower end of the rectum, and powerful contraction of the granulation tissue during repair. The excessive retraction of the anus was also in part due to the constant use of the *levatores* in efforts to aid the weakened sphincter in retaining the contents of the bowel. The parts presented the appearance which might have followed entire removal of two inches of the lower end of the rectum, including the anus. Recognizing no prospect of benefit from operative interference, I advised palliative measures, amongst others the wearing of a small plug of prepared oakum moulded to the part.

The result of another case which I saw some years ago was even less favorable.

A gentleman of 47, of good constitution, but sedentary, luxurious, and self-indulgent in his habits, developed a deep ischio-rectal abscess without any obvious cause. The symptoms were serious and the surface induration excessive. His usual attendant, who watched the patient assiduously, discovered some soft, imperfectly fluctuating points towards the end of the third week, and made small punctures. Ulceration and sloughing followed, and when I saw the case later there was a gap several inches deep extending pretty much from the coccyx to the base of the scrotum, and this was being dressed in daily with lint. The granulations were feeble, and the patient's vitality very much depressed. Syringing with aromatic wine and painting with balsam Peru and comp. tinct. of benzoin were substituted for the lint dressing, and a general supporting treatment adopted. Under this course the patient gained, but very slowly, and declining the advice to take a sea voyage as offering the best chance to stimulate his flagging powers of repair, went to the country at the end of six weeks to avoid the summer heats, where some months later I saw a notice of his death—from exhaustion. In this case I formed the opinion, in consequence of the utter lack of vital force of the patient, that a depraved condition of the blood, and, in fact, of the whole organism, from a long-continued, faulty mode of living, was the cause of his attack, and I feel confident that this form of abscess comes often in a similar way.

There is, plainly, a wide interval between the little, round, painful abscess of the margin of the anus and the grave forms of disease just described, and in practice we encounter many varieties of abscess intermediate with these which I have brought forward as typical examples; but it is worthy of being always borne in mind that the same rule of treatment is imperative in all abscesses near the anus or rectum, viz., to open early and freely, with the double object of shortening the period of pain and tissue destruction, and of securing a cure, if possible, without fistula.

Troublesome bleeding from opening these abscesses rarely occurs. Pressure applied in the usual method, by compresses and a T bandage, or strips of adhesive plaster, is always available, but I prefer the sub-sulphate of iron—used either in solution, or as a dry powder. I have found this substance entirely efficient as a hæmostatic, and it makes a good dressing—possessing no irritating or escharotic properties, but, on the contrary, being an excellent disinfectant, and a salutary local stimulant. It forms a scab under which healing goes on without pus formation. I have filled the cavity of an abscess with the dry powder, blowing it in through a tube, after the manner recommended by Marcus Aurelius Severinus for his famous "catagmatic powder," with excellent effect. There is no reason, therefore, why the abscess should not be opened so freely as to render any subsequent retention of pus impossible, and this is the condition on which prompt healing and escape from the formation of a fistula depend. I have little doubt, after the results I have seen from the antiseptic method, that if it were faithfully used in opening and dressing these abscesses, and accurate drainage secured by means of caoutchouc tubes or horse-hair, healing without fistula would be the rule, instead of the rare exception, as at present. The striking success of Volkmann, as set forth in his recently published operations upon the rectum, certainly justifies this hope. But even with the aid of antisepsis in insuring prompt repair, early and free opening cannot be dispensed with.

There is a variety of abscess properly mentioned here which constitutes an exception to the rule I have just laid down, and our knowledge of it is both recent and valuable. The cavity beside the rectum, familiarly known as the *ischio-rectal fossa*, was first accurately described, and this name given to it, by Velpeau, in 1829. In 1856 Richet first pointed out and described formally a region lying beside the rectum, but *above* the ischio-rectal fossa, and separated from it by the levator ani muscle and the fasciæ which line its surfaces. This musculo-membranous diaphragm forms at the same time the roof of the old fossa and the floor of the newly-described space which, in fact, lies between it and the parietal aspect of the peritoneum as the latter is reflected from the walls of the pelvis over the rectum and bladder. In the loose connective tissue which occupies this "superior *pelvi-rectal space*," as Richet has named it, abscess occasionally forms.*

The symptoms which accompany the formation of an abscess in this region are obscure, and its progress slow, in consequence of the difficulty with which the pus finds an outlet. The musculo-membranous layer of the levator is not easy to penetrate. Ultimately the pus discharges, either by ulcerating into the rectum—high up, of course—or by working backwards through a partial opening which exists normally in the median line near the sacrum. It now escapes from the pelvis through the upper sacro-sciatic opening, or gravitates downwards beside the rectum, and points externally near the anus, constituting a variety of fistula which requires a special treatment for its cure, and this we shall consider hereafter. The route by which the pus of an abscess of the upper pelvi-rectal space escapes is the same which is followed by an abscess taking its origin near the vertebral bodies, when it makes an opening near the anus, simulating fistula in ano.

These, then, are examples of varieties belonging to our category of abscesses near the anus and rectum, which we cannot open early, simply because they cannot be reached, even if accurately diagnosticated. I could not have covered the subject of the present lecture without mentioning them, nor could I have completed the etiology of fistula—as far as fistula takes its origin in abscess—which I also had in view.

Some years ago I watched with much interest the case of an eminent lawyer, who ultimately died exhausted from the effects of what I afterwards recognized as an abscess of the upper pelvi-rectal space. He was of delicate constitution, but not manifestly tubercular. The disease appeared at 55, after failure of the general health. Pus presented at the sacro-sciatic foramen, where I gave it vent, and the sinus, which communicated with the interior of the pelvis, never healed. Another abscess formed later on the buttock. The functions of the pelvic viscera were not seriously deranged. There was no evidence of diseased bone.

What are the chances of cure, without fistula, of abscesses near the rectum or anus? Allingham's table (*Disease of Rectum*, London, 1878, p. 19) of 4,000 consecutive cases of rectal disease observed at St. Mark's Hospital (out-patients) includes 196 abscesses, with the remark added that "of these 151 became fistulæ, and the rest were probably cured." This would give nearly twenty-three per cent., or about one in four, which I should consider somewhat too favorable a prognosis. It remains for us to improve the chances of cure by our methods of treatment, and the points I have sought to make look to this end. The

* Anatomie Méd. Chirurg., Paris, 1873, 4th ed., p. 93

following case, which illustrates still another variety of abscess, is of interest in this connection:

A lady of 28, of good constitution and well nourished, under treatment for a syphilitic taint communicated by her husband, rather suddenly failed in health, and soon after became conscious of pain and swelling near the anus. When I saw her there was a flat, fluctuating tumor, as large as a pullet's egg, extending from the left buttock to the anus. The pus was evidently just beneath the skin, but there was no redness at any point. It was opened freely, giving vent to a quantity of dark-colored and very fetid matter. Under quinine and wine this abscess healed entirely within six weeks, without any local treatment beyond a poultice, leaving no fistula. I verified the cure by subsequent examination, for I had told her, before opening the abscess, as I always do, that it would probably not heal without another operation, and she was, therefore, suspicious. Three years afterwards this patient had another abscess of the same character, but on the opposite side of the anus, which was treated in the same way, and it also got well within the month. I have examined this lady since, and found the cure perfect.

We shall next take up the subject of fistula.

Original Communications.

VESICULAR ERUPTION INDUCED BY THE INGESTION OF CANNABIS INDICA.

By JAMES NEVINS HYDE, M.D.,

CHICAGO, ILL.

No attempt has been made to furnish all the details in the early history of the case subjoined, since they throw no special light upon the lesions to which it is designed to direct attention. Full notes of this history are, however, in my possession, and from these I merely select for reproduction the salient points, which will enable the reader to verify the statement made respecting the fact of syphilis.

On the 12th of January, 1874, I was consulted by Mr. F., an intelligent gentleman, aged twenty-four years, of nervo-bilious temperament, well-developed in frame, and free from venereal antecedents other than those here noted. He stated that a gland had enlarged in his left groin in August, 1873, and that, in three weeks thereafter, a sore appeared on the left side of the glans penis, which speedily healed under the treatment of a physician, who decided that it was not of a syphilitic character. Cataplasms were applied to the inguinal swelling, and in ten weeks an incision was made without giving exit to pus. Later, poultices having been continuously applied, a serous discharge escaped from the opening. In November, adenopathy of the right side ensued, notwithstanding which he proceeded, by the advice of his physician, to fulfil a marriage engagement. On his way to New York, where the ceremony was performed, a second sore appeared on the right side of the frenum. This had been twice cauterized with carbo-sulphuric paste, but had rapidly enlarged. He stated that sexual intercourse with his bride had not been effected.

I found upon the corona glandis and adjacent sulcus an ulcer as large as a quarter of a dollar, with an irritable, reddish-gray, granulating and hemorrhagic floor, surmounting an engorged and indurated tissue-mass as large as a chestnut. There was cervical, epitrochlear, and double inguinal adenopathy, serum exuding from an incision in the left groin, sallow complexion, nausea, cephalalgia, and peri-articular pain. He was cautioned as to the danger of infecting his wife in intercourse, and placed upon appropriate treatment.

On the 25th of the same month, I was summoned to his residence, where I found him in a condition of great nervous prostration and anxiety, induced by the fear that he had infected his wife. He then stated that, though he had truly informed me that intercourse had not been effected, still there had been, on several occasions before my first examination, contact of the sexual organs without penetration. On the internal face of the left labium majus of the wife I found a single ham-colored, split-pea sized macule, which in two days was transformed into a clean-cut ulcer of corresponding size. Multiple adenopathy of the groins followed.

The subsequent syphilitic history of these two patients may be briefly summarized. The husband was soon extensively covered with a symmetrical macular syphilide, out of which papular lesions speedily developed, of similar distribution and persistent type, affecting the face, chest, abdomen, and extremities. The glazed, copper-colored papules of the forehead, constituting the well-known *corona veneris*, proved to be in this case especially annoying, resisting for a long time general and topical treatment. During the years which succeeded, no further eruption was displayed, though numerous gummy tumors of the skin have formed and undergone resorption. Treatment by mercury (inunction, fumigation, ingestion), potassic iodide, and tonics has been faithfully, persistently, and vigorously conducted.

Three months after infection, the wife had severe iritis of one eye, mucous patches of the vulva, and unsymmetrical papulo-squamous syphilide of mild type. During the ensuing year, she aborted with a still-born, macerated fœtus, which had probably been dead for ten days. In 1877 she miscarried with a six-months' infant, which survived but two days. After the completion of each gestation, I examined the products of conception; and in the last instance, made a careful post-mortem section of every portion of the body and of each viscus. No lesion of the soft parts was discovered; the bones are reserved for microscopical examination with a view to comparing results with those observed and minutely described by Parrot. Sections of these present to the naked eye no abnormal appearance.

Since the last pregnancy, the wife has exhibited a gummy tumor as large as a pigeon's egg over the left mamma; and has suffered from suppurative otitis externa. Her treatment has, in general, been that pursued in the case of her husband, exception of course being made of that directed to the relief of special symptoms, iritis, etc. Both husband and wife are now in fair health. This is, in brief outline, the syphilitic history of the family.

On the 16th of December last, Mr. F. came to me, greatly alarmed, declaring that he again had a syphilitic eruption. I discovered, on examination, that the cutaneous surface of the lower portion of the abdomen, back, hips, and thighs, was covered with lesions in groups, which he could not avoid scratching, even when subjected to inspection. These lesions were hot, irritable, pea-sized, flattened, rose-colored *boutons*, or urticarial papules, with scratch lines evident between them. With a half-inch lens I could

discover no central punctum, though here and there were minute blood-scales on the summit, the result of the wounds inflicted by the finger-nails. I suspected that the disorder had originated in the bites of the *cimex lectularius;* and, when questioned, the patient admitted that he had recently slept at a country inn, where he had been greatly disturbed during the night, as well as his fellow-traveller who shared his bed. He then remembered that each had discovered the eruption in the morning. These accidents subsided in a few days, after an alkaline bath and the application of a lead lotion. The incident is mentioned here in order to illustrate the fact that I was dealing with a patient whose skin was peculiarly susceptible to irritation.

On the 8th day of January last, Mr. F. again called upon me in alarm, insisting that, at this time certainly, he exhibited the evidences upon his skin of a fresh explosion of syphilis.

Upon examination, I discovered that the surface of the scalp, face, ears, neck, chest, dorsum, abdomen, and extremities, including the palms and soles, was covered with an eruption of strictly disseminated vesicles, nowhere arranged in groups, in various stages of development.

Dr. L. A. Duhring, of Philadelphia, recently described, in a clinical lecture delivered at the Hospital of the University of Philadelphia,* the peculiarities of a bullous eruption, due to the iodide of potassium, occurring in a patient affected with eczema. The description given of the lesions is admirably exact, and it is interesting in this connection to note the points of resemblance and dissimilarity between the induced phenomena in the two cases.

In the following particulars the eruption in the case of the two patients displayed similar features: the vesicles were generally elevated above the surface of the skin from one-half to two lines, were roundish in shape, tensely distended by their contents, and contained a clear serous fluid, no blood nor pus. They were, when mature, well-formed, persistent, showed no disposition to rupture, even when firmly pressed upon, and were yellowish-gray in color, having a glistening look due to the external surface of the capsule of each. They were implanted upon a slightly reddened base without peripheral areola, and existed in every stage of development to complete maturity. When ruptured (some had been purposely ruptured by the patient himself), a moderately large drop of clear serum exuded. The integument upon which they were seen was neither œdematous nor infiltrated.

But in the following particulars the eruption in the case of the two patients differed: in that here reported, the lesions varied in size from pin-point to small split-pea, and were in no case larger. They did not coalesce so as to form bullæ; indeed, were not closely packed, as interspaces of a diameter of two inches could be occasionally observed. There were hence no coalition septa, nor were puncta to be seen imbedded in any, like boiled sago grains. They were slightly acuminate rather than flattened, and in no instance umbilicated. When first examined, none were in phase of retrogression, and were thus neither shrivelled nor macerated.

The incipient lesions were not suggestive of miliaria —the condition in which minute vesicles appear upon the surface, like scattered seed-pearls. On the contrary, the papular origin of each was quite distinct, many papulo-vesicular forms showing upon the lower extremities. The eruption was symmetrical, but yet more abundantly developed upon the upper than upon the lower segment of the body.

When the eruption subsided, as it did to a marked degree in a few days without treatment, the vesicles shrivelled without bursting, and left neither ulcer nor scab, merely a light desquamative crust of yellowish-red hue, which left, after falling, a transitory hyperæmia of the surface.

The patient complained of a moderate degree of itching, which in no sense compared with that from which he suffered when affected with the pruriginous *boutons* described above. He readily controlled the effort to scratch, and even complained, when his scalp was handled, of a certain degree of tenderness and soreness there. Here, as also upon the legs, palms, and soles, were many abortive lesions, but several fully-developed vesicles could be seen upon the scalp.

The facial vesicles presented a peculiarly livid appearance during the time of this examination. It was due to the intense mental agitation of the patient, the surface of the skin of the face being engorged with blood. He had not forgotten his old syphilitic papules in the same locality, which betrayed his secret to many unskilled observers.

The disease was readily differentiated from *eczema* by the fact of the permanent character of the vesicles, and the absence of any evidence of dermatitis. The failure to recognize the "boiled-sago-grain" appearance, and the absence of sweating, excluded *dysidrosis* —the disease which Drs. Fox, Liveing, Tay, and Tweedy have of late been vigorously discussing in the *British Medical Journal.** The absence of concentric arrangement, as pointed out by Dr. Duhring in his case, forbade confusion with *herpes iris.* The absence of fever and failure of development into pustules excluded the supposition that the disease of the skin had been induced by either *variola* or *varioloid*, though unquestionably there are forms of the last-named disease, such as the so-called "horn-pox," which it would be difficult to differentiate, especially in cases where there had been no precedent febrile state. The straw-colored "stuck-on" scabs of *impetigo contagiosa* were not observed. Uniformity of lesion, absence of itching, with nocturnal aggravation, and the extent of the disease, were not characteristic of *scabies*, while the distribution of the lesions precluded the possibility that they were induced by *zoster.*

An important question remained: Were the lesions produced by syphilis? I had no hesitation in deciding that the eruption was in no way associated with the syphilitic diathesis undoubtedly present in this case, although I am aware of the fact that my position on this point will probably be disputed by many. My reasons for this decision may be briefly given as follows:

1. Vesicular lesions are rare in syphilis. Lancereaux,† in his voluminous treatise, devotes but little more than one page to their consideration. Bassereau observed, in all, but twelve cases. I can recall but two cases of distinctly and purely vesicular syphilis, observed during more than fourteen years' experience of the disease, and in neither of these were the lesions similar to those described above.

2. The character and behavior of the vesicles in this patient were not those peculiar to the specific forms. In the three varieties described in most of the text-books ("varicellar," "eczematous," and "herpetic"—inexact terms at the best) there is usually a history of

* Medical and Surgical Reporter, Aug. 4, 1877, p. 89.

* *Vide* Nos. for December 8, 15, and 29, 1877, and of January 5 and 12, 1878.

† Traité de la Syphilis, Paris, 1874.

either faint umbilication, transformation into pustular lesions, areolæ of congestion or inflammation, segregation into groups, localization in or about the hair follicles, indurated and copper-colored base, sequence of scabs, scales, ulcers, or cicatrices, or obscurity of cause. Without particularizing, it will be seen that these were not phenomena noted in the case under consideration.

3. The patient in this instance had survived that period of syphilis in which we look for superficial, symmetrical, and short lived cutaneous manifestations. It is true that Wilson has described a corymbiform vesicular syphilide, occurring as a late symptom in tertiary or neoplastic stages of the disease. But in his patients the lesions were small red papules, vesicular at the summit merely, occurring in patches made up of more or less concentric segments of circles.

For these reasons it seemed to me that the eruption in this instance could have been produced only by some of the irritant ingesta. The patient had not taken the potassium iodide for several months before the occurrence of the disorder. Just prior, however, to the discovery of the lesions of the skin, a friend had given him, for the purpose of relieving pain in the chest, two of the gelatine-coated granules manufactured by Messrs. McKesson & Robbins, of New York, containing each a half grain of the extract of cannabis indica. He had taken these in the evening, and soon after, commencing to feel drowsy, he had retired to bed. He passed the night in a heavy, dreamless sleep, having been much exhausted during the previous day by necessary attention to his business. In the morning the eruption was perceptible over the surface of his body.

In a few days, as has been already stated, without the administration of other remedies than a gentle laxative, the eruption entirely disappeared. The patient remained at rest in his house for three days, merely dusting some finely-powdered starch over those portions of the skin exposed to the air or undue friction of the clothing.

DISLOCATION OF RIGHT THIGH UPON THE DORSUM ILII OF SIX MONTHS' STANDING.

DISLOCATION OF LEFT THIGH, WITH FRACTURE OF NECK AND NECROSIS OF HEAD; FALSE ANCHYLOSIS OF LEFT KNEE IN FLEXED POSITION; REDUCTION OF DISLOCATIONS; EXCISION OF HEAD OF LEFT THIGH, AND ESTABLISHMENT OF SERVICEABLE FALSE JOINT; EXTENSION OF ANCHYLOSED KNEE AND RESTORATION OF MOTION; CURE.

By PROF. GEORGE E. POST, M.D.,

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FUTÍN, aged 13 years, presented herself Jan. 20, 1877, at the polyclinique of St. John's Hospital, in Beirût, with a complication of injuries, the result of a vis a tergo, applied six months previous to admission, producing a fall forward, and a twisting of the trunk to the right, and the lower extremities to the left. The appearance of the child at entrance was that of a shapeless bundle of rags, from beneath which a pain-stricken face was turned pleadingly upward by a twist in the back and neck. The body lay prone, both hips were strongly flexed, the right knee was opposite the left shoulder, and the left knee several inches to the left of the other. She could neither sit nor stand, nor lie on her back, nor extend her legs. As soon as she had become accustomed to the regimen of the hospital, she was put under chloroform and laid on her back. An examination of the left hip revealed a foul sinus, at the bottom of which was a round mass, which proved to be the head of the thigh-bone. This was removed by an incision, the cicatrix of which is clearly visible in the second of the two photographs. The thigh was then brought forcibly down to a position parallel with the axis of the body. In effecting this manœuvre, strong bands of adhesion with the pelvis were broken down, and the contracted integument and subcutaneous tissues considerably lacerated. The anchylosed knee was then straightened, a process which involved the laceration of the false ligaments, and to a considerable extent of the thin and subjacent cellular tissue also. The left lower extremity was then committed to an assistant, while the requisite manipulations were undertaken to reduce the dislocation of the right hip. This was effected without pulleys, adding another to the many proofs that bone-setting is a matter of address and attention to anatomical relations rather than of force.

The shock to the system of these extensive lacerations was very powerful, and occasioned no little anxiety. The patient having rallied somewhat, the right lower limb and the pelvis and lower part of the abdomen were enveloped in wire gauze well padded. The wound in the hip and the lacerations in the groin and popliteal space of the left side, coupled with the necessity of using extension to secure a favorable position to the new joint, forbade the use of the wire splint on this side. Its place was supplied by Buck's extending apparatus. The weight used was about five pounds.

The reaction after the operation was intense. The injured knee became violently inflamed and swollen, making it difficult to retain the extending bands in position. The joint was relieved from pressure by padding beneath the adhesive strips above and below the knee. After several days of violent fever the whole body became œdematous, the urine was loaded with albumen, the complexion assumed a waxy aspect, and for weeks it seemed that the patient must succumb. These grave symptoms yielded, however, to the use of large doses of quinine with anodynes, and, after six anxious weeks, the œdema began to lessen, the swelling of the knee declined, the general health began to improve, the albumen disappeared from the urine. Extension was maintained for two months longer, after which all retentive apparatus was removed. The right hip had long since fully regained its functions. The left knee was stiff, but not immovable in its new position. The patient could lie on the back, on either side, sit up in bed, and flex both hips. After the sixth month she began to rest her weight on the sound limb, and sit or stand by the side of her bed. Little by little she learned to walk, and at the date of the taking of the photographs from which the accompanying cuts were drawn, she was able to walk a mile with the aid of a crutch. She now stands, sits, lies in any position, and, by a twist in the pelvis and back, places the soles of both feet on a level when she walks. The real shortening is just 4½ inches, measured in the usual way from the anterior superior spinous process of the ileum to the inner ankle. The length of the sound limb is twenty-seven and a half inches.

Fig. 1 represents the relative length of the two limbs, when the twist of the pelvis is designedly overcome by placing a stone under her left foot.

FIG. 1.

Fig. 2 illustrates the uses of both hip and knee, and shows the scar of the wound through which the head of the thigh bone was extracted. Several pieces

FIG. 2.

of necrosed bone from the upper part of the shaft of the thigh have been discharged from the same opening. Both hip and knee can be considerably more flexed than is represented in the cut. The motion of abduction in the injured extremity is slight, but that of the opposite thigh is unimpaired. It will be seen that the nutrition of all three divisions of the injured limb compares favorably with that of the sound one. The general health of the patient is perfect.

FRACTURE OF THE PATELLA.

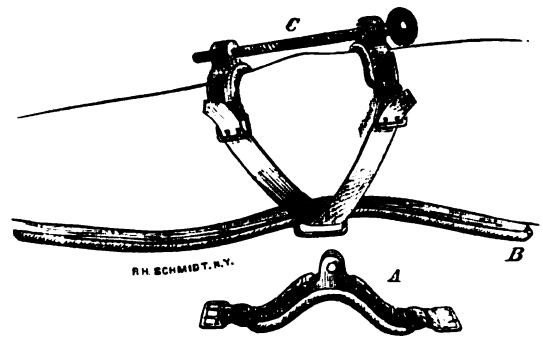
INJECTION OF ANIMAL MARROW BETWEEN THE FRAGMENTS.

By JOHN A. WYETH, M.D.,

NEW YORK.

G. S., MALE, Irish, æt. 35. In December, 1876, while in the act of falling backward, the leg being flexed and the *quadriceps extensor* on the strain, struck the right patella against the edge of an iron safe-door, sustaining complete transverse fracture of this bone about its centre. Nine weeks later I was called to treat him. Found the fragments separated about an inch, with no union, and inability to move the leg with the *quadriceps*. I approximated the pieces by means of an adhesive strip fastened above the upper fragment, and applied strong extension in the axis of the limb. A fixed dressing of plaster-of-Paris was immediately put on. Twenty-four hours after this the patient was allowed to walk about at will. Three weeks later the plaster bandages were split in front, the dressing removed, careful passive motion made at the knee, and the "movable-immovable" dressing readjusted. Six weeks after the first gypsum dressing was applied, the splint was discontinued. A good fibrous union, with a half-inch separation, was secured, and patient went to his business.

Five days later he fell on the ice-covered sidewalk, and struck with such violence on the injured knee that the skin was severely lacerated, and the upper fragment pulled three inches above the lower. So firm was the union already obtained that before this second separation occurred, a portion of the *rectus femoris* tore loose at its attachment to the upper fragment, and was found contracted into a hard lump, about as large as a walnut, half-way up the thigh. Finding none of the ordinarily described means sufficient to readjust the fragments, I had Mr. Philip Schmidt, of this city, construct the instrument figured



here, which consists of two well-padded pieces of iron (*a*), one inch and a half wide, made to fit the convexity of the thigh and leg above and below the patella, and *to project at the sides, so that the straps which pass through a staple on the back of the splint* (*b*) *will not press upon the sides of the leg, and thus interfere with the circulation to the broken bone.* The two curved pieces are connected by means of a screw (*c*) about eight inches long, which, when the instrument is adjusted, as seen in the cut, can be tightened at will. When the splint is to be worn for any length of time it will be best to apply two pieces of gutta-percha, moistened and fitted to the limb, above and below the patella, and adjust the curved pieces upon these. A greater surface is thus obtained upon which the pressure is exerted. If the gutta-percha be turned

up at the end nearest the patella the instrument cannot possibly slip over, while any tendency to tilt upward can be corrected by allowing the pieces to extend six or seven inches up (or down) the limb where they should be fastened by a roller. (The principle is the same as that of Lonsdale's and other instruments, but this one is simpler in its mechanism, and cheaper. When the patient is to remain in bed under treatment the posterior splint should extend to the foot, and have a foot-piece attached.)

Having brought the fragments into apposition, this instrument was removed after twenty-four hours and the plaster dressing again applied. A fenestrum was cut out over the patella, and following the experiments of Ollier and Goujon (Flint's *Physiology*, p. 547) upon animals, who found "that marrow transplanted into the muscular tissue will frequently (not always) generate bone," I injected, by means of a large hypodermic syringe made for this purpose, ʒij. of marrow from the femora of a young and healthy sheep, just killed, between the slightly separated fragments. No unusual inflammation ensued, nor did I succeed in getting other than the customary fibrous union. I do not know that bone-cells, transplanted from a lower animal into man, will generate bone-tissue, under the most favorable circumstances. I believe that the circumstances in this case were exceedingly unfavorable, and the failure to get bony union in this instance shall not prevent a repetition of the experiment when the proper occasion offers. I deem it very probable that the marrow which, when transplanted into the muscular tissue of the same animal will generate new bone, will, when injected between the fragments of an ununited fracture in man, where the conditions are favorable for bone-formation, stimulate the formation of callus.

April 10, 1878.

Progress of Medical Science.

Battey's Operation.—In August, 1872, Dr. Robert Battey, of Georgia, for the first time, performed the operation of removing the ovaries of a woman for the purpose of bringing about the menopause. Since then it has been performed by Sims, Hégar, Trenholme, Gilmore, Thomas, Peaslee, Sabine. Dr. Sims reviewed these cases in the *Lancet*, and although the success has not been very great, he is confident that the failures were due to errors that may be avoided, and that at no very distant day this operation will rank with that of ovariotomy. The inferences he draws from his analysis are these:

1. Remove both ovaries entire in every case.

2. As a rule operate by the abdominal section, because if the ovaries are bound down by adhesions, it is possible to remove them entire, whereas by the vaginal incision it is impossible.

3. If we are sure that there has been no pelvic inflammation, no cellulitis, no hæmatocele, no adhesion of the ovaries to neighboring parts, then the operation may be made by the vagina, but not otherwise.

The operation may be resorted to under the following conditions:

1. In cases of amenorrhœa where there is no uterus, or only the rudiments of one, or where there is an incurable atresia uteri, and the menstrual molimen produces such violent disturbance of the whole system as to destroy health and endanger life, the removal of the ovaries is the only means of permanent relief.

2. In cases of prolonged physical and mental suffering, attended by great nervous and vascular excitement produced by perturbed menstrual molimen, whether menstruation be absent, scanty, or otherwise, this operation is justifiable, after all the usual remedies have failed to relieve.

3. In cases of incipient insanity and of epilepsy depending on ovarian and uterine disease, this operation is justifiable after all other remedies have failed to cure.

4. In cases of fibroid tumors of the uterus, attended with incurable hemorrhages that endanger life, when the tumors cannot be safely enucleated and removed, this operation may be resorted to with the hope of arresting the bleeding and the prospect of diminishing the tumors.

5. In cases of chronic pelvic cellulitis and of recurrent hæmatocele, when the attacks are traceable to the disturbing influences of the menstrual molimen, we may have recourse to this operation as a *dernier resort*.

This operation was first introduced under the name "normal ovariotomy," so apparent a misnomer that the Record spoke of it as "Battey's operation," a title which has now come into general use and which Dr. Sims has retained in his pamphlet.

Tracheotomy in Diphtheritic Croup.—The true value of tracheotomy in diphtheritic croup is a question for the decision of which more accurate and reliable data is required than we as yet possess. As a contribution to this literature, comes a report, by Dr. Bogue, of Chicago, of fifteen cases in which he operated, six of them successfully. This is not a large percentage of recoveries, but attention is called to the fact that, if left alone, these six successful cases would, in all probability, have shared the fate of their companions. After a careful analysis of these cases, Dr. Bogue draws the following conclusions:

1. The so-called membranous croup and diphtheritic croup are the same disease, differing only in situation, amenable to the same treatment.

2. Tracheotomy should be resorted to in all cases where death is threatened by suffocation from obstruction in the larynx, and as soon as the breathing has become insufficient to sustain the vital powers. It should be performed during the second stage of the disease.

3. It is best to use an anæsthetic; it renders respiration easier by controlling spasm of the larynx.

4. The operation should be done by careful dissection, and, if possible, the trachea should not be opened until all bleeding has ceased.

5. A tube should be used. It causes as little irritation as anything else would, and keeps the wound open better.

6. The room should have a temperature of not less than 75° F., and should be free from currents of air. The atmosphere should be saturated with moisture, by means of boiling water, or the atomizer and this water may be variously medicated to suit individual fancy. In these cases a solution of glycerine in water (1-6) was used, chlorate of potash or carbolic acid being sometimes added.

7. The patient must be *fed*, artificially if necessary. There may be, during the first night, after the removal of the tube, some difficulty in breathing from spasm of the larynx, which will usually be relieved by an anodyne, such as a full dose of paregoric.

In none of the recovered cases has there been any impairment of the voice.—*Chicago Medical Journal and Examiner*, February, 1878.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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THE NEW BILL FOR THE SANITARY INSPECTION OF SCHOOLS.

It is a reason for congratulation with such as have heretofore interested themselves in the sanitary care of the schools, that their labors have not been in vain. A public sentiment has been created in favor of the movement, which promises the best of results, and may eventually overcome the stupid and arrogant opposition of the Board of Education. It is well known that the medical profession has shown the great necessity of providing for the sanitary needs of the school-children, and has conclusively proved that the school-rooms are overcrowded, badly ventilated, are improperly lighted, that the water-closets are filthy, and that the cellar class-rooms and surroundings are wholly unfit for their present purposes. This is an old story, which need not be repeated, even for the sake of refreshing the memories of some who may have forgotten the labors of many of the representative men in our ranks who have contributed so much towards obtaining exact information on hitherto doubtful points. In fact, the necessity for the sanitary care of our school-children has been practically settled beyond the reach of argument to the contrary.

The Board of Education have, however, strenuously opposed every measure which might tend to effect the desired object, and with a vehemence and partisanship which would almost arouse the suspicion that some selfish interests were at stake. Certain it is, with all their desire to oppose the wishes of the profession and the citizens generally, they have as yet advanced no reasonable or fair grounds for the course pursued. The question is apparently such an exciting one to the Board that we almost imagine that it is the red flag in their educational meadow. But every year it is shaken over the fence, and the usual amount of dust is kicked up.

It is not surprising, then, to learn that another school bill is before the State Legislature, and that the Board of Education are ready, as usual, to oppose it. This time, however, the bill has been purely the interpretation of a popular sentiment which has been created in favor of the measures which it advocates, and as such is energetically advocated by its mover, Assemblyman Fitzgerald. Perhaps this fact may of itself tend to cast the burden of proof of interested motives as much upon the Educational Board as upon the people at large. If there is any argument in a majority, the Board this time is on the losing side.

The bill to which we refer is a good one, and we hope, now that its passage has been secured in the Assembly, despite the efforts of the School Board to the contrary, its success in the Senate will be likewise assured. The various provisions contained in it are judicious, far-seeing, practical, and, best of all, inexpensive. If placed upon its simple merits, it cannot fail to impress our legislators in the most favorable light. There is no intricate machinery to secure its success, and no chance for political jobbery and party capital, which, unfortunately, distinguishes many legislative movements ostensibly calculated for the public good. In fact, its simplicity is its greatest merit. In brief, it is merely handing over the sanitary inspection of schools to the Board of Health, and giving the latter the necessary power to act in the premises. It is provided that a sanitary inspector—and of course a medical man—shall be appointed for each school district, and shall visit and report upon the condition of schools while in session, their ventilation, light, capacity, their water-closets, sewers, heating facilities, and, in fact, everything which shall, directly or indirectly, affect the health of the scholars.

All this, however, the Board of Education assume to prove is unnecessary, meddlesome, and calculated to interfere with their legitimate functions and legal authority. Heretofore the Board was bold enough to openly protest against any similar measure; but, since the severe snubbing it has received from the Legislature, it is more discreet, and trusts its defensive measures in the hands of one of its members, whose zeal is as inordinate as it is misapplied, and who, strange to say, is scarcely equal to the occasion.

In a letter published in the *Herald*, this commissioner very deliberately says that the bill is destitute of merit from beginning to end. From one whose opinion on sanitary matters must be very valuable, this is a powerful blow against the bill. The friends of the latter may yet be sorry that he has gone so far towards settling the question of the utility of the measures proposed. But perhaps a weightier argument for his attitude is that public sentiment does not demand any change, that the daily and medical press do not understand the question, and that consequently the Board of Education is abundantly able to look after all its affairs. As sanitary inspection is one of the matters

which it is assumed to be capable of managing, there is the best of reasons in his estimation why the Board should be left alone. But the facts of past history militate somewhat against this view, and tend to make such assumptions a trifle inconsistent. If there is, or has been, no necessity for sanitary inspection outside of what the School Board pretends to be competent of making, why was the Board of Health asked to aid them in this matter? Public sentiment could not have demanded it, for the Board is entirely independent of it; and, besides, there were the trustees and school inspectors, who were supposed to know exactly what was wanted.

It is true that on that occasion the schools were vacated for the summer months, and there could not be much clashing of authority regarding any recommendations to obviate overcrowding, bad atmosphere, or other conditions inseparable from the actual presence of the pupils; but, for the sake of the argument, it is a matter of regret that even such inspections should have been advised. As we anticipated at the time, the recommendations of the Health Board were merely received as an act of official courtesy, duly filed, and, with a very few exceptions, entirely ignored. Now, the present bill provides that the sanitary care of the children shall be delivered to the Health Department, which shall not only be competent to make suggestions, but be empowered by law to enforce them, the Board of Education to the contrary notwithstanding. This appears to be a reasonable measure to all, save those who compose the Board of Education. The matter has now, however, gone so far, and popular attention is so strongly directed in the right current, that this ill-judged and presumptuous opposition may yet fall short of its real object. It would seem, when there was so much difference of opinion regarding sanitary matters between the people and the School Board, that the latter would, if for nothing more than politic reasons, be glad to accept any proposals which might tend to compromise matters and relieve them from any extra responsibilities. As the case now stands, the opposition is inexplicable, and, to those who take an unprejudiced view of the situation, absurd.

The School Board has been ready with its protests; but where are its arguments based upon the real facts of the case? Against their wanton neglect of sanitary precautions, which has over and over been proved against them, where is there evidence that these trustees or inspectors ever attempted to mitigate existing evils, or, if they did, where are the proofs that the Board ever acted upon their suggestion? But if, in answer to such questions, we are informed that the Board is able to look after its own affairs, that any extra sanitary regulations are unnecessary, we presume that all argument is at an end, and we submit accordingly. But, even against such tremendous odds, we still hope that the bill may pass.

THE SO-CALLED TRICHINÆ IN SHAD.

MANY of the daily journals of this and other cities have directed public attention to a statement that the shad of the present season are infested with trichinæ, and a suggestion is volunteered that other species of fish in the bay will also become the host of this dangerous parasite. We intended to pass the matter without comment, feeling that it would be superfluous to explain the absurdity of the rumor, but as we have reason to believe that the public are alarmed and would welcome a specific statement of the case, we present a few observations that may be useful at this moment.

The result of a special investigation undertaken to trace the source of the report, shows that the shad are healthy and free from any dangerous parasite, and that even most careful microscopical examinations which were made, revealed nothing which should prevent us giving these wholesome and delicious fish a clean bill of health.

We believe the report of the presence of trichinæ in fish to have been started by those who have mistaken for it a small, thread-like worm which inhabits the intestines. Having secured several fresh specimens of these worms we can state that they are quite distinct forms from trichinæ, averaging fully three-quarters of an inch in length, and of course distinctly visible to the naked eye. This fact of itself is sufficient to disarm all suspicion of trichinæ, and from the start carried a conviction of error upon its face by the singularly innocent statement of the would-be discoverer to the effect that he had no microscope with which to make any minute investigations.

We should describe the worms found as belonging to the order of free nematoideæ, called Anguillulæ; these are found almost everywhere, and abound in the surface-mud of rivers, aquatic plants, etc.; the marine species are not parasitic, perfectly harmless in their nature, and are removed from the fish, as a matter of course, in the process of cleaning.

We may remind our readers that the nematoid group is divided into two divisions, the first, including such formidable and well-known human parasites as the celebrated trichina, the Guinea worm, and the ascaris lumbricoides, and a host of others of more or less note, and *secondly*, of a class still more numerous, which are not parasitic at any period of their life, and lead a free existence. The worms we observed belong to the second class, and never become encysted, and can, therefore, never be mistaken for trichinæ. Much interest is attached to the history of the family of Anguillulidæ, which is known to include over 180 varieties, and numerous workers are in the field, among whom we may name Dr. Cobbold, of England, and our own Professor Leidy.

In regard to trichinæ we may mention the fact that M. Colin confirmed the observations of Fuchs and Pagenstecher that it is only in mammals that the

trichinæ are enabled to pass into the muscular system and remain imbedded there, preserving their vitality. If such is the case, fish can be eaten with perfect safety and without fear of the trichina. We trust these remarks will dispel any prejudice that may have arisen in consequence of the pretended discovery of these parasites in shad.

THE DISSEMINATION OF INFECTIOUS DISEASES BY MEDICAL MEN.

DR. WHITMORE, the medical officer for Marylebone, a large western district of London, has taken occasion, in a recent official report, to refer to the question of the dissemination of infectious diseases by medical men. While he speaks with some confidence as to practitioners among the upper and middle classes of society carrying out the precautionary measures necessary to prevent themselves becoming carriers of infection, he appears to cast a doubt upon medical men who practise among the poorer classes, as he admits there are numerous difficulties in the way of their taking equal precautions.

In reference to special cases of attendance upon lying-in women, he offers the following advice: "Every medical man, when in attendance upon these persons, should, if possible, give up his attendance upon patients suffering from contagious and infectious diseases; or, if that cannot be done, there should, in the first place, be an interval of several hours between his visits to the latter and the former, and, in addition, his clothes should always be changed."

The *Lancet* asks, "Where is the data that would justify advice of this sort, calculated to excite unlimited alarm among the public? The conditions under which infectious diseases are propagated are surely sufficiently known in these days for a medical man to avoid being a carrier, without suggesting that he must virtually close practice." "Take the phenomena of the propagation of puerperal fever in the now happily rare instances in which the medical man is the propagator—propagation probably not more common among the poor than among the rich. We protest against the vague advice of Dr. Whitmore."

In regard to this matter we presume that members of the medical profession are fully alive to the danger that undoubtedly exists of propagating diseases, the *Lancet* to the contrary notwithstanding, and that they are impressed with the duty of taking the most radical precautions of mitigating the evil. This is as it should be, and is one of the principal means of proving the rarity of instances in which the carrying of infection has been traced to medical men. Even in cases of doubt the physician owes it to his conscience always to be on the safe side. Irrespective of the dictates of humanity the profession have direct personal reasons for taking the fullest precautions in regard to these special cases, for a total disregard of them on the part of a physician would probably carry the infection to the members of his own family.

POISON IN THE NURSERY.

THE constant production of toilet novelties suggests a word of caution to those who purchase them. An analyst writes to the *Lancet* that on making a chemical analysis of a packet of violet powder, he found, much to his astonishment, that it contained 25 per cent. of white arsenic.

In this instance the use of the powder had caused an epidemic among young children, many of whom died, the disease presenting every appearance of erysipelas. Here were mothers, while applying an innocent-looking toilet powder to their children, positively introducing into their systems a deadly and subtle poison.

Our readers may remember that during the recent trial in London of the notorious Madame Rachel, evidence was given that a violet powder sold by her contained a powerful irritant, which produced an unpleasant rash on the skin.

Comment upon these facts is unnecessary. Probably our readers will accept the hint to purchase such things in future from houses of undoubted respectability.

Reviews and Notices of Books.

HANDBOOK OF THE PRACTICE OF MEDICINE. By M. CHARTERIS, M.D., Professor of Practice of Medicine, Anderson's College, Glasgow, etc. Philadelphia: Lindsay & Blakiston, 1878.

PRACTICAL GYNÆCOLOGY. A HANDBOOK OF THE DISEASES OF WOMEN. By HEYWOOD SMITH, A.M., M.D., Oxon., etc. Philadelphia: Lindsay & Blakiston. 1878.

THESE compact volumes belong to a series of handbooks in the different departments of medicine, arranged for the benefit of students and others who are in need of ready references and abstract statements of facts. Both are well arranged, admirably condensed, and thoroughly practical. We have no doubt that they will prove of great utility to the student while in attendance upon lectures and during the time when it is desirable to refresh the memory previous to examinations.

LANDMARKS, MEDICAL AND SURGICAL. By LUTHER HOLDEN, F.R.C.S., etc. From Second English Edition. H. C. Lea. 1878.

THE title of this little work is very suggestive of its practical value, while the perusal of the work itself verifies the most extravagant expectations. The object of the author has been to collect in compact form the landmarks or surface-marks of the different parts of the body, and indicate their relation to the deeper-seated parts. The value of this sort of knowledge to the physician, but especially to the surgeon who, with an anatomical eye, can make the tissues transparent before him, is incalculable. The mapping out of the human body is one which is most instructive to the practical man, and he is enabled, after considerable

experience, to have landmarks of his own; but in the little work before us this knowledge is systematized in such an intelligible manner as to place it within the reach of all. It is one of the most interesting little works we have seen for a long time.

LESSONS IN LARYNGOSCOPY, INCLUDING RHINOSCOPY AND THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE THROAT. By PROSSER JAMES, M.D., M.R.C.P., etc. 2d Edition. London: Ballière, Tindall & Cox. 1878. 12mo, pp. 176.

THIS second edition is virtually a reprint of the first with the advantage of a careful revision and the increased artistic value to the admirable plates. It is well calculated to maintain its former reputation as a class-book and a comprehensive guide to the general practitioner who may desire to become a practical laryngologist.

A MANUAL OF NURSING. Prepared for the Training-school for Nurses attached to Bellevue Hospital, N. Y. Putnam & Sons. 1878. 12mo, pp. 142.

THIS manual has been prepared for the Committee of the Training-school for Nurses attached to Bellevue Hospital, by Dr. Victoria White, and is really a model in its way. It evinces, in a most striking manner, a thorough knowledge of the wants of the professional nurse, and also a capability of ministering to them. Some idea of its contents may be gained by a reference to the following chapter headings: Qualifications of a Nurse—Hospital Management—Observation of the Sick—Administration of Medicines, in which are included Directions for Giving Enemata, Hypodermic Injections, Passing the Catheter, etc.—Applications, which include Poultices, Sprays, Cupping, Blisters, etc.—Dressing of Wounds, including Hints on Bandaging—Operations—Points regarding Special Cases—Articles Required in Emergencies—Monthly Nursing—Nursing of Sick Children—Hygiene of Children—Cooking for the Sick, etc., etc. It is in fact one of those works concerning which it may be said much attention is paid to little things, and much pains are taken to give them the real importance which they deserve.

At the risk of reflecting upon the knowledge of the younger members of the profession concerning minor details, we presume to recommend to them the perusal of this work in the possible hope that they may be much benefited thereby.

TRANSACTIONS OF THE AMERICAN NEUROLOGICAL ASSOCIATION FOR 1877. Edited by E. C. SEGUIN, M.D. Volume II. New York: G. P. Putnam's Sons.

THIS is the second publication of the Society, and comprises a number of papers read during the sessions of 1876 and 1877, and from their diversified character the reader is presented with a volume of great interest. We regret that there is nothing from the pens of Wood, Pepper, Bartholow, and others of the Association, who are better known to the profession than the majority of writers whose articles appear. Weir Mitchell contributes but a page or two, and his short, able paper is finished by the reader in a short space of time, while other members of the Society are each represented by three or four long articles. This is a feature of society reports which we have often commented upon, and it seems to be the rule that variety should be sacrificed.

The articles in the volume before us which seem most worthy of mention are those of Drs. Emerson, Schmidt, Gibney, Seguin, Webber, Miles, Mitchell, and Hun. Dr. Emerson's paper upon Syphilitic Sciatica is very exhaustive and well written. It has been his aim to prove that syphilitic sciatica is not so rare a disease as it is generally supposed to be, and that it is usually due to pressure made by neoplastic growths upon the nerve-trunk. Dr. Gibney writes upon Spinal Irritation (it would be well if this vague term were expunged from the nomenclature of nervous disease), and considers it to be the result of a localized subacute meningitis of the cord, and that there is usually some history of traumatism. His observations throw much light upon the history of the trouble, but cannot be accepted in their entirety. An article by Dr. Hammond, headed "The Odor of the Human Body," is of a somewhat sensational character. The author considers the pathological conditions which are attended by an emanation of a "violaceous" perspiration. Dr. Hammond, whose well-known accuracy and experience in matters of scientific research enables him to speak with authority, found that in three cases an odor comparable to that of the pine-apple was "exhaled from the left lateral half of the anterior wall of the chest," "from the skin of the head and neck," and "from various parts of the body." In a fourth case the odor was not so agreeable, and resembled that of Limburger cheese.

Dr. Hammond carefully collected the sweat and treated it as follows: "With this object in view, I covered the affected side of the chest with a perfectly clean cambric handkerchief while the perfume was being evolved, and when it was well saturated with perspiration, and thoroughly redolent with the peculiar odor, I placed it in a glass retort, into which I introduced four fluid ounces of proof spirit. This was allowed to stand for several hours, and then distillation was effected at a temperature of 120°, and was continued till about one-fourth of the fluid contents had passed over into the receiver. This distillate was very strongly impregnated with the perfume of violets, as will be distinctly perceived in the portion contained in the vial which is now exhibited." This Dr. Hammond found to be butyric ether.

Dr. Schmidt's article upon the Intimate Structure of Nervous Ganglionic Bodies is a truly scientific paper, and impresses the reader at once that the author is a most modest and industrious student of neurology. Dr. Schmidt found that two different kinds of processes arise from each sympathetic ganglionic body, and he considers that these have different functions because of a dissimilarity in structure. Dr. Beard presents many interesting facts in regard to the prevalence of endemic tetanus, and produces much valuable statistical and other information. Dr. Beard is inclined to indulge in a looseness of phraseology which is inconsistent with the exactness which is indispensable in making scientific statements; for example he says, "The pathology of tetanus I take to be in general *a cold* in the spinal cord."

Dupuy's articles do not possess the merit of novelty, but are quite interesting, and display the author's familiarity with the views of Brown-Séquard, his teacher. Dr. Webber's article upon the Forms of Paralysis which follow certain Acute Diseases, is exceedingly good. Dr. W. presents many cases of cerebro-spinal meningitis, puerperal fever, typhoid fever, etc., so complicated, and an admirable review of the literature of the subject is appended, so that the article is quite complete. The report is quite equal to that of 1875, and is a valuable addition to the library of the neurologist.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION. Vol. XXVIII. 1877.

FULL reports of the June meeting which have previously appeared in THE MEDICAL RECORD leave little

to be said as to the published volume, save to call attention anew to the value of some of its papers to medical men, and to specify some of their conclusions, which may possibly have been forgotten in the press of medical business. Dr. A. B. Palmer's notes as to the "Effects of Quinine in Acute Pneumonia" will strike the eye of the average practitioner, particularly at a time when the loss of some of our ablest medical men from that disease is still fresh in the public mind, and as the cases of successful treatment of the disease are in extraordinary disproportion to knowledge of its processes of development, progress, and termination. The "Report on Animal Vaccination," by Dr. Henry A. Martin, Mass., with a reproduction of the celebrated drawings of Denoup Decantelen, Paris, of vaccine cicatrices, is a thorough and exact theoretical and experimental review of the whole subject. After carefully testing a series of vaccinations with vaccinia from the five hundred and seventieth animal of his own series, and the eight hundred and thirtieth from the original case of Prof. Depaul, of Beaugency, France, and comparing them with vaccinations performed with matter that has passed through fewer transmissions, Dr. Martin concludes that vaccinia arising from original cow-pox transmitted through a series of selected young cattle, is less liable to lose its properties than vaccine matter which has been obtained from the human pustule. He has never observed the violent inflammatory and erysipelatous complications, so numerous when the original cow-pox matter or that of very early human removes is employed, in cases in which the vaccine has been many times transmitted through selected bovines. Our esteemed contributor, Dr. Ezra M. Hunt, of New Jersey, has one of those thorough papers on "State Medicine and Public Hygiene," by which he has earned such an enviable distinction in the literature of sanitary science; although in this instance he limits himself almost too rigidly to a discussion of views that have recently arisen, and consequently draws too little upon his own abundant sources of information. Dr. Cabell, of the University of Virginia, treats the "Etiology of Enteric Fever" from the standpoint of the germ theory, rather assuming it provisionally, however, than accepting it as a scientific demonstration. Dr. Bell's paper on tubercular disease in cattle is another noteworthy article, and one that introduces a new factor into the etiology of consumption. Dr. Lewis A. Sayre's fine paper on "The Treatment of Fractured Ribs," and Dr. Lee's on "Suspension in Spinal Distortion," should be carefully studied by surgeons.

DIAGNOSIS IN PATHOLOGICAL ANATOMY, with Directions for making Post-mortem Examinations. By JOHANNES ORTH, First Assistant in Anatomy at the Pathological Institute in Berlin. Translated by FREDERICK CHEEVER SHATTUCK, M.D., and GEORGE KRANS SABINE, M.D. Revised by REGINALD HEBER FITZ, M.D., Assistant Professor of Pathological Anatomy in Harvard University. Sole authorized English edition. New York: Published by Hurd & Houghton. Boston: H. O. Houghton & Co. Cambridge: The Riverside Press. 1878.

THIS volume, containing 425 pages, has two general divisions: 1, appearances presented by external examination of the body, or *inspection;* and 2, appearances presented by internal examination, or *section.*

The external examination embraces inspection of the body as a whole, and the inspection of its several parts. The internal examination is divided into four parts: 1, the spinal cord; 2, the cranium; 3, the thoracic and abdominal cavities; and 4, the extremities. The author proceeds, under the head of inspection of the body as a whole, to direct attention to general attributes, such as relate to age, sex, stature, frame, general nutrition, and general character of the skin. Under this head he has described the gross appearances of the various growths which appear on the skin and cellular tissue beneath it, and with the exception of an occasional appearance of the word microscopically for macroscopically, the descriptions are all that could be desired in a work of this kind.

We next come to the internal examination, and we find that the three great cavities of the body are examined in their successive order from above downwards: 1, cranial; 2, thoracic; and 3, abdominal. The author gives as a reason for beginning with the head that the amount of blood in the brain and its membranes may be determined before section of the great vessels in the neck. The abdominal cavity, it is said, should be opened before the thoracic, but its examination may be postponed until the examination of the contents of the thoracic cavity has been completed. In cases in which it is necessary to determine whether a new-born child has breathed or not, the examination should commence with the thoracic and abdominal cavities. The order preserved throughout the book is, first, inspection; second, description of method of opening cavities and removal of organs; third, description of general appearances; fourth, description of special morbid conditions. In this manner the author has succeeded in presenting to the profession a systematic work upon the method of making post-mortem examinations, and also upon the gross appearances exhibited by all the organs and tissues when in a diseased condition. The basis of the volume is the regulation introduced by Virchow into the Pathological Institute at Berlin. In the introduction reference is made to the preliminaries necessary to the proper performance of autopsies, the instruments required, and a description is also given of the chemical and microscopical appliances necessary to make a complete microscopic examination. The book doubtless, as it is claimed, represents the teaching of Virchow, and for this reason, if for no other, it has, as the reviser states, "a strong claim for consideration." Its careful study will inevitably benefit the man who has occasion to make an autopsy.

VORLESUNGEN ÜBER ALLGEMEINE UND EXPERIMENTELLE PATHOLOGIE, von DR. S. STRICKER, o.ö. Prof. der allgemeinen und experimentellen Pathologie in Wien. 1 Abtheilung. Wien, 1877. Wilhelm Braumüller.

THIS work is to be published in three parts, of which the first only has reached us. The part before us contains eleven of the series of lectures, and deals chiefly with the essence, causes, duration, and terminations of disease. Five of the eleven lectures are devoted to the consideration of infectious substances and contagion, not too large a proportion, when the importance of the subject is taken into consideration. The author gives brief historical sketches of the rise and progress of the different opinions and theories concerning infection and contagion, furnishing a concise and instructive résumé of the steps which have led to the present state of our knowledge of the subject. This portion of the work contains, however, little that is new. Neither can it be said to present an exhaustive scientific consideration of the subject, but it furnishes, in an attractive and readable form, much information that will be valuable to busy practitioners, who have not had time to follow the gradual advances of this branch of medical knowledge. The causes

and modes of death in disease are treated in a very satisfactory manner. One statement made by the author, in speaking of artificial respiration, we do not remember to have seen elsewhere; it is that compression of the larynx of an animal apparently dead from suffocation or poison, will cause a deep inspiration. Dr. Stricker has repeatedly observed this. It would be premature to attempt an analysis of the merits of the work from the small portion of it that is before us, but it certainly promises to be a welcome and valuable addition to medical literature. The lectures are written in an easy and attractive style, and in this respect, at least, contrast very favorably with many of the recent additions to German medical literature.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Vol. X. Philadelphia: Lindsay & Blakiston. 1877.

THIS volume of the *Transactions* contains the papers read before the college from October, 1876, to July, 1877, which, however, are published with the understanding that the college is not responsible for the statements or opinions set forth in them. The papers are apparently published in full, but no account is given of the discussions following the reading of them. Among the most valuable of the published papers, is one by Prof. J. J. Reese, on the "Post-mortem Imbibition of Poisons, more especially in its Medico-legal Relations," and one by Prof. Wm. Pepper, on the "Internal Administration of Nitrate of Silver." Dr. Robert Harris is the author of a very interesting essay on "The State of Medicine in China." Among the other papers we may mention one by Prof. da Costa, on "Relapses in Typhoid Fever," one by Dr. Lewis, on "The Ophthalmoscope in Medical Diagnosis," and one by Dr. Mears on subcutaneous section of the humerus and the formation of a false joint in the treatment of old dislocations of the shoulder. The *Transactions* are as usual printed on good paper and in good type, forming a handsome book of over 200 pages.

TRANSACTIONS OF THE KENTUCKY STATE MEDICAL SOCIETY. 22d Annual Convention, held at Louisville, April, 1877. Louisville: John P. Morton & Co. 1877.

THIS volume of the Transactions of the Kentucky State Medical Society contains little that will interest the profession outside of the State of Kentucky. The report of the proceedings of the Society is full, and no doubt satisfactory, but of that we cannot pretend to be a competent judge. The papers published are numerous, but most of them are short and sketchy, and none of them can be said to possess a really scientific character. To our mind the best thing in the book is the address of the President, Dr. Gaines, of Hopkinsville. It touches briefly on many subjects of general as well as local interest, and is written in a flowing and attractive style that makes it pleasant reading.

SPINAL DISEASE AND SPINAL CURVATURE: Their Treatment by Suspension and the Use of Plaster-of-Paris Bandages. By LEWIS A. SAYRE, of New York, Professor of Orthopædic Surgery in Bellevue Hospital Medical College. London: Smith, Elder & Co. J. B. Lippincott, Philadelphia. 1877.

THE treatment of disease of the spinal column, whether caries or lateral curvature, has always been unsatisfactory to the general practitioner, on account of the difficulty in obtaining a properly fitting instrument for the former, and from a want of a clear understanding of the cause in the latter class of deformities. A plan, therefore, of giving support that could be applied by the surgeon himself, and be under his control, has long been sought for.

At the meeting of the American Medical Association, in 1876, Dr. Sayre read a paper on the treatment of Pott's disease by means of a plaster-of-Paris jacket, and since then has advocated the treatment of that disease exclusively by this means. Last summer he went abroad in order to bring to the attention of English surgeons "the efficacy of the plan of treatment I have of late *devised* and carried out," and while in England compiled the volume under review. The greater portion of the book consists of a reprint of the paper mentioned above. The book consists of two parts, that on spinal disease, by which term Dr. Sayre means caries of the spine, and that on lateral curvature, or as our author calls it, "rotary curvature of the spine," diseases totally different in their pathology and mode of origin.

And first in regard to spinal disease. He begins by giving a short account of the pathology, in which he claims a strictly traumatic origin, and "rejects altogether the view held by the profession in general, that Pott's disease is, above all others, one of essentially strumous origin," but he admits that it occurs frequently in tuberculous subjects. The more we see of disease of the vertebræ, the more are we impressed with the view that it is much more frequent among those who have inherited a vitiated constitution from their parents, or have acquired such a diathesis, and that there *is* a strumous element in spinal disease.

He does not seem to be aware of the fact that disease may begin, and even be entirely confined to the intervertebral disks, the bone being not at all, or only slightly, involved in the disease.

In naming the symptoms he has omitted to give those of disease between the first and second cervical and the occiput, where the pain is in the course of the occipital nerves, and *not* in the neck or throat, and may be mistaken for neuralgia of these nerves. On page four he speaks of "reflex muscular contractions," as an early symptom of caries of the spine: he then goes on to explain what he means by "reflex contractions," namely, "that every joint of the lower limbs *is bent for the purpose* of preventing any concussion from affecting the bodies of the inflamed vertebræ." We are unable to see that there is anything "reflex" about this, and it is a misnomer to call it so. On page eight, in speaking of paralysis of the limbs, he states that it is more common "when the disease involves the lower portion of the spine, and when the nerves that are given off to the lower extremities have become affected."

Post-mortem examinations have demonstrated that pressure on the nerves is *not* a common cause of paralysis, and that loss of power is a more common accompaniment of disease high up than low down. Again, he states "that paralysis depends either upon effusion into the cord or upon pressure through displacement of the vertebræ; . . . . that in the former instance the condition of the paralyzed limbs will gradually improve; . . . . in the latter the prognosis, so far as restoration of power is concerned, is very unfavorable."

Post-mortem examinations prove that direct bony pressure is very rarely met with. The investigations of Charcot, Michaud, and others in regard to secondary affection of the spinal cord in the course of Pott's disease, seem to be entirely unknown to the author. The prognosis in regard to recovery from paralysis in the course of the disease under consideration, is not HOW the pressure is caused, but on the amount of SECONDARY changes in the cord. Having expressed his

views in regard to the pathology and complication met with in disease of the vertebræ, he goes on to state the indications for treatment. On this point there can be no difference of opinion. Good and firm support to the inflamed bones, so as to give absolute rest to the parts, is demanded.

For this purpose he advocates the use of a plaster-of-Paris jacket, which he claims to have devised. His description of the mode of application is clear and easily followed. It seems to us that it is better adapted to disease in the lumbar and middle dorsal region than when the upper dorsal and cervical vertebræ are involved. When the disease is above the fifth or sixth dorsal vertebræ, our main support must depend on holding up the head, and for this purpose we think that a well-fitting brace with chin-piece is better. We have always found the chin-piece devised by Dr. C. F. Taylor to give good support, and at the same time so slight a disfigurement that we can hardly recommend the ungainly contrivance that Dr. Sayre calls a "jury mast." If, however, the use of suspension for the head is desired, the chin-piece used by Dr. Benj. Lee, of Philadelphia, is a much more elegant apparatus. Whether a plaster-of-Paris jacket is better than any other mode of support in all cases, is a question that each surgeon must decide for himself. That it has its disadvantages is evident from the troublesome ulcerations that have occurred under the bandage, even in so skilful hands as Dr. Sayre's, and from the impossibility to keep the skin in good condition. We very much doubt whether cures are more rapid after treatment by means of the jacket than with any properly fitting brace that gives good support. There is one point of great importance that Dr. Sayre has failed to mention, and that is, leaving off all support too soon. We have seen cases where the bones were evidently anchylosed, but after a time the old pain had reappeared, and treatment had to be begun again, much to the disappointment of both physician and patient. It is altogether too soon to decide upon the real value of the plan advocated by the author.

The second portion of the volume is devoted to the treatment of lateral curvature of the spine. He begins by giving what he calls his former explanation of its cause, but neglects to state that Barwell brought forward the theory that he now claims as his own. He now adopts the theory of rotation suggested by Dr. A. B. Judson, who, in a very able paper read before the Academy of Medicine in 1876, considered that "the immediate cause of the curvature is an inability to support the superincumbent weight." Any suggestion as to the cause of lateral curvature that leaves out the explanation of the fact that it is much more common among females than males; that the curvature, in curves primary dorsal, has its convexity to the right; that it is more common in the temperate zone than in hot climates, must be looked upon as unsatisfactory. Among those who carry heavy weights on their heads this deformity is almost unknown. Our author advocates almost the same plan of treatment for this disease that he does for angular curvature, namely, a plaster-of-Paris jacket, and suspension for cases at all advanced. We think that the theory on which the above plan of treatment is based is wrong, and although a plaster-of-Paris jacket may relieve the pain in old and marked curves, we do not think that it will diminish their amount. In regard to suspension, it seems to be a good mode of exercising the muscles, and might be adopted with benefit in many cases. In old rigid curve we do not think that any mode of treatment promises much relief.

We very much question the good taste of the photograph of the author appearing so frequently in illustrating the application of the jacket, as well as the many letters from friends of the patients who have been under Dr. Sayre's care, speaking in such extravagant terms of the value of the mode of treatment and expressions of the hope that the author will be "eternally rewarded" for the great benefit he has conferred on those afflicted with spinal disease. They add nothing to the value of the work, and had much better have been left out.

The purpose of the book is to demonstrate the mode of applying the plaster-of-Paris jacket, and this Dr. Sayre has done in a manner that leaves nothing to be desired. His descriptions and directions are so clear that any one can easily follow them, and for this purpose we cordially recommend the book to the profession.

STUDIES IN PATHOLOGICAL ANATOMY. By FRANCIS DELAFIELD, M.D., Adjunct Professor of Pathology and Practical Medicine, College of Physicians and Surgeons. Nos. 1 and 2, February and March, 1878. Wm. Wood & Co., 27 Great Jones Street, New York City.

JUDGING from the two numbers before us, they might very properly be called illustrated annotations in Histology, as the first of them is taken up with matters relating to the connective tissue group, and the second gives us the anatomy of the pleura. It has always been of primary importance to get clear ideas about connective tissue corpuscles and the intermediate tissue, and a number of excellent observers have directed special attention to these matters. As a natural consequence old ideas have been materially modified. It seems to be natural, therefore, that Dr. Delafield should commence at this point, and he does so by giving us a number of excellent drawings of tissues that he has prepared in certain special ways. A point of particular interest appears to be the results obtained from a triple method of staining, viz., with osmic acid, hæmatoxylin, and eosin, showing conclusively, as it would appear, that the so-called lymphatic spaces are totally distinct from the connective tissue corpuscles. His views as to the forms of these bodies are much like those first stated by Waldeyer, though he would seem willing to include the endothelium of serous membranes among the essential elements of the connective tissue which it covers. In regard to the anatomy of the pleura the views of Dybkowsky and Klein are corroborated in the main. The drawings are the main features of the work, there being but few pages of text, which is mostly explanatory of the views which are advanced. The work gives promise of being a valuable contribution to the histological literature of the day, and reflects credit upon the liberality of the author, and his careful and accurate methods of work.

PATHOLOGICAL REPORT OF THE MONTREAL GENERAL HOSPITAL, for the year ending May 1, 1877. By WILLIAM OSLER, M.D., of McGill University. Vol. I. Montreal: Dawson Brothers, publishers, 1878.

THE author, in dedicating this little volume of 97 pages, announces that it is the first pathological report from a Canadian hospital, but it is one which is not only highly creditable to the author, but should set an example to the staff of other hospitals throughout the country. The more interesting cases out of one hundred autopsies during the year are recorded, together with a few from private practice. The author has clearly followed the systematic plan laid down by Virchow, and has given us the fruits of it. Cases are arranged in groups, while to many the chief clinical

features are added, with valuable references. In many the histological examination has been thoroughly done with satisfactory results. Two records of pernicious anæmia are remarkable in this particular.

Reports of Societies.

NEW YORK NEUROLOGICAL SOCIETY.

Stated Meeting, April 1, 1878.

DR. E. C. SEGUIN, PRESIDENT, IN THE CHAIR.

DIGITI MORTUI—DEAD FINGERS.

DR. THOMAS A. MCBRIDE read a brief and interesting paper upon the above subject. It contained the history of a case that had come under his care, a *résumé* of the literature, the etiology, and the pathology of the peculiar condition.

In a man æt. 32 years, and of neurotic constitution, certain parts of the index and middle fingers of both hands, also of the end of the ring finger of the right hand, at irregular intervals and for varying periods became cold, of a dead-white paleness, numb, stiff, had some loss of sensibility, and were moderately painful. These symptoms were replaced by a dusky, often purplish-red color of the same parts, was accompanied by the sensation as having been stung by nettles, and soon after the affected portions of the fingers regained their normal appearance. These phenomena appeared to occur independently—occurring when the patient was otherwise healthy as well as when sick. No similar phenomena had been observed elsewhere in the body. Fatigue, exposure to a draught of cold air or to cold water, and possibly the emotions, had seemed to act as exciting causes.

The phenomena were explained on the ground that there was *vascular spasm* involving arteries, capillaries, and veins. The *treatment* consisted chiefly in the use of the galvanic and Faradic currents, and alternate douches of hot and cold water.

Literature.—The disease was first described by Brodie in his lectures on "Local Nervous Disorders," published in London, 1837, but delivered some years before. It had since been referred to by Huston, in 1836; Raymond, in 1862, 1872, and 1874; by Nothnagel in 1866; Estlander, in 1870; Fischer, in 1875; and by Dr. Allan McLane Hamilton, in the New York *Medical Journal* for October, 1874.

Symptoms and Course.—The development of dry gangrene from *digiti mortui* was rare. According to Raymond, the condition usually preceded what he had called local asphyxia, which might be acute or chronic. If acute, it might go on without any disturbances of nutrition, but more commonly gangrene, more or less localized, occurred, and sloughs of considerable size might form; or, what seemed more common, was that, after a small amount of gangrene had occurred, the local asphyxia disappeared, and cicatrization followed. In the chronic form, lasting for some months, there might be localized gangrene followed by cicatrization, as in the acute; but more commonly there were manifested other alterations in the nutrition of the parts, so that the skin became much thickened and indurated.

Pathology.—In speaking of the pathology, Dr. McBride was of the opinion that the condition was produced by the action of the *vaso-motor* system, but he did not think that the disease was a *vaso-motor* neurosis. He was inclined to regard the condition as one produced reflexly through the *vaso-motor* system, and in his case as being an accident depending upon increased irritability of a certain part of that system; that is, it indicated a nervous system of great mobility, and otherwise had no significance.

The patient had had phthisical manifestations several times within twelve years, but they had not exhibited any activity during the last *four* years. He had also suffered for two months in 1874 from subacute spinal paralysis, but entirely recovered. He had been given to the use of alcohol and to sexual excesses, but had never had syphilis. The paper was discussed by Drs. Hammond, Spitzka, Wells, and Seguin.

The Society then proceeded to the election of officers, with the following result: For President, Dr. J. C. Shaw, of Brooklyn: First Vice-President, Dr. E. C. Spitzka; Second Vice-President, Dr. L. D. Kiernan; Secretary, Dr. Landon C. Gray; for Council, Drs. W. A. Hammond, E. C. Seguin, Max Herzog, and T. A. McBride.

The Society then adjourned.

NEW YORK ACADEMY OF MEDICINE.

SURGICAL SECTION.

Stated Meeting, April 9, 1878.

DR. STEPHEN SMITH, CHAIRMAN.

OCULAR AND ORBITAL TUMORS—MYXO-SARCOMA AND MELANO-MYXO-SARCOMA.

DR. THOMAS R. POOLEY read a brief and interesting paper, which consisted chiefly of the history of a case that came under his observation as Visiting Physician to Charity Hospital. The patient was a woman, æt. 55 years, single, and by occupation a seamstress. There was a marked family tendency to phthisis. The patient, however, had always been remarkably healthy with the exception of suffering considerably from hemicrania. The first manifestation of a tumor, although she had suffered from eye trouble for some time, was a small lump upon the upper part of the left eye-ball. The growth increased quite rapidly. It was situated upon the sclerotic, under the conjunctiva, and was movable. It produced marked exophthalmus, downward and outward. There was atrophy of the optic nerve—optic neuritis of the usual form.

When the patient was first seen, no intraocular tumor could be discovered by the most careful examination. It was proposed to remove the tumor without sacrificing the eye, but the patient left the hospital on the day set for the operation.

The protrusion of the eye increased; the cornea sloughed; the patient returned; the eye-ball was enucleated; and at the same time the tumor, that was attached to the back part of the orbit by a pedicle, was removed. Upon examination, the eye-ball was found to contain a new growth. The specimens were exhibited, were accompanied by microscopic preparations made by Dr. Bettmann, and by sketches of the patient made by Dr. Fridenberg, House Physician. Both tumors were examples of myxo-sarcoma; the orbital growth only was pigmented, and to it was applied the term melano-myxo-sarcoma.

Dr. Pooley then entered upon questions relating to differential diagnosis and certain points connected with the operation. The question also arose: How was the presence of the tumor in the eye-ball to be explained, as there was apparently no destruction of

the sclerotic at any point? Dr. Pooley thought it probable that the growth had extended from the orbital tumor to the eye-ball through the opening made in the cornea. In conclusion, Dr. Pooley raised the question: Was there any predisposition to the formation of malignant tumors in those subjects who had a hereditary tendency to phthisis?

Dr. Webster referred to five cases of melano-sarcoma of the eye that had fallen under his observation. In all the cases the disease returned, and made its appearance either in the orbital cavity or in some of the internal organs. He was inclined to the opinion that the ocular tumor in Dr. Pooley's case was metastatic.

Dr. Spitzka thought it was the prevailing opinion among pathologists that there was a special tendency to the formation of malignant growths in those who had a marked hereditary tendency to phthisis.

On motion, Dr. Pooley's paper was referred to the Academy, and the Section adjourned.

New Instrument.

A MODIFIED ATOMIZER.

For Use in Antiseptic Surgery.

By FRANZ HEUEL, Jr., M.D.,
NEW YORK.

The apparatus represented in the accompanying cut is a modified apparatus for use in antiseptic surgery. The modification consists in the addition of two flexible rubber tubes and a steam-chest to the ordinary atomizing apparatus used for inhalation purposes, and may be readily attached by the physician himself to any of the atomizers now used. In the annexed figure, 4 is a steam-chest, to the upper part of which is soldered, at 3, the ordinary metal atomizing tubes, and at the side a tube, 1, to which is to be attached a piece of flexible rubber steam tubing, for carrying steam from a boiler; opposite 3 is a wooden handle, 7, for holding the apparatus, and at the lowest part of the chest is a stop-cock, 5. The rubber tube, 2, delivering

the medicated fluid, is also furnished with a stop-cock, 6, so that the amount of fluid atomized may be varied at pleasure. The steam and water tubes, 1 and 2, are held together by figure-of-eight pieces of wire, so that they may be handled as if they were but one tube.

As is readily seen, the length of these tubes may be varied to suit the occasion, only remembering that the longer the tubes, the greater the pressure of steam required, and the higher must the vessel containing the medicated fluid be placed in order to deliver it at the opening of the tube, 2. The steam, which condenses in the tubing and steam-chest, is allowed to escape, when necessary, through the stop-cock, 5, so that the patient is not scalded by a jet of hot water.

The use of long flexible tubes, combined with the steam-chest, permits the boiler of this apparatus to be placed at such a distance that all danger of explosion, when ether is used, is avoided, as well as all interference with the operator. The force, amount, and direction of the spray can also be varied at pleasure. In the ordinary atomizers the whole apparatus must be placed unpleasantly close to the patient; in this a very light portion is readily supported and directed by the hand without fatigue.

Correspondence.

THE MEDICAL PROVIDENT SYSTEM.

To the Editor of The Medical Record.

Sir:—A circular of "Out-Patient Department of the Good Samaritan Hospital" was delivered at my office a short time ago. If the by-law quoted is a fair interpretation of the "Provident System," I certainly am not a supporter of that system. $1,100 annually is a sum quite sufficient to support a family of three or four persons, and enable them to pay their physician at least $1 a visit. Such a plan as therein suggested, carried into the other departments of medicine, would only tend to undervalue still further medical skill, and render more difficult the early years of the young practitioner.

I number among my patients many whose income is less than $12 per week, who, I am persuaded, do not feel themselves overcharged at $1 a visit. The fact is, Doctor, that were it not for the hope which those physicians entertain of increasing their private practice through such enterprises, they would be exceedingly backward in countenancing such institutions. The New York Hospital is a case in point, where a sick man can obtain probably the best medical or surgical skill in this city, board, room, etc., for $15 per week; professional services charged as 0. Those gentlemen dispense their skill, which, by the by, in consultation with the ordinary practitioner is exceedingly valuable, at the hospital, for what? They call it reputation, some of us call it advertising, and were it possible to take from these positions their notoriety, the New York Hospital and like institutions would soon be placarded with the usual notice "To let."

Therefore, it seems to me that the sooner we stop this method of "*aiding the poor*," the better it will be for us, for our profession, and for the very poor themselves who are supposed to be benefited.

Respectfully yours,

"Non-provident Doctor."

Carbolated Camphor in Diphtheria.—M. Soulez reports that he has successfully employed carbolated camphor for some months in the treatment of diphtheria. The agent appears to act directly upon the false membrane by lessening its inherent vitality, and hence prevents the dangerous inflammations that arise from more caustic remedies. He dissolves the camphor in crystalline carbolic acid and alcohol, nine parts acid to one of alcohol, and uses the mixture either alone or combined with an equal weight of the oil of sweet almonds.

INTRA-VENOUS INJECTION OF MILK.

To the Editor of The Medical Record.

Sir:—In view of the great practical importance of the subject, and as a supplement to Prof. Thomas's very interesting paper on "Intra-Venous Injection of Milk as a Substitute for Transfusion of Blood, with Cases," reported in the Record (April 27, 1878, p. 337), allow me to lay before your readers the results obtained by Dr. N. Wulfsberg (Privat-docent. Univ. of Christiania), while working in the pharmacological laboratory of Prof. Marmé, of Göttingen (v. Nachricht. v. d. Königl. Gesellsch. d. Wissensch. u. d. G. A. Univ. zu Göttingen, No. 3, Feb. 20, 1878). He experimented largely on animals, and confirms Prof. Thomas's *practical* suggestions.

Dr. Wulfsberg found that a few minutes after the injection of small quantities (6–8 grammes) of fresh, warm cow's or goat's milk into the external jugular vein of a rabbit, the milk-globules are uniformly mixed with the blood, some of them swimming free, some adhering to the colorless blood-corpuscles. An hour later there are not so many free globules, but colorless corpuscles may be seen which enclose a globule, and still later the number of enclosed globules is found to be much increased; two, three, and even four may be seen within a corpuscle. If the latter can be made to rotate, it is plainly seen that the globule is *within* it, and not merely *adherent* to its external surface. This can be best seen with 300–400 magnifying power, when the red corpuscles are decolorized by acetic acid. In blood drawn a little later one finds continually fewer free, and more and more enclosed milk-globules. Two to six hours after the injection no more free globules are to be found, and very few that are visible in the colorless corpuscles, but—as after a good meal—there is a striking increase in the relative number of the latter. In twenty-four hours the blood is again normal.

When dogs received repeated intra-venous injections of from 70 to 250 grammes of milk, they rapidly lost weight, the majority of them dying soon after receiving the last-named quantity. During life they showed no serious symptoms, but after death unchanged milk-globules were always found in the blood, and in the lungs were found larger or smaller blood-clots. True fat-emboli could not be recognized anywhere; the kidneys were always normal.

When hypodermic injections of milk were given the animals lost flesh; and when they were killed, a few days after the last injection, considerable quantities of the milk-constituents (Milchbestandtheile) were always found at the place of injection.

Another series of experiments was on dogs that had been bled largely. They were found to tolerate injections of small quantities of milk, but after large injections they died, and often on the operating-table. When, after great loss of blood, the heart-sounds became very weak, almost inaudible, they became loud and distinct again immediately after the injection. He next bled animals until respiration and circulation had completely ceased, and then injected milk into their veins. At once rhythmic contractions of the heart, which could be felt, recurred, and soon respiratory movements reappeared. When, after a short time, these ceased, they could be again excited by a second injection, and some of the dogs even barked. Whether this restoration of the heart's action was due to an excitation of the nerve-centres or to a purely mechanical irritation of the organ, is as yet undetermined.

Prof. Thomas says of his second case that when the first injection was made the patient was fairly moribund, and that at each subsequent injection it was the unanimous opinion of all who saw her that death was inevitable within a very brief space of time. It was thought that her life was *prolonged* at least six days by the five intra-venous injections of milk. The quantity used in the first injection, in this case, is not stated, but fifteen, twelve, six, and eight ounces were used in the last four. The third case reported simply proved that milk injected into the circulation was innocuous.

It will be seen that the results obtained by Prof. T. in practice, and by Dr. W. in the laboratory, agree; but the latter holds that as relatively small quantities only can be safely injected, as these induce only a very transitory relative increase of the colorless blood-corpuscles; and as on the other hand the injection of large quantities leads to the formation of emboli in the lungs, which are never caused by the transfusion of blood; and as, finally, we can, when it is at all possible, re-excite the heart's action by harmless means, we cannot rely upon intra-venous injections of milk as the last resort. He thinks that these cannot take the place of blood-transfusions.

Per contra, Prof. Thomas considers that injection of milk into the circulation in place of blood is a perfectly feasible, safe, and legitimate procedure; that it is infinitely easier to perform than transfusion of blood; and that its use should not be limited to cases in which profuse and exhausting hemorrhages have occurred, but recommends it in certain cases of typhoid fever, pneumonia, cholera, etc. In this connection allow me to quote the following from a recent paper by Prof. S. G. Armor:

"In many cases of local inflammatory diseases (not dangerously involving vital organs) the patient often dies, I doubt not, from failure of heart-action, before the local disease can run through its natural history. In all such cases TIME becomes an important element of cure, and the way to get such time is to guard well the 'dead point of danger'—a weak and failing heart."—(Proceedings of the Medical Society of the County of Kings, February, 1878, p. 360.)

We may consider that *shock* enters largely into this tendency to death; could time be gained this shock or condition of collapse might pass off and life be saved. Again, it may aid in the detection and punishment of crime: life might be prolonged sufficiently to allow the victim of an assault to identify his assailant. It may also be applicable in cases of poisoning. George Eliot has already made use of this idea in her story of "The Lifted Veil," published in 1859, in which we are told of a wicked lady whose guilt was brought to light by the experiment of transfusing blood into the heart of a person just dead, who revives for an instant and denounces her.

In the discussion which followed the reading of Prof. Thomas's paper, Dr. Jacobi said that cow's milk, when introduced into the human circulation, should be a little more alkaline than it is naturally, and suggested that it should be made so by the addition of carbonate of soda. A year ago I suggested to Dr. Wulfsberg, with the idea of obviating the possible formation of fat-emboli, that the milk should be saponified by the addition of water of ammonia, so as to break up the globules. As Dr. W., in his investigations, did not find fat-emboli, it is probable that this reason for the use of ammonia is worth nothing; but, as the water of ammonia has been found not dangerous when injected in cases of snake-bite, and as stimulation is usually indicated when intra-venous injec-

tion is required, and for the purpose of producing an alkaline reaction in the milk, as advised by Dr. Jacobi, I repeat the suggestion here.

I have seen or heard somewhere the statement that when the blood of one of the lower animals—cow, sheep, or goat, for example—is injected into the human blood-vessels, the red corpuscles of the injected blood, from the different quality of the human blood, lose their vitality and are soon thrown off as effete material. If this be true, it follows that the fresh, warm, alkaline milk of the cow is a safer article to inject into human veins than her own blood, or that of a sheep or lamb—safer, most probably, than any other fluid except human blood.

Pardon the length of this communication, and believe me most respectfully, etc.,

J. S. PROUT, M.D.

167 CLINTON ST., BROOKLYN, N. Y., May 3, 1878.

THE TREATMENT OF DIPHTHERIA.

TO THE EDITOR OF THE MEDICAL RECORD.

SIR:—The communications in your journal, from Drs. Billington, Rodman, Willard, and Mundé, have interested me considerably in the subject of "The Treatment of Diphtheria," and the idea kept recurring to my mind while reading their articles on the subject, that somewhere, lang syne, I had read where a German physician had used the tinct. ferri chloras and glycerine mixture, in something near the manner practised by Dr. Billington *et als.* After searching through my little collection of medical journals, I found the article I had read, and thinking it might not prove uninteresting to your readers, I will give you the language of the article, which I find in *The Southern Medical Record* for September, 1871, on page 480, viz.:

"SESQUICHLORIDE OF IRON AND GLYCERINE IN DIPHTHERIA AND CROUPOUS AFFECTIONS.

"Prof. Clar (*Practitioner*, July 1, 1871, from the *Wien Medisin Zeitung*, No. 19, 1871), having experienced the advantages from the application of the best anhydrous glycerine (of Sarg) in various catarrhal and slight croupous and diphtheritic affections, met with some of a much more severe type, which led him to add the sesquichloride of iron to the glycerine with excellent results.

"The method of treatment he adopts, varying of course with individual peculiarities, is the following: He first prescribes a gentle aperient, either in the form of a manna draught, or of a few grains of calomel, which last he holds to be a powerful antiphlogistic remedy, and, when properly used, of great value. Coincidently he directs cold compresses or cloths to the neck and head, or even to the chest, carefully renovated in accordance with the elevation or depression of the temperature, cold or iced water being at the same time given as a drink, and then commences at once the use of iron-glycerine, which consists of two ounces of anhydrous glycerine, and twenty drops of the liquor ferri sesquichloridi. Of this mixture, half a teaspoonful is to be given every half-hour throughout the day and night. As soon as the symptoms appear to be mitigated, the quantity is diminished to a teaspoonful every second hour, and in the intermediate period, with the object of dissolving the exudate, a mixture composed of glycerine, two ounces, borax, twenty grains, is similarly given by a teaspoonful at a time. The iron-glycerine is progressively given at longer periods, and is gradually replaced by the borax-glycerine."

With the exception of the application of the cold compresses, I have tested this treatment in a few cases of what I called membranous croup, with very gratifying results. I have been especially pleased with the prompt and certain action of the borax-glycerine in dissolving the exudate.

Injected into the nose, where the diphtheritic exudation extends to the mucous membrane of the posterior nares, the borax-glycerine mixture will, I believe, be found to act with more certainty, and will give better results as a solvent of the false membrane, and alterative to the diseased mucous surfaces, than most of the complex, shot-gun prescriptions, usually made use of for that purpose.

And if diphtheria is primarily a local disease, and the constitutional symptoms are the result of the absorption of septic matter, the antiseptic properties of borax and glycerine would prove of no mean value in destroying the poison already generated, preventing the further production of septic germs and the systemic poisoning resulting from their absorption. In a word, would prevent septicæmia by destroying the germs—nipping infection in the bud, wherever it is applied faithfully and freely, so that no part of the diseased tissue shall be overlooked.

This treatment, resorted to early, promises as good results in preventing constitutional symptoms as any treatment recommended, is simple, easily given, and to my mind rational. Where constitutional symptoms have developed, this treatment will still be found good as far as its action as a germ destroyer, alterative and solvent of the exudation is concerned. In this country, however, we are accustomed to giving the sulphate of quinia in tonic or antiperiodic doses, owing to the indications for its use. I have never found it necessary to use alcoholic stimulants, but may be under the necessity of doing so in the next case I have to treat. We must be guided by reason, and the lessons taught us by our every-day experience in the treatment of disease, and not be too much wedded to our theories. I think it would be criminal in a physician to withhold stimulants, when the symptoms indicated their use, because of his theoretical disbelief in their utility in a certain disease.

Very respectfully,

J. N. BOYD, M. D.

COOPER, TEXAS.

THE FIRST OVARIOTOMY. — From an article by T. Spencer Wells, F.R.C.S., in the *British Medical Journal*, it seems that that distinguished authority was in error when, in his work on "Diseases of the Ovaries," he ascribed the first successful ovariotomy in Italy to Prof. Londi, of Pisa, September, 1868; the second to Prof. Peruzzi, of Lugo, and the third to Dr. Marzolo, of Padua. Although the operation had not been performed in Italy for half a century when Londi undertook it, it appears that Dr. Emilioni, of Faluza, a provincial surgeon, successfully extirpated an ovary in 1815, in a married woman twenty-six years of age, who had produced a scirrhous tumor of that organ by resting the edge of a heavy pan of water against the abdomen. The extirpated ovary is now in the museum of the Medical Society of Bologna—a pyriform mass of scirrhous degeneration, nine centimetres long by five broad, preserved in alcohol.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from April 28 to May 4, 1878.

PAGE, CHAS., Major and Surgeon. Granted leave of absence for fifteen days. S. O. 36, Dept. of the Platte, April 27, 1878.

RANDOLPH, J. F., Major and Surgeon. Relieved from duty in Dept. of the East, to proceed to his home and report his arrival by letter. Authorized to remain there on monthly certificate of disability until his health is sufficiently restored to resume duty. S. O. 90, A. G. O., April 26, 1878.

YEOMANS, A. A., Capt. and Ass't Surgeon. To proceed to Fort Griffin, Texas, relieve Ass't Surgeon D. G. Caldwell, receipt to him for all property, and, upon completion of this duty, return to Ft. Richardson, Texas. S. O. 89, Dept. of Texas, April 25, 1878.

TURRILL, H. S., 1st Lieut. and Ass't Surgeon. Relieved from duty at Ft. Clark, and assigned to duty at San Felipe, Texas. S. O. 90, Dept. of Texas, April 26, 1878.

COMEGYS, E. T., 1st Lieut. and Ass't Surgeon. Relieved from duty at San Felipe, and assigned to duty at Fort Clark, Texas. S. O. 90, C. S., Dept. of Texas.

PERLEY, H. O., 1st Lieut. and Ass't Surgeon. Granted leave of absence for one month, providing he furnish proper medical attendance, at his own expense, at his station, Ft. Pembina. S. O. 49, Dept. of Dakota, April 25, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending May 4, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
April 27, 1878...	0	6	79	8	64	49	1
May 4, 1878.....	0	4	69	2	55	41	0

CONTAGIOUSNESS OF SCARLET FEVER.—Dr. J. M. Ward, of Cornelia, Missouri, writes: "Dr. C. E. Billington says in the March 25th number of MEDICAL RECORD that 'the earliest fact in the clinical history of scarlatina is the contagion. While this is exceedingly subtile, permanent, and capable of being carried to great distances, it is at the same time known to be uncertain in its effects.' Wilson says that the cause is a contagion apparently identical with rubeola. Flint says that it is probable that its causation always involves contagion. Now, in the face of the above authorities I must say, that with an observation of some 200 cases I never have seen a case that has shown any evidence that the disease is any more contagious than cholera, diphtheria, or erysipelas. That it is contagious I do not believe, but it may be infectious. The cause must be atmospheric, and the same cause that induces one case may cause forty. With the atmospheric influence operating, and added to the exhalations from a case of the disease, there is stronger action, the same as in diphtheria or erysipelas, and calls for isolation as a prophylactic. Scarlatina is not amenable to the law of contagion, which implies that all unprotected persons will, as a general rule, take the disease on exposure, and that it is propagated in no other way than from an affected person. Rubeola, variola, and parotitis are examples of contagious diseases that conform to that law, and scarlatina is an exception. In the epidemics of scarlatina that I have witnessed, the extent of territory has been limited, while the outbreak was simultaneous in several families who had no communication with each other, and in a rural district. I take stories of the contagion of this disease 'cum grano salis.' For instance, a child died, and the clothing years after communicated the disease, or a letter from a family who had it did the same in a distant part of the country. Is it probable that such statements are true cases of contagion, when you can get no such effect at the time the disease is prevailing in a locality outside of the atmospheric cause, with possibly an added infection from cases of the existing disease? No matter how strong the infection, a large number escape altogether, as Dr. Billington has shown, where he tabulates 100 children in families that had scarlatina in the family, and 43 were affected and 57 escaped, or about as many affected as you might expect of chills in a district strongly malarious. To say that it is not as contagious as rubeola, but that it is the most subtile of all contagions, appears contradictory, and to explain such an anomaly will necessitate a hunt for a cause other than contagion. Both erysipelas and scarlatina seem infectious by contact when the soil is as congenial as in a puerperal woman,* but that don't establish that either are propagated by contagion solely. My impression is, that the scarlatina poison is primarily in the atmosphere and being inhaled, the disease becomes constitutional before there is any local manifestation anywhere. The results of observation make authority, and my observations lead me to discredit the idea that scarlatina is propagated by contagion."

DR. FORDYCE BARKER.—The Board of Trustees of Columbia College did a graceful thing, which will cause great satisfaction in many and widely different circles. They conferred the degree of LL.D. upon Prof. Fordyce Barker, of this city, by a unanimous vote. It is so rarely that such an honor is so deservedly conferred, that the profession at large can take it as a general compliment.

AMERICAN MICROSCOPICAL SOCIETY.—At the Annual Meeting of the American Microscopical Society of the City of New York, held Tuesday evening, March 26th, 1878, the following officers were elected for the ensuing year: President, John B. Rich, M.D.; Vice-President, William H. Atkinson, M.D.; Secretary, O. G. Mason; Treasurer, T. d'Oremieulx; Curator, John Frey.

AMERICAN MEDICAL ASSOCIATION.—The Chairmen and Secretaries of the several Sections of the American Medical Association are requested to send in (by title) the papers to come before them, with the time required for reading; also all gentlemen having papers to present, not referable to the Sections, will send as above, without delay, to

THOMAS F. ROCHESTER,
Chairman of Committee of Arrangements,
Buffalo, N. Y.

*Dr. M. M. Pallen reported a case of puerperal diphtheritis occurring during an epidemic of that disease, but he does not state that the attending physician had been treating diphtheria prior to her confinement.

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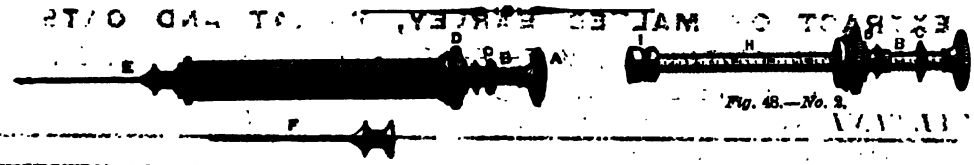

Fig. 48.—No. 2.

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our Manufacture. With the exception of the needles, it is of German silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a process peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely-engraved scale upon the piston-rod indicates minims, thirty being the capacity of the syringe.

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No. 3.

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No. 7 or No. 9, with two steel unplated needles, either,	2.50	.02
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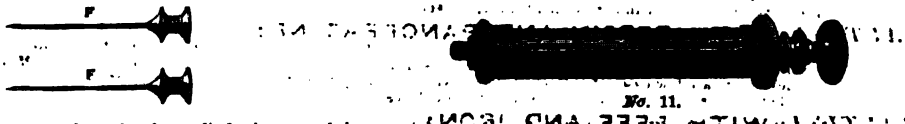

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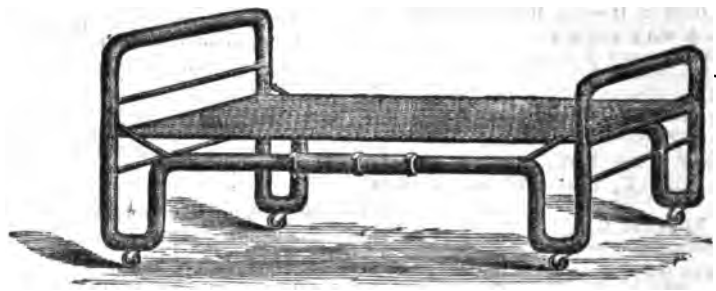

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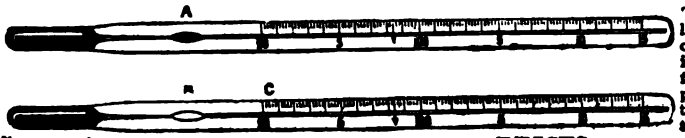

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THE PRELIMINARY SESSION will commence September 18, 1878, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the Second of October, 1878, and end about the 1st of March, 1879.

The location of the new College edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to *all the Clinics* given therein, *free of charge*.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College building. Five Didactic Lectures will be given daily in the College building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

THE DISSECTING ROOM is open throughout the entire Collegiate year; material is abundant, and it is furnished free of charge.

STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy and Physiology, and if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES.

For Course of Lectures	$140 00
Matriculation	5 00
Practical Anatomy Fee, including material for dissection	10 00
Graduation Fee	30 00
Post-Graduate Certificate	20 00

For further particulars and circulars, address the Dean,

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.

In corresponding with Advertisers please mention **The Medical Record.**

BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

FACULTY:

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.
FORDYCE BARKER, M.D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Professor of clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
WILLIAM M. POLK, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
R. OGDEN DORHMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.
JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
ERSKINE MASON, M.D., Clinical Professor of Surgery.
EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consist chiefly of Recitations from Text-Books. This term continues from the first of March until the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
Graduation fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

☞ For the Annual Circular and Catalogue, giving Regulations for graduation and other information, address,

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Secretary, Bellevue Hospital Medical College.

Official Announcements of the Medical Colleges of the U. S.

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MEDICAL DEPARTMENT OF THE UNIVERSITY OF BUFFALO,

BUFFALO, N. Y.

Session of 1878–79.

Preliminary Term begins.....Oct. 9.
Regular Term " .....Nov. 6.

FEES.—Matriculation, $5.00. Faculty, $100.00. Perpetual Ticket, $150.00. Graduation Ticket, $25.00.

THOMAS F. ROCHESTER, M.D., Dean,
Buffalo, N. Y.

MIAMI MEDICAL COLLEGE

OF CINCINNATI.

Next Session will commence October 3d, 1878. Professors' Tickets, $40.00.

FACULTY.—JOHN A. MURPHY, M.D., Dean; E. WILLIAMS, M.D.; WM. CLENDENIN, M.D.; WM. H. TAYLOR, M.D.; J. B. HOUSE, M.D.; W. H. MUSSEY, M.D.; T. H. KEARNEY, M.D.; J. C. MACKENZIE, M.D.; W. B. DAVIS, M.D.; BYRON STANTON, M.D.

For Circulars, address, JOHN A. MURPHY, M.D., 163 W. 7th St.

STARLING MEDICAL COLLEGE,

COLUMBUS, OHIO.

The Thirty-second Session of Starling Medical College will begin October 2, 1878, and continue until March, 1879. It will be preceded by a preliminary course beginning September 4, 1878. Extensive additions have recently been made to the Museum and other teaching facilities of the College.

FACULTY.—F. Carter, M.D., Dean; H. G. Landis, M.D.; J. H. Pooley, M.D.; S. Loving, M.D.; J. M. Wheaton, M.D.; E. B. Fullerton, M.D.; W. J. Conklin, M.D. (of Dayton); Alex. Dunlap, M.D.; Otto Frankenberg, M.D.

Lecture tickets, including matriculation, $45.

College, cor. of State and Sixth Sts.; Dean's Office, 181 E. State St.

Letters of Inquiry should be addressed to the Dean.

FRANCIS CARTER, M.D., Dean, Columbus, Ohio.

CLEVELAND MEDICAL COLLEGE,

Cor. St. Clair and Erie Sts. Founded 1843.

FACULTY:—J. L. Cassels, M.D., LL.D.; Proctor Thayer, M.D.; H. K. Cushing, M.D.; John Bennitt, M.D., Dean; Jacob Laisy, M.D.; John B. Darby, M.D.; E. W. Morley, M.D.; Isaac N. Himes, M.D.; X. C. Scott, M.D.; B. W. Holliday, M.D.; Lewis Buffett, M.D.; H. H. Powell, M.D.; Jno. F. Isom, M.D.; W. W. Holliday, M.D.

FEES.—Lecture Tickets, including Matriculation Ticket, $50.00.

WINTER SESSION.—Commences on the third Wednesday in September, and continues 24 weeks.

SUMMER SESSION.—Commences on the first Monday in April.

H. H. POWELL, M.D., Secretary, 323 Euclid Avenue.

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IOWA CITY, IOWA.

MEDICAL DEPARTMENT.—SESSION OF 1878–'79.

The next regular course will commence on Wednesday, October 24th, 1877, and continue until the first Wednesday in March, 1878. The preliminary term will begin on Wednesday, October 10th, and continue until the opening of the regular course. Clinical instruction in Mercy Hospital gratuitous. Advanced students will be intrusted with the care of cases. Applicants for graduation will be required to perform operations upon the cadaver. An abundant supply of dissecting material constantly on hand.

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N. H. MEDICAL INSTITUTION AT DARTMOUTH COLLEGE.

The *Eighty-second* Annual Course of Lectures begins Aug. 1, 1878, and continues fourteen weeks. Recitations from Dec. 5 to June 20.

FACULTY:—E. R. Phelps, M.D., LL.D., Practice Emeritus; O. P. Hubbard, M.D., LL.D., Chemistry; J. Ordronaux, M.D., LL.D., Medical Jurisprudence; C. P. Frost, M.D., Practice; P. S. Conner, M.D., Surgery; E. S. Dunster, M.D., Gynecology and Obstetrics; H. M. Field, M.D., Therapeutics; L. B. How, M.D., Anatomy and Physiology.

FEES:—Matriculation, $5; Lectures, $77; Graduation, $25; Recitations, $40.

For Circular, address C. P. FROST, M.D., Dean, Hanover, N. H.

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NINETY-FIFTH ANNUAL ANNOUNCEMENT. (1878–'79.)

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A Catalogue, containing detailed information and specimens of examination papers, will be sent on addressing

DR. R. H. FITZ, Secretary, 108 Boylston St., Boston, Mass.

MEDICAL INSTITUTION OF YALE COLLEGE.

Spring Term begins February 14, and closes June 25, 1878.

Winter Term begins October 3, 1878; closes January 30, 1879.

FEES.—Matriculation Fee, $5.00. For the Spring Term, $60.00. Contingent Expenses of Laboratory, Spring Term, $10.00. Winter Term, Lecture Fees, $105. Demonstrator's Ticket, paid once a year by those who dissect, $5.00. Graduation Fee, $25.00.

For further information, address

CHAS. A. LINDSLEY, M.D., Dean, New Haven, Conn.

CHICAGO MEDICAL COLLEGE

(Medical Department of the Northwestern University.)

The Winter Session will commence on the first Monday in October, and close on the third Tuesday in March. The Summer Session begins on the first Monday in April, and closes on the last Thursday in June. This session is *free* to all who have taken the Matriculation Ticket.

FEES.—Lecture Fees for the Winter Term, $50.00. Graduation Fee, $30.00. Matriculation Fee, $5.00. Dissecting Ticket, $5.00. Hospital Ticket, $6.00.

All Fees are payable in advance to the Registrar, Prof. NELSON.

Any further information that may be desired can be promptly obtained by addressing

H. A. JOHNSON, M.D., Secretary of the Faculty,
No. 4 Sixteenth Street, Chicago, Ill.

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For further information, address the Registrar.

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Official Announcements of the Medical Colleges of the U. S.

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Medical Department of the University of Wooster,

LOCATED AT CLEVELAND, OHIO,

Will begin Wednesday, October 3d, 1878, and continue until the last Wednesday in February, 1879. Medical and Surgical Clinics, Monday and Tuesday, Thursday and Friday of each Week, at Charity Hospital. The Preliminary Term commences Sept. 19. The Summer Course of Recitations and Clinics begins April 2, 1878, and continues 12 weeks.

FACULTY:—G. C. E. WEBBER, M.D., Dean; L. FIRESTONE, M.D., LL.D.; W. J. SCOTT, M.D.; H. J. HERRICK, M.D.; CONWAY NOBLE, Esq.; A. C. MELLEN, M.D.; JOEL POMERENE, M.D.; D. B. SMITH, M.D.; H. W. KITCHEN, M.D.; T. CLARK MELLEN, M.D.; JOHN H. LOWMAN, M.D.; G. T. GENTSCH, P.C. For Circular and Catalogue, address H. W. KITCHEN, Sec'y, No. 8 Euclid Avenue, Cleveland, O.

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LONG ISLAND COLLEGE HOSPITAL, BROOKLYN, N. Y.

Annual Announcement and Circular, 1877-78.

The READING AND RECITATION TERM will commence October 4, 1877, and close February 14, 1878.
The REGULAR TERM will open March 5, 1878, and close the last week in June following.

FACULTY OF THE COLLEGE.

SAMUEL G. ARMOR, M.D., LL.D., Professor of the Practice of Medicine, and Dean.
GEORGE W. PLYMPTON, A.M., Professor of Chemistry.
JOSEPH H. RAYMOND, M.D., Professor of Physiology.
DANIEL AYRES, M.D., LL.D., Emeritus Professor of Surgery.
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113th ANNUAL SESSION, 1878—79.

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To fill the vial unscrew the fitting *C*, Fig. 3, entirely.

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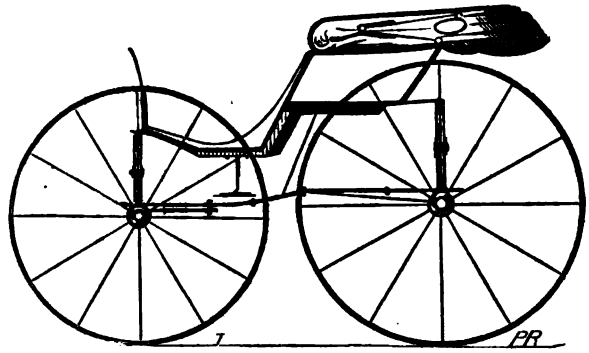

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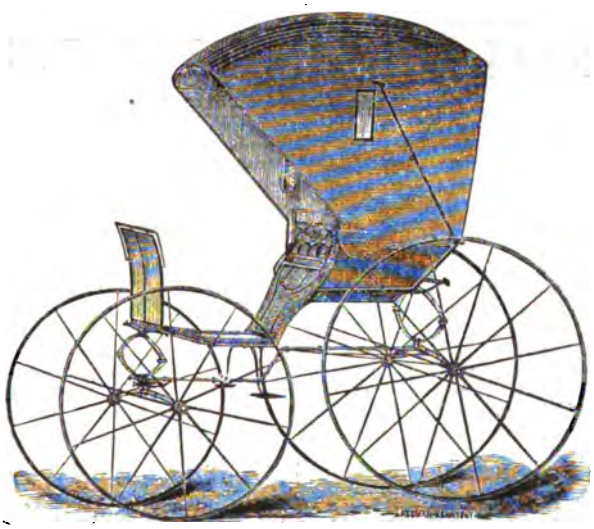

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Original Lectures.

ON GONORRHŒA.

A CLINICAL LECTURE DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, CITY OF NEW YORK.

By F. N. OTIS, M.D.,

CLINICAL PROFESSOR OF GENITO-URINARY DISEASES.

(Reported for THE MEDICAL RECORD.)

LECTURE I.

GENTLEMEN:—To day we enter upon a consideration of the third and last in the list of venereal diseases alluded to in the opening lecture of our course, viz.:

GONORRHŒA.

Gonorrhœa is a vicious, non-specific, contagious, inflammatory disease of the mucous membranes.

It is characterized by free purulent secretion without ulceration, occurring chiefly in the mucous membrane lining the urethra in the male, and the vagina and urethra in the female; and occurring exceptionally in the mucous membrane of the rectum.

By transference through *mediate* contagion from these points, the disease may be conveyed to the mucous membrane of the eye.

The occurrence of conjunctival gonorrhœa is by means of *mediate* contagion; that is to say, by the application of the poison through some intermediate substance, as the fingers, sponges, cloths, etc. This is one of the gravest accidents that can occur in consequence of gonorrhœal affection.

The transfer of the disease in the same manner to the nares and to the mouth is alluded to by authors, but I have never seen such cases, and believe they are so rare that, practically, we need not give them much consideration.

This disease is termed *vicious* on account of the acuteness of its onset, as compared with idiopathic or traumatic inflammation of mucous membrane, and from the greater disturbance, local and general, which marks its course.

It is termed *non-specific*, because it is capable of being originated by a variety of causes quite independent of a gonorrhœal origin, and even of the venereal act.

This is an important statement, but one which is capable of thorough substantiation by clinical proof, as will be shown hereafter. It is however, as a matter of course, denied by those claiming a specific venereal virus as the essential, the one sole efficient agent in the establishment of a true gonorrhœa.

The disease is called *contagious* and *inflammatory*, because pus, the product of this variety of inflammation, when brought in contact with sound mucous membrane, sets up in it at once an inflammatory process of a similar character.

It is usually communicated through illegitimate venereal contact; yet a similar inflammation of mucous membrane, producing pus which possesses equally the element of contagion, may arise from causes purely inflammatory. Thus, mechanical irritation, caused possibly by the introduction of a urethral sound, may set up an inflammation producing a purulent secretion, which, when brought in contact with healthy mucous membrane, will develop a disease in no respect different from acute gonorrhœa the result of venereal contagion.

Allow me to relate a case which bears upon this point. Some four years ago, a gentleman came to me, suffering from irritation at the neck of the bladder, as evidenced by discomfort in that region, and also a certain amount of irritation in the glans penis. He was a man entirely above suspicion of illegitimate venereal indulgence. He was under my direct observation for at least four or five months, before I came to the conclusion that his difficulty was dependent upon the influence of a contracted meatus urinarius. I had already made a thorough examination with reference to the presence of stone in the bladder and prostatic enlargement, and found neither. I incised the meatus so that the contraction was completely removed, and with it immediately, to my great satisfaction, the frequency of micturition ceased, and all sense of discomfort disappeared. The only after-treatment necessary was in keeping the opening patent. An ordinary sound was introduced some four or five times. The case was doing very well. But the gentleman had a large business to look after, and, finding it exceedingly inconvenient to come to my office, begged the privilege of using the sound himself. I objected, and yet yielded to his wishes, inasmuch as I did not see why he should not be able to perform the operation, if a reasonable amount of care was exercised. I gave him a *new* instrument, a solid glass rod of proper size and shape, and directed him to pass it well through the meatus every morning, and to do it carefully.

At the end of about a week he came to me with his penis considerably swollen and inflamed. A slight muco-purulent discharge was exuding from the meatus.

In reply to my inquiry he stated that he found some difficulty in introducing the instrument, that this increased daily, until finally, "determined not to be beaten by it," he had carried it in with some degree of violence. The condition which his penis presented was the result. Nothing could be more certain than that this inflammation was the result of mechanical violence. The inflammatory action increased and extended as in an ordinary gonorrhœa resulting from an impure venereal contact, and finally involved the deeper portions of the urethra. He was even threatened with prostatic abscess, but after confinement in bed at least four or five weeks, he recovered with slight remaining discharge. This discharge continued for some time; it was exceedingly slight. Thus far the case would have been placed under the head of ordinary simple urethritis, which by many is considered as entirely different from gonorrhœal urethritis, and especially so as lacking the element of contagion.

During the summer the discharge from the meatus disappeared almost entirely, and under the impression that there was no danger of communicating his disease, he had a single connection with his wife.

About two weeks after, the wife came to me, suffering with a well-marked, acute *vaginitis* which had extended to the urethra. She was a lady over fifty years of age, and entirely above reproach. To my mind, there was no doubt whatever but that she acquired the disease from her husband, whose disease was of traumatic origin. The result of this intercourse was a disease which could not be distinguished from that which is acquired from a known gonorrhœa. I have, besides, seen several cases which, equally with the one now related, go to prove that a contagious secretion from mucous membrane may be present as the result of simple causes wholly independent of contagion.

GONORRHŒA IDENTICAL WITH INFANTILE LEUCORRHŒA.

Another cause of an inflammation of mucous membrane, which does not vary in any practical degree from gonorrhœal inflammation, is infantile leucorrhœa. This is recognized by all authorities as a contagious disease of the mucous membrane. A similar vaginitis may be communicated from it to other children, when the same sponges or bathing-cloths are used, and an ophthalmia is not rarely set up by means of it, which cannot be distinguished from true *gonorrhœal* ophthalmia.

This form of leucorrhœa is caused, as generally believed, by irritation in a contiguous organ, the rectum. It has also been attributed to the irritation produced by teething. But, whatever the cause may be, an inflammation is set up in the vagina of the infant, which produces a discharge that cannot be distinguished from a gonorrhœal discharge, and which may communicate a similar disease.

Some time since a lady called upon me, accompanied by her little daughter (between nine and ten years old). She stated that the child was suffering from a *bad disorder*, which she believed had been communicated by a young man, intimate in the family, who had been in the habit of playing with the little girl. The visit to me was for the double purpose of obtaining relief for the child and securing some advice as to the way of punishing the young man. On examination the vulva was seen intensely reddened, and bathed in a profuse, greenish, purulent discharge. The hymen was perfect, with no sign of injury. The integument around the anus was irritated as if by scratching, and great itchiness in the vicinity was complained of. The rectum was found loaded with ascarides. The cause of the leucorrhœa was thus satisfactorily explained without implicating the young man. Suppose, however, the youth had been subjected to an examination, and had chanced to have an old gonorrhœa—the probabilities would have been greatly against his being able to establish his innocence before any jury.

Here we see that the question as to the specific character of gonorrhœa may become of first importance from a *medico-legal* point of view.

GONORRHŒA PRODUCED BY INJECTIONS.

During my term of service as Resident Physician on Blackwell's Island, twenty-five years ago, several experiments were made with reference to the question of the causation of gonorrhœa by other means than by contact with gonorrhœal discharge. At the instance of Dr. William Kelly, Physician in Chief, various materials were injected into the urethra of healthy individuals, but without satisfactory results, so far as producing gonorrhœa was concerned. Finally, the experiment was made with pus taken from the eye of a child suffering from acute ophthalmia, and a virulent gonorrhœa was established, which continued for four or five weeks, and was attended by the ordinary complications of gonorrhœa, œdema, chordee, etc. Here certainly the disease was produced entirely independent of gonorrhœal contact.

GONORRHŒA PRODUCED BY THE DISCHARGE ACCOMPANYING STRICTURE.

There is still another cause of gonorrhœa that must be mentioned, in order to make this part of our subject complete.

It is a very important fact that a discharge which does not at all differ from true gonorrhœa may arise through contact with the discharge produced by the mechanical irritation incident to *stricture of the urethra.*

A man who has a stricture, but has had no discharge whatever from the urethra for several years, is suddenly placed in circumstances under which an unusual amount of excitement is present in the circulation of that locality; for example, he gets married. A few days after marriage—and I am not now drawing upon general experience or imagination, for I am relating the history of a real case—the man discovers that he has a discharge from his urethra precisely similar to one of his early gonorrhœas. Naturally enough, he does not associate the presence of the discharge with the fact that he had disreputable connection, followed by disease, some years previously. The only explanation which seems possible is, that it has been contracted from his bride. He becomes greatly excited, but before openly disgracing the apparent criminal, he goes to his physician to secure a trustworthy witness of her guilt. The physician, however, knowing of certain wild oats sown in earlier life, tells him to pause before he concludes that his wife has been unvirtuous. An examination is made, and unmistakable evidence of *stricture* is found. The conclusion is readily reached that it had been in existence for some time. This becoming appreciated as a sufficient cause of the trouble, the man at once gives up all suspicion regarding the impurity of his wife.

Within a few days, however, the *wife* begins to complain, and very soon has a sharp attack of vaginitis, and then comes her turn to enter complaint. The discord, however, is finally harmonized through an understanding that the original difficulty with the husband had been acquired several years before. The fact which I wish to make clear is this: that by excess in drinking, sexual intercourse, mechanical irritation, etc., a simple purulent discharge may be elevated to the point of contagiousness; that when raised up to that point it is no longer simple, and will communicate gonorrhœa when brought in contact with healthy mucous membrane.

INFLAMMATION OF MUCOUS MEMBRANE.

Before proceeding farther with our subject, it will perhaps be interesting to study the subject of inflammation of mucous membranes somewhat in detail.

Mucous membrane is made up of several layers: the uppermost or epithelial, the basement membrane, and the areolar tissue layer. In the mucous membrane of the urethra the epithelium is chiefly in the form of laminated scales, and the secretion which is associated with it is the result of the gradual development of this scaly layer. Formative germinal cells come up laden with germinal juices, which, as the cell develops into the epithelial scale, exude and lubricate the canal, thus protecting it from the action of the acrid secretions that pass over its surface. This is the natural process by which the fluid is obtained that is necessary for lubrication, and the quantity in health is never sufficient to constitute a discharge. Any *discharge* from the urethral mucous membrane is pathological, with a single exception, and this is the slight transparent exudation from the meatus urinarius, which sometimes comes on through venereal excitement. In the normal development of the epithelial layers there is just enough material furnished for the gradual development of the germinal cell into the complete epithelial scale. But set up an irritation, and nature responds to such irritation by sending up an excessive supply of "pabulum." The upper layers of cells are detached with greater rapidity than in health,

there is consequently an increased quantity of mucoid or lubricating material thrown out, and we have the first signal that a pathological process is coming on. This process continues, and within a short time the germinal cells appear upon the surface of the mucous membrane as a discharge. If you examine a urethral secretion when inflammation is present, you will find it to consist largely of cells which to all appearances are the same as the white blood-corpuscles. They are not normal white blood-corpuscles, however, but cells which have been emasculated by too rapid development. They retain the power of proliferation and movement, but they are incapable of elevation into useful tissue, and finally emerge from the urethra as a discharge that is called pus. These cells may appear in such quantities that we see them as a profuse discharge, and in the highest stage of the inflammation this discharge has a greenish color, which indicates the additional presence of red blood-corpuscles.

Beale says that when this inflammatory process has gone on for a little time, a kind of proliferation of cells takes place upon the surface in addition to those which come up from the tissues beneath, and that the rapid disintegration of material produced in this manner gives rise to the infective element of the discharge. Cells thus proliferated constitute what he terms *disease germs*, and he claims that they may be produced in this manner, that they retain life with great tenacity, and may be carried for a long distance, and yet when brought in contact with a healthy mucous membrane, will set up an inflammation of like character as that from which it originated. Whether this view is correct or not (and we will consider it at a later period), we have sufficient knowledge to state that pus, under certain circumstances, becomes highly irritant and contagious; that a mild form of inflammatory product may become changed to that which is contagious. The theory advanced would certainly explain the contagious character of gonorrhœa, and also the different varieties of the disease with which we meet.

You will remember that last week a man came before us who had a profuse purulent discharge from the urethra. That discharge was acquired through venereal contact about five or six days before his visit here.

On questioning him, it was found that he did not suffer from pain at all, and that except for the discharge, he was not able to say there was anything the matter with him. At the time I called your attention to the fact that it was one of the milder varieties of gonorrhœa. There was, perhaps, no question regarding the origin of the disease, and yet I doubt very much whether that discharge would, if placed in contact with healthy mucous membrane, have communicated gonorrhœa. The grade of inflammation was low, and so low, that it is a question whether its products were capable of establishing an inflammation of like character. But let that man go on a drunken spree, or have excessive sexual intercourse, you would find that his discharge would become painful. If, then, it was brought in contact with healthy mucous membrane, you would see developed a corresponding discharge, and an active contagious property would be present. There are, therefore, two varieties of the affection: 1. That in which there is a slight, painless, purulent secretion. 2. That in which a higher degree of inflammatory action is present, which gives rise to pain and a greenish purulent discharge.

A man may come to you complaining of an almost white purulent discharge, and at the same time saying that the connection had been with a woman whom he knew to be free from gonorrhœa. Perhaps the additional statement will be made that she was suffering from the "whites," or that she had just completed her menstrual period. If you do not interfere with the discharge, it will disappear within four or five days, as a rule, and the man will be well. But the trouble is that, as soon as a man sees a drop of pus at the meatus urinarius, he goes to a doctor, who attempts, in very many cases at least, to abort the gonorrhœa. A solution of nitrate of silver is employed as an injection, and if that is kept up for four or five days, a sharp urethritis is usually established. I do not believe there is any such thing as aborting true gonorrhœa. Gonorrhœa runs its course, and lasts about four weeks, and any urethral discharge that exists for a less period, I should be willing to say was not gonorrhœa.

I have seen a large number of urethral strictures, and I have made it a point to look up their origin, and to learn concerning the disease which gave rise to them, how the gonorrhœa was acquired, and how it was treated. I have not yet found a single case, which recovered within four weeks, where the symptoms were such as to convince me that the patient suffered from a gonorrhœa *that had been acquired from a gonorrhœa*. In every instance in which the evidence was positive upon this point, the gonorrhœa has lasted at least *four weeks*. There are many cases of gonorrhœa in which the patient, on account of his youth or extreme modesty, neglects to seek professional advice, and yet these very ones pass through their trouble in about the same time as those who avail themselves of eminent professional service. I do not give much credit to the plans which have been brought forward for shortening the duration of the disease, be the treatment what it may. Treatment may aggravate the case, and it may also make the patient much more comfortable than if the disease is left to pursue an unmodified course. The urine can be made less acrid by a variety of means; the distressing symptoms, such as chordee, etc., may be relieved; but as to cutting the disease short, I do not believe that it can be done.

HEPATIC CYST.

Cyst of Broad Ligament and Absorption of Contents—Anteflexion following Abortion.

A CLINICAL LECTURE,

By T. GAILLARD THOMAS, M.D.,

At the College of Physicians and Surgeons, New York.

HEPATIC CYST.

Gentlemen:—I have the pleasure of bringing before you to-day one of the most interesting cases that we have seen during our whole course this winter. The patient comes from Pennsylvania, and it is to the kindness of Dr. P. F. Mundé, of this city, that I am indebted for being able to present her to you, since he has prevailed upon her to come here to-day in company with her regular medical attendant. She unfortunately speaks no English, but her physician will kindly put us in possession of all the necessary facts in the history of the case.

The patient's name is Laura F., a native of Germany, and thirty-one years of age. She has been married six years, and has had three children, but no miscarriages. Her last child was born thirteen months ago, and the duration of her present trouble is nine months. About nine months ago, her physician informs me, she first noticed a swelling in the right hypochondriac re-

gion. From the situation and character of the tumor, which was, perhaps, of the size of a goose-egg, he concluded, very naturally, that it was the distended gall-bladder. She had some trouble in her digestion, being obliged to take food frequently, as she was able to eat only a small quantity at a time, and complained of great pain at the time of her menstrual periods.

Previously she had been perfectly healthy in every respect. After that the doctor did not see her until a comparatively short time ago, and he then found that the tumor had enormously increased in size, and that the woman was not as strong as formerly.

To-day we find the enlargement, whatever its character, to be of the size of a pregnant uterus at the end of seven and a half or eight months, as I can show you through the patient's clothing. The chief point in connection with the case is, of course, to decide what this tumor is, and on that another depends: When we have ascertained its true character, what treatment shall we adopt for it? Its general appearance is that of an ovarian cyst, but we will not jump at any conclusion. I shall make the diagnosis very carefully here, for the reason that I believe this to be a form of cyst which is very rare, and which is very different from an ovarian cyst, and therefore it is important that you should get the characteristics of the case strongly fixed in your minds.

When you see such an abdominal enlargement as this, a number of ideas as to what it may possibly be at once present themselves. Let us now take up briefly some of the forms of enlargement which it might be, and in doing so we will omit certain extremely rare kinds of abdominal tumor.

First of all, I have no doubt the idea of pregnancy occurs to you. It is thirteen months since the patient's last child was born, and so it is altogether possible that another fœtus may now be at full term.

Again, it might be an ovarian cyst, and, as I have said, it presents very much, indeed, the appearance of one.

Then, again, it might be a uterine fibroid.

Next, it might be due to abdominal dropsy.

In the next place, it might not be a tumor at all, but simply an accumulation of fat in the abdominal walls.

Still further, it might be due to tympanites.

In examining whether the enlargement may not be dependent on some one of the several conditions suggested, let us begin with the last—tympanites. The question of tympanites is at once definitely settled by resorting to percussion over the surface of the tumor. When this is done, we find that there is everywhere the most complete dulness, amounting to absolute flatness; and we can therefore safely conclude that we have to deal with some body which is certainly not aëriform in character.

An immense mass of fat has been mentioned as a possible explanation of the tumor here present. I once performed ovariotomy in a case in which the diagnosis was somewhat obscure in certain respects, and when the incision was made into the abdomen I found a deposit of fat at least four inches in thickness in its walls. But if there were a mass of fat, it would be superficial, so that by grasping the abdominal walls deeply with the fingers, we could get under it, which is found to be impossible here. Then, again, great obesity would scarcely be suspected from such a history as has been given of this patient.

Now, let us see whether the diagnosis of pregnancy will stand the test of physical exploration. I examined the uterus thoroughly by conjoined manipulation, and finding it entirely undeveloped, apparently, ventured to introduce the probe, when I ascertained that it passed easily to the fundus, and that the canal of the organ was only of normal length. In addition, the woman has continued to menstruate regularly every month.

Might it not be a uterine tumor? Probably not, because we have been able to map out the size and shape of the uterus, and are able to move the organ freely about by means of the uterine sound without producing any effect upon the tumor. Then, uterine tumors are almost always solid in character, and here we get a distinct sense of fluctuation.

Is it ascites? Suppose you place some intestines in a tub of water. They will at once rise to the top. So here, if we had ascites, and the woman were lying on her back, the intestines would float on top. But listen to the percussion-note on the site of the tumor There is perfect flatness everywhere, while upon the left side, on the contrary, there is well-marked tympanitic resonance. We must, therefore, exclude ascites. It is true that localized peritonitis will occasionally shut up fluid in some particular part of the abdomen, surrounding it with a wall of lymph. In such cases a differential diagnosis between this condition and ovarian cyst is often exceedingly difficult, and one might almost be considered excusable for opening the abdomen with a view to performing ovariotomy; but still, such a mistake will seldom be made if all the means at our disposal for making the diagnosis of ovarian disease are employed.

From the physical characteristics of this tumor we can decide with considerable certainty that it is a fluid cyst of some sort. We have ascertained by means of the sound that it is entirely distinct from the uterus. Is it then an ovarian cyst? Such was my impression when I first saw the tumor; but, on making a careful examination, I found two points in connection with it which militated very strongly indeed against such an hypothesis. The first was, that I was utterly unable to feel the tumor with the finger in the vagina. The force of gravitation usually keeps the inferior part of these ovarian growths low down in the pelvis, where, of course, they originate. The second point was that, on making percussion carefully up and down the abdomen, on the side of the tumor, I was able to make out a distinct area of resonance between the latter and the position of the ovary. Then, besides, it is a very rare thing to find an ovarian cyst localized like this. They are forced by the muscles wherever there is the most room for them, and so they are almost universally found in the middle of the abdomen, though always commencing in the side.

When I found that it was not an ovarian cyst, my next thought was that it was one of those localized peritoneal dropsies of which I have spoken. But I soon found that it was movable to a certain extent (though not very freely), which would not have been the case with such a collection of fluid surrounded by walls of inflammatory lymph; and then there has been no history whatever of any attack of peritonitis, either general or circumscribed.

The next thing that will probably occur to you is that it is a renal cyst. Several cases of tumor of this description have been cut down upon, under the idea that they were ovarian, even by men of the most distinguished reputation. It is certainly possible that this may be the diagnosis here, though I think it is not probable.

The question still comes up, therefore, What then is it? There is still another kind of cyst of which I have not yet spoken, and that is the *hepatic cyst*, the

growth being connected directly with the liver itself. It is so exceedingly rare, however, that it is scarcely mentioned in medical literature at all. A professional friend of mine, who is admirably qualified to do so, has looked up the subject very carefully in the books and journals, and has been able to find almost nothing in regard to it. I do not, of course, now refer to the hydatid cyst of the liver, which is well known, but am speaking of the pure hepatic cyst. That it is a condition which we may be liable to meet with occasionally, however, is certain. Not long since a young surgeon in a neighboring place told me that he was about to perform his first ovariotomy, and a short time afterwards I learned from him that when he had opened the abdomen he found both the ovaries perfectly healthy, but that there was an enormous cyst of the liver, in which there was nothing whatever like hydatids.

I think I am therefore justified in suspecting the presence of an hepatic cyst in the present instance, and in order to derive what assistance we may from an examination of its contents, I have drawn off a small quantity of the fluid by means of the hypodermic syringe. You observe that it is opaque, and of a strongly marked yellowish color; and Prof. Dalton has pronounced it to contain the coloring matter of the bile (not bile itself, you understand, but its coloring matter, at all events). You see the reaction with nitric acid upon this plate. I do not think it can be a hydatid cyst, as there have been none of the features of this condition present. I take it to be an hepatic cyst which is very close to the gall-bladder, and whose contents have, therefore, become tinged with its coloring matter. It seems probable that a process of exosmosis has taken place. It could not be the enlarged gall-bladder itself, for it is impossible that that should become so enormously distended. One other point corroborative of the supposition of the cyst's being connected with the liver is the fact that, on percussion, there is no line of resonance whatever between the liver and the tumor, there being one continued area of dulness from the upper border of the liver to the lowest point of the growth; while, as you remember, there is a line of resonance between the latter and the pelvis. In addition, I find that the left lobe of the liver is very large and prominent, so that it can be mapped out with great distinctness, and the hand slipped under it, as is usually the case when there is a large fatty liver. It would, at all events, indicate some diseased condition of the organ.

Having at length arrived at a probable diagnosis, we come now to the subject of treatment. Is anything to be done for this patient, and, if so, what? It seems to me that some interference will have to be practised in the case, from the fact that the cyst is increasing in size so rapidly. But, at the same time, any operation like that for ovarian tumor is out of the question. If this growth is an hepatic cyst, it is not at all likely that it can be removed with safety to the patient. In ovarian cyst, drawing off the fluid is no longer resorted to by any one as a sanative procedure. *Paracentesis ovarii* is only of service as an aid to diagnosis and as a palliative measure for the relief of certain urgent symptoms. But here I think we might perhaps draw off the fluid with advantage. Is there no danger in such an operation? you ask. Yes, there is great danger from the escape of fluid into the peritoneal cavity, for fatal peritonitis might easily result from this cause. You know that of late years gastrotomy has been several times performed; and you have probably all heard of the celebrated case of M. Labé, of Paris, in which a silver fork was extracted from the patient's stomach by this means. Before drawing off the contents of this cyst, I should advise that an inflammatory adhesion should be effected between the parietal and visceral layers of the peritoneum, in the same manner as was done in these cases, in order to prevent the fluid from escaping into the peritoneal cavity. This might be accomplished by means of a slough of the abdominal walls caused by the application of nitric acid; or, in other words, a nitric acid issue. Through the centre of this the needle of the aspirator could be passed, and it is possible that a single evacuation of its contents might result in the cure of the cyst. If it did not, the operation could be repeated whenever it should become necessary. Of course, no internal remedies will have any effect whatever upon the growth. For me this is an exceedingly interesting case, and I trust it has proved so to you also.

CYST OF BROAD LIGAMENT; SPONTANEOUS ABSORPTION OF ITS CONTENTS.

Taken in connection with the above, the next case which I bring before you is also possessed of considerable interest. The patient's name is Mary T. She is twenty-seven years of age, and is a native of the United States. She has been married two and a half years, but has never been pregnant. She states that she has been ill for two years. About the first of December, 1876 (nearly fourteen months ago), she first presented herself at the clinic, and was carefully examined by my assistants, as well as myself. What we then found I now show you upon the blackboard. The fundus of the uterus was pushed far over to the right, and in the left of it there was a distinct tumor of considerable size. The diagnosis of either an ovarian cyst or a cyst of the left broad ligament was made, and the patient instructed to return after some little time had elapsed. Several months after that she was again examined, when it was ascertained that the tumor had not increased in the slightest degree. Ovarian disease was then excluded, and the case pronounced to be one of cyst of the broad ligament. Now, to-day, when she comes back again, it is found that there is absolutely no tumor whatever present. There is nothing extraordinary about this, however, and it only confirms the diagnosis that was determined upon. It is a possible thing for these cysts of the broad ligaments to get well, whether tapping is resorted to or not. Sometimes they are ruptured by a fall, or other sudden accident, but their bursting does not seem to cause any trouble in the peritoneal cavity. The plan of treatment formerly pursued was, to make an incision into the tumor and allow the fluid to empty itself into the peritoneal cavity. So innocuous were its contents that no septicæmia or inflammation resulted, and the wound was at once sewed up. A few years ago I had a case of large growing cyst under my care at the Roosevelt Hospital, which I supposed to be ovarian in character. By means of the aspirator I drew off a quantity of fluid from it, which did not present the ordinary appearance of ovarian fluid. But looked precisely like so much Croton water. From that time the patient went on steadily to a complete recovery. The relation of this case, as you see, is a plea for tapping, and such cysts as this cannot unfrequently be cured by this means. In one case which I knew of, however, suppuration, inflammation, and septicæmia resulted, and the patient died. But this, you must understand, was a very rare exception to the general rule. I have met with no less than three instances in which the cysts have ruptured in consequence of the ordinary manipulations resorted to in

the examination of gynæcological cases. The first of these occurred several years ago at my office. While I was making palpation, I felt it hop under my fingers, and it at once completely collapsed. The patient suffered a great deal of pain (which she described as feeling like colic), and after she had remained perfectly quiet for an hour or two, I sent her home in a carriage. Just five years afterwards I had the same accident occur in a precisely similar case; but the results were much more serious. Peritonitis set in, and during the course of the attack the temperature once ran up to the extreme point of 107 degrees. The patient finally got well, but her recovery was very tedious. One month ago a patient came to my office from Paterson, New Jersey, and while I was practising palpation in her case also, I felt the tumor collapse under my hands. She suffered such intense pain that a large quantity of morphia was required to give her ease, and I did not permit her to return home until forty-eight hours had elapsed. After that, however, she had no unfavorable symptoms whatever.

In other cases, like the present, the fluid gradually undergoes absorption, and the patient has no further trouble. Under the circumstances, I am very happy to tell this patient that she is now well—not *cured*, you understand, but well.

ANTEFLEXION FOLLOWING ABORTION.

The next case you will soon recognize as an old acquaintance (though the patient herself has never been here previously), for we have seen many like it during the course.

Mary G., a native of the United States, twenty-two years old, and married six years. She has had three children and one miscarriage, and the miscarriage occurred eight months ago. How long have you been sick? "Ever since the miscarriage." (Though I have so often had occasion to do so before, I cannot refrain from once more directing your attention to the fact that the diseases peculiar to women are exceedingly apt to date from a labor or abortion.) Of what do you complain? "Pain in the back, and a bearing-down pain." Is the pain very severe? "It is so bad that I have to have my back cupped sometimes." What else do you suffer from? "Dizziness in the head." Do you have much pain at the time of your monthly sickness? "Yes; very much indeed." (The next question is a very important one in connection with the case.) Did you suffer in the same way before you had this miscarriage of which you speak? "No, I did not suffer at all before that." Do you have the whites? "Yes, very badly."

The history thus obtained shows that this young woman was perfectly healthy up to eight months ago, when she had a miscarriage; and that she has been a confirmed invalid ever since. Among the prominent symptoms of which she complains are backache and bearing-down pains. Now, what is meant by bearing-down pains? I must confess that I do not know exactly, as it is a very common expression with women, and may mean almost anything. As a general rule, however, it is understood as conveying the idea of tenesmus or straining. The other principal symptoms are leucorrhœa and dysmenorrhœa.

The walls of the abdomen were unusually lax in this instance, and so, with two fingers of one hand in the vagina and those of the other over the abdomen, I was able to make out the size and position of the uterus with the greatest certainty. I thus found that the uterus was in a condition of marked anteflexion. Now, is this anteflexion sufficient to account for all the symptoms of the case? For me it is quite enough. But there are some for whose opinion in these matters I have the highest respect, who would say that it has nothing whatever to do with the symptoms complained of. If you asked them what, then, was the matter with the patient, they would probably say that she was suffering from general nervous derangement, or give some other such vague reply. Whatever general nervous derangement she may have, I feel sure that her symptoms will all disappear when the uterus is restored to its normal position. These gentlemen of whom I have spoken will tell you that no such results have occurred in their hands; my experience is widely different from theirs. If a patient complained to me of pain in the shoulder, and on making an examination I should find a dislocation of the humerus, I should certainly think of relieving the patient only by getting the head of the bone back into the glenoid cavity. Now this woman has luxated her uterus, and the only way to cure such patients is to restore the uterus to its normal condition. I have long held this opinion, and the more gynæcological practice that I see, the more thoroughly am I convinced that it is the correct one.

In addition to the anteflexion, I find also a laceration of the cervix, and this may possibly have more to do with the leucorrhœa than the former. On making inquiry, I find that the patient has been suffering from leucorrhœa for eighteen months, and that her last regular labor was twenty-two months ago. Although the miscarriage was only at three months, the laceration may have been produced then; it is, however, more probable that it resulted from her last labor, which she informs me was a very severe one. The leucorrhœa would seem, then, to depend in great measure on the condition of the cervix.

On reading the journals, you will be astonished to see how frequently such cases as this are treated for inflammation, without any effort whatever being made to restore the uterus to its normal position. The flexion, however, is the real cause of all the congestion and so-called inflammation, and until that can be corrected, no other treatment will be of any service. If you had a patient whose finger was enormously congested on account of the compression of a tight ring, I am sure that you would remove the ring before you attempted any other treatment; and, indeed, no other treatment would probably be necessary. Relieving the congestion of this uterus will not cure the flexion on which the obstinate dysmenorrhœa complained of depends; but curing the flexion will do away with both the congestion and dysmenorrhœa. It is like removing the constricting ring from the swollen finger. You see, therefore, that the whole matter depends, to a great extent, upon mechanical principles.

The anteflexion was, no doubt, created when the uterus was large and flabby after the miscarriage, and so easily became hurt. Women are usually willing to lie in bed for a considerable period after labor at full term; but after a miscarriage, which is, of course, only a miniature labor, they are very apt to get up almost immediately.

As to the treatment, I should recommend the ordinary methods which I have so often detailed to you, and which it is therefore unnecessary for me to repeat now. In case the leucorrhœa did not then disappear, the question would arise whether or not it were advisable to perform an operation upon the lacerated cervix.

DR. W. B. NEFTEL has been elected Corresponding Fellow of the Gynæcological Society of Boston, Mass.

Original Communications.

RAPID DILATATION OF THE FEMALE URETHRA FOR THE RELIEF OF VESICAL IRRITABILITY.

By P. F. HARVEY, M.D.,

ASSISTANT SURGEON, U. S. A.

Mrs. L., a married laundress, aged 31 years, has been under treatment for some months for right latero-flexion, associated with chronic endometritis consequent upon subinvolution following abortion in the third month. Three months ago acute cystitis suddenly developed, characterized by alarming prostration, intense burning pain on micturition, and the passage of bloody and muco-purulent urine. The acute symptoms having subsided under treatment, the usual means of relief were tried in vain to control the chronic irritability that remained. By chemical and microscopical examination, numerous pus and epithelial cells, and some albumen were found at various times in the urine. Otherwise it was normal. Topical and constitutional measures conferred no relief whatever. Nausea and vomiting were frequent and distressing symptoms. Constipation of the most obstinate character had existed for months. The uterine trouble had been undergoing satisfactory improvement previous to the development of the cystitis, but since that occurrence the failure of the patient's strength, and the intense pain caused by the introduction of the speculum, interdicted the application of the remedies adapted to the relief of the former. Her worst symptoms seem to have proceeded from the vesical irritability. Every hour during the night a spirt of urine, amounting to a teaspoonful, would constitute her most serious trouble. Again, there would be retention with great tenesmus and suffering until the pent-up urine was voided through the catheter. The passage of a soft rubber catheter always gave severe pain.

Fully convinced of the inutility of persisting in the ordinary modes of treatment, I determined upon performing rapid dilatation of the urethra as furnishing the only hope of relief. Accordingly, on February 28th, having evacuated the bladder and brought the patient under the influence of ether, I cautiously introduced into the urethra the blades of a narrow pair of sequestrum forceps, and gently dilated the passage until it would admit my little finger. This dilatation was increased to an extent which admitted of the introduction with ease of my thumb or forefinger. Urine ran freely from the bladder during the dilatation, notwithstanding the previous catheterization. The mucous membrane of the bladder communicated to the touch a soft, velvety feel, and seemed perfectly free from disease. The cavity was normal in size. Hemorrhage was slight.

March 1st.—Passed a restless night. Suffered excruciating pain in the vesical neck after each act of micturition. Urine was passed frequently during the night without her control. Morphia failed to ease her entirely. This morning she says she feels somewhat better—makes water with less pain. Tongue dry, and covered with a brownish coat. Pulse 115. Temperature, 102° F. To have quinia and iron, with generous diet. Bromide of potassium at night.

2d.—Harassed with incessant vomiting. Pain in bowels. Pulse extremely feeble. Tongue dry. Micturition free, but accompanied with burning pain. No vesical tenesmus. Complains of abdominal pain. Ordered a blister to abdomen, to remain five hours, and be replaced with a hot poultice. Bismuth, gr. v., lactopeptine, gr. x., as required, to control vomiting.

3d.—Blister relieved her very much. Vomiting and pain returned towards evening. To have morphia and potass. brom.

5th.—Bladder a little worse; retains urine.

6th.—From this date the vesical trouble gradually augmented. Nitrate of silver topically; irrigation followed by injections of acetates of lead and morphia; suppositories—in short, the customary modes of treatment failed utterly to give the first shadow of relief. Evacuation of urine was performed every hour or two, to the amount of about a drachm each time. Finally, retention became established, and with it great tenesmus and suffering, as before.

26th.—No therapeutic resource being left which promised any useful purpose, I determined again to dilate, and this time carry the stretching to the extent practised by Teale. An anæsthetic having been administered, I dilated as before, introduced the right index-finger, crowding it gradually up, and then withdrawing, introduced the indices of both hands, stretching the urethra and vesical neck to their utmost capacity consistent with safety, with a view to completely overcome the spasm of the sphincter, and render it powerless to produce subsequent closure. Some pain was experienced after recovery from the anæsthetic, but was slight compared with that following the previous operation. Immediate relief was obtained from the more urgent symptoms, the only symptom complained of after the operation being a slight burning sensation accompanying each act of micturition. This gradually became less, and her progress has been most gratifying.

At the present date, April 14th, the vesical irritability has entirely disappeared, and she states that her bladder is all right now, and the relief she has experienced cannot be expressed in words.

I regard this case as furnishing a crucial test of the efficacy of Teale's operation for the relief of the very distressing symptoms of irritable bladder. From previous recorded experience it appears that this condition, complicating uterine versions or flexions, has undergone little or no improvement from urethral dilatation, and in the present case I confess that I regarded the operation as holding out but slight promise of cure, and had recourse to it only as a *dernier ressort*, after the complete failure of all other measures. It is possible that failure in some cases has been due to incomplete dilatation, as it was in my case after the first operation. It therefore seems proper to practise extreme dilatation before abandoning the operation as useless. The fullest distention consistent with safety appears to be reached when the channel has been enlarged to about an inch in diameter.

A New Revulsive.—M. Lardy has introduced to the notice of the profession a new revulsive, the extract of pimenta, which is noticeable for its rapid and prolonged action, and the active revulsion, without pain and itching, caused by it. In ten to thirty minutes it causes a redness of the skin, which increases for three hours and then remains stationary. The extract has a beautiful red color. It should be incorporated in an adhesive mass and applied on squares of paper, like mustard leaves. Care must be taken not to touch the eyes with the hands when they are soiled with the drug.

AN IMPROVEMENT IN THE JAWS OF THE LITHOTRITE.

By E. L. KEYES, M.D.,

NEW YORK.

Of late years all efforts in lithotrity have been in the direction of (1) shortening the operation by a closer approach of the sittings without ether (Thompson), or by (2) an improvement in the construction of the instruments used, and prolonged sittings under ether. (Bigelow.)

The latter effort seems the wiser: but it requires instruments capable of quick and safe work. Bigelow's washing instrument appears to leave nothing to desire, excepting some smaller tubes. The mechanism of the bulb is simple and effective. Not so, it seems to me, the lithotrite. The specimens of this instrument, as made by Tiemann, are clumsy and not so easy of manipulation as the English instrument. In order to avoid clogging, the male blade is made quite small as compared with the female blade, necessitating a size of the instrument disproportionately large to its working force, which of course is represented by the male blade alone.

Furthermore, I think this instrument must sometimes clog. It is made on the principle of Reliquet's lithotrite (as Bigelow states), and the latter, as furnished by the instrument-makers, clogs very badly.

The truth is, Reliquet's instrument is not made as he designed that it should be. His principle is double, involving (1) a peculiar construction of teeth in both the male and female blades, and (2) a projection of the male through the female blade and for a certain distance beyond. This latter, and by far the most important feature of the instrument, has been neglected by manufacturers.

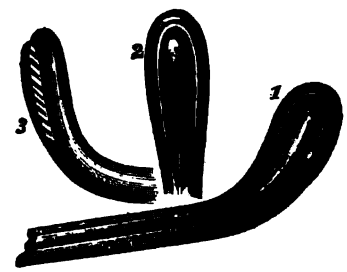
Dr. Van Buren brought home, in October, from Paris, one of Reliquet's latest instruments, as made by Collin, and warranted not to clog. I used it upon a hospital patient having a large, hard stone (mixed uric acid and urates). It clogged as I have never seen an instrument clog. It was impossible to free its jaws of detritus while in the bladder, and a serious laceration of the urethra at about three inches from the meatus was made during the extraction of the loaded blades, thus unnecessarily combining the operations of divulsion and lithotrity.

About five years ago, while crushing a uric acid stone, I found the smaller pulverizing Weiss's lithotrite to clog badly at the heel. At this point the detritus always collected, and could not be dislodged while the instrument was in the bladder, although the fragments near the beak could be easily displaced. Consequently I had a fenestra cut in the back of the female blade, at first square, then occupying the whole breadth of the instrument and extending half way from the heel to the tip of the blades. Both of these fenestræ made the instrument worse. It continued to clog, and from the open portion posteriorly upon the convexity of the female blade sharp fragments were sure to project, scratching the floor of the urethra very uncomfortably upon withdrawal, in crushing both hard and soft stones.

The instrument was therefore put aside as ruined, and was only taken out after the failure of Reliquet's instrument, above detailed, had made it evident that the clogging of an instrument might be due to the fact that the back of the male blade did not project entirely through the fenestra of the female blade. I therefore determined to apply Reliquet's principle to the instrument I had already spoiled, and consequently had the back of the female blade entirely cut away and the shaft of the male blade lengthened in the handle so that when screwed home the roughened part of the curved portion of the male blade would project beyond the female blade from heel to beak about one millimetre along the whole line.

The male blade was to be slightly withdrawn before introducing the instrument, and an occasion soon offered for testing the new principle. The test proved the instrument to be defective. It caught a small fold of the mucous membrane of the bladder, as the old-fashioned fenestrated instrument is apt to do, and proved to be unsafe—although the patient whose bladder was caught did not suffer, as to his ultimate cure, on account of the accident.

Instructed by this defect, I had the male blade of the same instrument narrowed, shortened, and slightly smoothed at its roughened edge all around. It now plays freely in the fenestra of the female blade at a distance of at least one millimetre from it above and on each side, and with the instrument thus completed I operated in conjunction with Dr. Van Buren upon a patient on March 25th, with entire satisfaction. It seemed impossible to catch the bladder: fragments were readily picked up, and although the jaws were at work crushing fragments for nearly half an hour, they came out perfectly free of any detritus, practically as clear as when they went in. The male blade was screwed well home, so that its rough edge projected through the female blade after each fragment had been cracked. The quality of the work was good, the fragments being nearly of a uniform size. Little or no dust was made. The stone was composed mainly of uric acid.



The figure represents the jaws of the instrument used, in several positions. It is simply a smaller Weiss's grinding lithotrite with the back of the female blade cut away, the curved portion of the male blade shortened and narrowed and the principle of Reliquet applied, so that the roughened part of this curved portion projects fairly beyond the back of the curved portion of the female blade.

It seems to me that the requirements of modern lithotrity call simply for an instrument to crack up the stone. There is no further need for grinding it to dust. Uniform segmentation of the fragments is far more desirable, and to effect this it is only necessary to have an instrument with one narrow blade to pass between two others. This is practically the instrument above described. All the strength required at the heel of the male blade may be obtained by increasing the antero-posterior breadth of the flattened blade at this point, and the strength of the female blade may be similarly augmented. Different sizes of the instrument would make it applicable to all sizes of stone and to all cases in which lithotrity is appropriate. This instrument is really the old-fashioned grinding lithotrite. It is difficult or impossible to catch the bladder with it if the male blade be short and narrow,

and it is in no way open to the reproach of danger which may be urged justly against the ordinary fenestrated lithotrite. Thompson appreciates this danger, and absolutely condemns all fenestrated instruments in his last public expression of opinion before the Royal Medical and Chirurgical Society, where he states that he has not used a fenestrated instrument in the bladder for ten years. The lithotrite described in this article does not possess the dangers of the old fenestrated instrument.

I may summarize what is written above as follows:

1. A typical lithotrite requires no teeth. Its function is to produce fragments, not dust, if it be proposed to wash out the detritus through a tube.

2. Such an instrument needs jaws composed of three bars, one of which must pass through and just beyond the other two—the latter precaution to insure against clogging.

3. If the male blade be smooth at its edges and so narrow and short as to play in the female blade at the distance of a millimetre or more from the latter on both sides and above, it becomes practically impossible, with the exercise of reasonable care, to catch the bladder, and the terrors of the old-fashioned fenestrated instrument, where the male fits tightly into the female blade, cease to exist.

4. The width of a blade does not add to its strength, which lies in the antero-posterior diameter of the heel. In the width of the male blade lies the danger of a fenestrated instrument.

The above statements are expressions of personal opinion, but they are deductions from clinical experience. I offer the modification I have described to the profession for trial, trusting it may give to every one the satisfaction I have derived from it.

ON THE TREATMENT OF PHTHISIS.

By C. BOTH, M.D.,

NEW YORK.

On one or two occasions, I have presented to the profession a treatment for tubercular phthisis, which, in my hands, has proved very successful. In continuing my remarks upon the subject, I desire to place upon record some additional cases. As a proper introduction to the detail of such cases, it becomes me to allude in the briefest possible terms to the methods pursued by me. I may here remark that they have already been presented to the profession, but believing that many may not be acquainted with them, I allude to them in this connection.

The method, as a whole, may be divided into three divisions; first, that referring to mechanical treatment; second, that referring to digestion and assimilation; and third, the introduction of soluble lime to invite the calcification of the tubercles. Now, in reference to mechanical treatment, I may remark that the principles upon which it rests are simply as follows: From the fact that no lung can heal until previously cleared of phlegm and pus, and accessible to air, I endeavor to bring the muscles of the throat in such a condition that they can be used as a pump to draw the air forcibly into the finest passages by suction, thus, by the repeated rushing in and out of air, they get cleared, somewhat in the manner of a rolling sea washing a rocky shore. I have advocated for this purpose three exercises, which follow each other as the strength of the patient increases, and which are described in full in The Medical Record of July 21, 1877. These manipulations have for their aim the clearing of the bronchioles and alveoles of phlegm and pus; the re-establishment of capillary circulation and respiration in the affected lung portions, and the stimulation of cellular activity generally.

My next point is the establishment of *perfect* digestion, assimilation, and excretion; it being the object to secure the quickest possible change of matter consistent with the preservation of the balance of absorption and excretion. All the points established by physiological chemistry come here into play, forming the most difficult part of the treatment, inasmuch as we have to consider the chemical transformations of certain food, not only under normal, but also under pathological conditions of glands, and of the blood itself. The diet is, therefore, a different one in each case, and varies again as the case advances. Thus, in the case of a patient whose blood is dark purple from want of proper oxidation, and for the chemically abnormal constitution of the albuminates, it would not be advisable to give him easily digestible, nitrogenous food, but we must manage to use up the old material first the best way we can, and then add, gradually, better substitutes in proportion as the effete matter becomes more oxidized and excreted. The object of diet is not to find the most nutritious or most digestible, but such food as will digest according to the quickness or slowness of the assimilating power in the individual. A specified diet, then, is required, but the individual reasons therefor can only be explained in a given case. Some of the main points in this regard have been published in The Medical Record of December 15, 1868, and of February 17, 1877.

The natural healing process of tubercles, or decaying cells in the body, is their transformation into a cretaceous mass, or calcification. We have, therefore, to furnish the blood with the salts necessary for this purpose, in such a form that they can be assimilated. These salts are, especially, the carbonates, silicates, and phosphates of lime in their organic combination with albumen, which we find in both the vegetable and the animal kingdoms. Too strong heat in cooking destroys this combination, and renders the salts insoluble, and consequently unfit for assimilation.

I finally pursue a general regimen which brings the patients under the influence of all those natural resources which are known to increase cellular activity, such as ozone, sunlight, etc. They sleep with open windows in summer and winter, and go out every day. The clearer and fresher the air the better; so important is this outdoor exercise that I insist that my patients go out in rain, snow, dampness, and even in night air and dew. I have had no instance for twenty years where a patient "caught cold" from such exposure. I only guard consumptives against strong headwinds and extreme hot weather. Hot and damp weather favors the development of tubercles; they spread quickly through self-infection from softening. The depressing influence of heat on the nervous system seems to be the direct cause of this.

If these four points are brought to bear, *properly*, upon consumptives, the result is such as may be seen in the short report of six cases, treated for advanced phthisis within the past two years. All had been under the best known therapeutical or climatical treatment with the best physicians, and they came to me apparently without any hope left for them. It will be found that I have even overreached my former percentage of 60 saved. I lost one; the prognosis of one is yet doubtful, while four are again in active business. They were treated as they came, without selection.

Case I.—Mr. W. H., a native American, of Yonkers, merchant in New York City, began treatment in October, 1876; 28 years old; had lost a brother and a

sister by consumption in 1875. Had been sick for ten years, and had to give up all business for the last two years. Regular patient of Dr. C. P. Tucker, of New York, in consultation with Drs. A. Flint and A. Clark. Had tried Minnesota and Colorado, also the outdoor-tent living, and the South, with injurious results.

Examination denoted a cavity of two inches by four inches in right apex; whole of right lung tubercular; four inches of exudation in right pleura. Left upper lobe tubercular with subcrepitant râle. Pulse 124 after rest; feverish.

Although I was unable to give him much encouragement, he nevertheless resolved to submit himself to treatment. In the course of a few months the cavity began to diminish in size, when I discovered another one below it. On the 1st of August, 1877, he resumed active business, in which he has not missed thus far a single day. In the same month he was re-examined by Dr. A. Clark, which examination proved a very satisfactory one for him. His condition is now: Left lung calcified; expiration denotes former tuberculosis. Exudation in right pleura is gone. Upper cavity about the size of a hen's egg, which probably will remain so for life. Lower cavity also diminished in size. Respiration has been established around both cavities. Pulse in bed 68—varying, 20, higher in daytime. Patient appears strong, active, and, at present, is travelling in business.

Case II.—Mr. Herm. B., a native of Hamburg, merchant in New York; 24 years old; lost a brother by consumption in Madeira, in 1875. Soon after, on an extended pleasure trip through Colorado, California, and Mexico, he was attacked several times in succession by hæmoptysis; was treated by Dr. Pregitzer, of Staten Island, in consultation with Dr. Schnetter, of New York, who sent him to Aiken, S. C. Returned from Aiken much reduced, when Dr. Schnetter advised him to live in winter at Pau, France, and in summer at Davos, Switzerland. With his steamer ticket in his pocket, he consulted me in October, 1876, being informed by his physicians that he would not live till February next, if he ventured to remain in New York.

Examination denoted tubercular induration in both apices—left side down to fifth rib, right to third. Pulse 135 after rest. Nervous system very irritable and weak. Had all the signs of acute tuberculosis, threw up his food, etc.

After a few days' treatment his pulse sank to 112, then to 104, where it remained steady for three months. During this time a cavity was detected between second and third ribs on left side, of the size of a pigeon's egg. I had promised him to be able to visit Germany in June, to relieve his anxious parents. He left New York on the 24th of May, travelled through Germany and Switzerland, and returned to New York in October, 1877. Since then, he has been steadily in active business. His condition is as follows: Right lung perfectly healed and calcified. The cavity in left lung is likewise healed; the apex above the clavicle in left side is not yet cleared, which compels him to cough and expectorate in the morning. In November, 1877, I walked with him from 51 New Street to Twenty-seventh Street and Seventh Avenue, in forty-five minutes, and he was chatting all the way without cough or fatigue. His pulse is now 60 in bed, and 80 in daytime. Dr. Lellmann, of New York, examined this case before and after the voyage to Europe; I also presented him once to Dr. L. A. Sayre, of New York. It is probable that he will be completely cured before next summer. I must state that when I first saw him he was unable to walk ten blocks.

Case III.—Mr. Geo. G., a native American, of Yonkers, member of Stock Exchange in New York, began treatment on Jan. 3, 1877. Had lost a sister in 1876 by consumption. Had been a patient of Dr. Markoe, of New York. Had taken cod-liver oil and whiskey with hypophosphites and quinine. Unable to digest any food; much reduced. Examination denoted tubercular induration in right apex to third, and in left apex to fourth rib. No cavity; no pleuritic effusion; no acute signs. Pulse only 86.

From the moderate affection of his lungs, I expected a favorable result. After having, with some difficulty, regulated his digestion, the case promised well; but I soon noticed that he did not gain in strength, in spite of good appetite and perfect digestion; and his pulse began to rise gradually. With a view of recovering his failing nervous power, I arrested all mechanical treatment. But his pulse rose steadily, and his power failed in proportion. Without any further symptom of note, he died while asleep, after having smoked a cigar and partaken of some lemonade. Post-mortem was not permitted. All the patients I have lost died in a similar way; possibly from pulmonary thrombosis, but I am inclined to think, from nervous exhaustion in spite of seemingly perfect digestion and assimilation.

Case IV.—Frank W. T., M.D., practising physician, of New York, consulted me in March, 1877, about his chest and throat. Had very marked aphonia for two years, and been under treatment of Drs. Elsberg and Lincoln for it. Had also been examined by Drs. A. Flint, A. Clark, A. Loomis, Loaming, and other physicians. Had been taking cod-liver oil, whiskey, quinine and morphia, etc.

Examination denoted tubercular induration in both apices to about the third rib. An exudation of about two inches in right pleura, over which the lung appeared in a softened condition, probably the result of a not fully reabsorbed pneumonia. Had been subject to hæmoptysis for many years, and had had pleuro-pneumonia in 1872. Pulse high and feverish, varying between 100–120. He told me that he had two tubercular ulcers upon the vocal ligaments. I did not examine his throat.

He wished to try the method, the immediate consequence of which was the recovery of his voice, which he has not lost since. Soon after, failing to make his appearance, I found him in his office, very sick and discouraged. He had taken nitrous-oxide gas and morphia, which completely upset him. I managed to get him "straight" again in a few days. He, being a physician, was rather a careless patient, attending midwifery cases at night, and neglecting at the same time his diet. Being absent from New York during the summer, I did not see him again until September. He had lost flesh and strength and had a high and feverish pulse. I then informed him that unless he put himself on a very strict diet he could not recover. This done, he has steadily improved. Had Dr. T. been a more regular patient, he ought to have been entirely well by this time. As it is, he has experienced the great importance of a specific diet, without which nothing can be accomplished in any case whatsoever.

Case V.—Mr. John M., architect, German-American, twenty-two years old, was sent to me by Dr. John L. Campbell, of New York. Patient stated that he had difficulty in his lungs when fourteen years old, from which he apparently recovered. He suffered much from three fistulæ in ano, for which he was treated by Dr. James L. Little. Schneiderian membrane affected with catarrh. He was deaf, both tympani having been destroyed by tubercular ulceration. His tongue ex-

hibited small ulcers and cracks between the papillæ. He had been in Florida, with injurious results.

Examination denoted a heavy tubercular induration in left upper lobe, comprising the whole lobus. Between third and fourth ribs there was a cavity. Lower lobe also affected. Chronic pneumonic patches and bronchitis. Wore a plaster on his left side, prescribed for pleuritis. Right upper lobe tubercular; lower lobes and pleura free. Pulse 112 after rest.

The case being a desperate one, I took him only upon request of Dr. Campbell. As the patient could not walk about, on account of his fistulas, Dr. Little put strings through them, by my request. After the second visit, Dr. Little sent me a note as follows: "Dear Doctor: Patient's fistula is ever so much better, I put a string through the other one. The patient looks very much improved. I congratulate you. Yours truly, Little." The case, undertaken the last of September, progressed well until December 10th, when the left pleuritic affection proved to be an abscess, which finally opened into the lung. This unwelcome circumstance upset the patient a good deal; his pulse, which was down to 88, is now again 112. His appetite and digestion are, however, excellent, and I have the hope yet to get him through. He walks nearly three miles per day; goes out at night, and, considering his circumstances, appears very lively. This is one of the most complicated cases I ever saw.

Case VI.—Mr. H., native American, of Brooklyn, thirty-two years old, a merchant in New York, was sent to me by Dr. George R. Fowler, of Brooklyn. Had been examined twice by Dr. A. Flint, who found the disease progressing unfavorably. Had been in Florida without benefit.

Examination denoted tuberculosis in right apex down to fifth rib; in left lung to fourth rib. I could not detect any cavity, which patient thought he had. On one place in left lower lobe an indication of formerly existing lobular pneumonia. Pleuræ free. Heart was subject to mitral disease, in consequence of rheumatism. The very dark color of his blood, contrasted strangely with his very pale lips and skin. Nails nearly black. Pulse only 88.

The case being one of uncomplicated tuberculosis, my prognosis was a favorable one. The patient, under treatment since October, 1877, has progressed exactly as expected, and I hope to dismiss him as cured next fall. I let him attend to his business all the time, which somewhat retards the case, but I am hopeful of complete success in spite of it. His blood is now in an absolutely normal condition.

It seems to me that these cases would demonstrate not only the possibility, but almost the certainty, of an arrest of phthisis in all stages, with as much assurance of success as we claim in capital surgery. To arrest tubercular induration in its beginning is, in fact, an easy matter, and can be accomplished in a comparatively short period. This treatment is the first successful practical application of the cellular theory.

Reviews and Notices of Books.

The Morphology of the Skull. By W. K. Parker, F.R.S., and G. T. Bettany, M.A. Macmillan & Co. 1877. Pp. vii., 368.

The present work by Prof. Parker is an elaborate account of the development of all, even the most minute, portions of the cranium, its annexes, and its contents in the principal types of the vertebrates, and brings a formidable array of facts to bear upon the questions of homologies and evolution. Of the 368 pages composing the body of the book, 285 are given up to the development of the skulls of different kinds of fishes, the axolotl, snake, bird, and pig; 13 to preliminary embryology, or the processes by which the vertebrated animal is evolved from its germ; 5 to the human skull; and 60 to a summary of the facts and a study of their bearings. The chapter on preliminary embryology is the one of most value to the physician, because it gives a succinct, but very clear description of the manner in which the complex organs of the body are formed out of the three blastodermic layers, and indicates the origin of many congenital deformities. The chapters on the skulls of fishes, reptiles, and birds are of interest only to the comparative anatomist, and even the final chapter, to which all the others are preliminary, is interesting to, and can be fully comprehended by, only a limited circle of readers.

Ever since the poet-philosopher of Germany, ninety-two years ago, thought he recognized in the weather-beaten skull of a sheep picked up on the beach of the Venetian lagoon the outlines of three vertebræ, the question of the homologies of the cranium thus raised has been discussed with varying fervor, and, it must be confessed, without any very definite results. Oken, who conceived the idea twenty years later and under circumstances strikingly like those which suggested it originally to Goethe, pointed out three vertebræ and the rudiments of a fourth; and now, while there is much diversity of opinion concerning the particular homologies, most naturalists are in accord upon the general ones

Prof. Parker dissents entirely from this view. He admits that in the adult mammal skull three segments can be distinguished, but he denies that these segments represent three cranial vertebræ. In the lower forms, where the resemblance should be greater if the homology were real, we find it is in fact less; thus, for example, in the skulls of fishes and amphibians, only one segment, the occipital, can be seen. The still earlier types of cartilaginous skulls (chondrocrania) and the more recently acquired knowledge of the facts of embryology are, according to our author, entirely opposed to such a theory. Each vertebral centrum is due to chondrification of a tube of tissue around the notochord, but the notochord and its enveloping cartilage are never found in the anterior part of the cranium, and consequently there can be no resemblance between the prepituitary structures at least and the vertebral centra. There are even reasons for thinking that the basioccipital, the segment in which the homology is claimed to be the plainest, itself represents ossification in several primitive body-segments.

Finally, the attempts which have been made to harmonize the theory with the points of emergence of the cranial nerves have not succeeded, for we are unable to determine the relative morphological values of the different nerves, or their relations to the nerves of other segments, and consequently all attempts to deduce therefrom the outlines of cranial segments and establish their relationship with the spinal vertebræ are, to say the least, premature.

Of the mass of facts contained in the body of the work no criticism will be attempted. The author is himself the highest authority upon the subject, and we can deal only with the arrangement. This is excellent; each stage, each chapter is summarized, and a carefully compiled index makes it easy to follow the history of individual bones and tracts comparatively.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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THE NATIONAL HEALTH BUREAU.

THE passage of the bill creating a National Quarantine, with a central bureau, confers upon this country a benefit which it is impossible at present to calculate. The law is so comprehensive in its scope, so simple in its action, and so capable of a reasonable and intelligent system, that its real utility can only be determined by an elaboration of details, and by the adoption of measures which experience may suggest or circumstances demand. It is gratifying to know that the Surgeon-General of the Marine Hospital Service fully appreciates the duties of his new office, and that he has so promptly taken the necessary measures to carry out the provisions of the Act. Circular letters have been addressed to the consular officers and other representatives of the United States abroad, who are directed to report by cable telegram to the Central Bureau at Washington, whenever any vessel shall leave any infected foreign port bound for any port in the United States.

These consular officers for the United States are requested to put themselves into communication with the health authorities of their respective stations, and from the information obtained from such authorities, or from other reliable sources where no regularly constituted health authorities exist, to prepare and transmit by the mails, to the Surgeon-General of the United States Marine Hospital Service at Washington, weekly reports of the appearance, progress, or termination of cholera, yellow fever, small-pox, or typhus, occurring in their respective localities, and also to include in said reports information in relation to the prevalence of other preventible diseases, as diphtheria, enteric and scarlet fevers, etc., the prevailing disease or diseases in port, if any, and, when practicable, the annual death-rate per one thousand of the population, as shown by the official record of deaths for the week reported. It is further requested that special interest be taken in the healthfulness of vessels, reporting those arriving from or departing to the United States in a bad sanitary condition; also, reporting the facts of any serious sickness or unhealthiness of seamen in port, or of crews arriving from or departing to the United States.

It is intended that these weekly abstracts shall be a practical aid to State and municipal health boards, as well as to the port health authorities. To this end these reports will be sent weekly to every legally constituted or appointed health authority throughout the United States. Even at this early period it is not difficult to see the outlining of a system which prospects the establishment of a health board in every State, and the elaboration of a plan which in its sphere is likely to be as extensive and efficient as the Signal Service, or any similar bureau. From the present outlook the success of the measure seems almost a foregone conclusion.

THE FLOWER AND FRUIT MISSION.

THIS admirable charity resumed operations for the season on the first Monday of May, and hereafter the distributions will be made regularly every Monday and Thursday to the various hospitals, asylums, prisons, and other public institutions, and also to the sick and destitute in the tenement-houses of this city. The ladies having the work in charge anticipated receiving but a comparatively small supply of flowers on the first day; but, instead of this, there was a sufficient number sent in to make more than four thousand bouquets. Of these four hundred, composed exclusively of lilacs, were sent to the blind asylum, as the blind seemed to be more fond of the odor of lilac than of almost any other shrub or flower.

The Flower and Fruit Mission accomplishes its work at probably a less cost than any charitable society that ever existed in New York; for during the eight years of its existence its actual expenses have amounted to only one hundred and twenty-five dollars, which is certainly a very remarkable showing. The flowers and fruit are all donated by the friends of the charity; the railroads, as a rule, furnish free transportation for those sent from the country, and the ladies who distribute them pay their own expenses to and from the institutions visited by them. These kind-hearted ladies make no parade of their doings, and no names are ever made public in connection with the good work, except that of the secretary, Miss Russell, to whose care it is necessary that donations of flowers, fruit, or money should be sent. At the recent anniversary meeting of the society, the Rev. Dr. Hall remarked that the ladies were so quiet and so devoted in their efforts to alleviate suffering and sorrow, that they could only be compared to ministering angels; upon which Dr. Bellows very happily suggested, that although they were so very quiet, yet occasionally we might hear the Russell of their wings.

THE HEALTH BOARD AND THE NUISANCES.

From present appearances the duties of the Health Board regarding the abatement of nuisances is likely to be pretty thoroughly canvassed. It is just as well that there should be, on the part of the public, some distinct understanding as to how far the Board is really responsible for the charges which have been recently made against it. At first sight, it is very easy, while submitting to an acknowledged nuisance, to look only upon that side of the argument which is in favor of a speedy and unconditional abatement. Hence, the foul odors from Hunter's Point, from one or two soap-factories, from the manure-heaps, etc., are naturally associated with a dereliction of duty which calls loudly for rebuke. Especially is this the case at present, when a formal charge has been made to the Grand Jury by the Recorder, and that body has been directly invited to give legal form to charges of neglect of duty. There can be no doubt that public attention is now thoroughly aroused upon the subject, and that some good will come of the discussion.

Without desiring to prejudge the case, we believe that the Health Board has acted in perfect good faith in regard to all matters affecting the public health or comfort over which it has had any direct control. It is true nuisances still exist, that there are still influences at work which have a direct and indirect tendency in affecting the public health; but the question which will doubtless be decided will be, whether these have been reduced to a minimum consistent with the public safety and comfort on the one hand, and public policy on the other.

Notwithstanding the great temptation, under the spur of the present excitement, to adopt stringent measures, it is fair, in view of the good work which it has accomplished, within the past two years especially, that the Board, should be given the best of opportunities to defend its course. With such as may know the material of which the Board is composed there is scarcely room for doubt that the desire is to fulfil its utmost obligations to the public. Whether or no the latter has been done will be decided very shortly.

Possibly the best promise for the future will be an adverse verdict, a censure of the Board, and a demand for more stringency in the enforcement of the code. Then it is possible that the way may be opened for that moral support of the people which is always so necessary when radical measures are balanced against mere matters of expediency.

Heretofore there has been an obvious necessity for steering between two extremes, mitigating an evil rather than attempting to abolish it altogether. Thus far results have been obtained which, in a general way, show the wisdom of such a course. The rendering establishments are now managed with a care in avoiding noxious emanations which was never known before. The proprietors, at great expense in machinery, have reduced the process almost to a science and are anxious to co-operate with the Board. The slaughter-houses have been improved, and the time is almost ripe for that concentration of effort which will make the abattoir system an established fact, and as acknowledged a success as that in Paris or in Boston. All that seems to be required now is that preparation of the public mind which shall prove the proposed changes to be a necessity. The latter can the more effectually be done the more the subject is agitated.

It would seem almost like apologizing for the general conduct of the Board to say anything in extenuation of its action concerning the Hunter's Point nuisance; but the facts deserve to be stated, especially at a time when there would appear to be no excuse for a continuance of the dreadful odors. It is well known that the largest of these establishments at the Point was broken up by the Board last fall, and that it was at the time believed to be all that was needed. The stench, nevertheless, continued. This was believed to be due to the removal of the material then on hand. When, however, the latter was accomplished, it was ascertained that other factories farther up Newtown Creek were equally obnoxious. Then it was that the proprietors of the latter were, on behalf of the city, duly indicted, the trial being now in progress. It is much to be regretted that there is no provision of the State law which gives the Board any representation in the Brooklyn courts, and the only way that the offending parties can be reached is through the District Attorney, on behalf of the city, the Board itself merely furnishing the testimony for the prosecution. During the past winter the most strenuous efforts were made to secure the passage of a law for the purpose of escaping the present circumlocution, but without success.

In conclusion, we repeat that whatever may be said in favor of the motives of the Board, there is no doubt that many changes for the better can and should be made. But the question of vital interest, as previously intimated, in connection with this fact is, how radical can these improvements be, consistent with public policy and with a desire to popularize sanitary measures. But we shall learn more as the case proceeds.

Dr. Horace T. Hanks of this city has been appointed lecturer on Obstetrics in the Medical Department of Dartmouth College.

State Medical Society of Arkansas held its Third Annual Session at Forth Smith, commencing May 1. The attendance was good and there were many papers of merit read and discussed. The advertising physicians from Hot Springs were, on report of the judicial council, duly expelled from membership. The following officers were elected for the ensuing year: *President*—A. A. Horner, of Phillips County. *Vice-Presidents*—T. W. Hurley, of Benton County; W. H. Hawkins of Little River County; J. S. Shibbley, of Logan County; Isaac Folsom, of Lonoke County. *Secretary*—R. G. Jennings. Next place of meeting, Little Rock, the first Wednesday in May, 1879.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, March 27, 1878.

DR. J. C. PETERS, PRESIDENT, IN THE CHAIR.

DR. H. N. HEINEMAN presented a specimen of

VALVULAR DISEASE AND ANEURISM OF LEFT VENTRICLE,

removed from Sophie Zimmerman, æt. 33, single, Switzerland, domestic. Patient was first admitted to Roosevelt Hospital in 1874, readmitted in 1876, to Bellevue Hospital in 1877, and died at Trinity Infirmary, March 14, 1878. She was perfectly well up to 1874, when, after taking cold, she was confined to bed for several weeks, suffering from sharp, stitchy pains, and from oppression in the præcordial region, from cardiac palpitation, dyspnœa, and vertigo. This attack was followed by a recurrence at intervals of all the above symptoms. She suffered constantly, until the date of her death, from a feeling of soreness and oppression in the chest, and from slight cough, with more or less whitish expectoration.

In 1876 she had an attack of subacute pleurisy of the right chest, and had some ascites, both of which disappeared at the end of a month. In 1877 she had an attack of perihepatitis. Physical examination in 1874 showed her radial pulse regular, but stronger on left than on right side. A loud systolic murmur at base and apex of heart. In 1876, Drs. Delafield and Wm. H. Draper pronounced the condition of heart as follows: Heart enlarged; diffuse impulse; apex-beat prolonged at sixth intercostal space and one inch to left of nipple line. A slight aortic direct, a well-marked mitral direct, and short mitral diastolic murmurs. A "saw" murmur. Loudest murmur at apex and transmitted to the left. Heart dilated and hypertrophied.

In 1877 patient had three loud murmurs—a mitral direct and two aortic. In 1878, Dr. C. E. Hackley recognized the signs of jugular pulsation and pulsation of the liver and diagnosed tricuspid, insufficiency in addition. Patient died anasarcous.

The autopsy was made March 15th, by Dr. Hackley and myself. Heart.—Pericardium thickened and everywhere firmly adherent to heart-walls. Right ventricle and auricle dilated; left ventricle dilated and hypertrophied; mitral and tricuspid orifices dilated, valves insufficient and atheromatous; aortic valves atheromatous and insufficient; pulmonary orifice insufficient from complete obliteration of one valvular leaf, which was adherent to the wall of the artery.

The upper two-thirds of the left ventricular wall, commencing at its base, was distended into a single saccular aneurism, with thin walls lined by a layer of lime salts, and within this by successive layers of coagulated fibrin old and recent, but which had not yet organized. Aneurism was about 4½ inches in diameter and opened by an orifice of 1½ inches diameter into the left cavity. In addition there was fluid in the cavities of the body, the liver was large and cirrhotic. The lungs in condition of pigment-induration, and spleen large and congested. The remaining viscera were normal.

DR. PETERS remarked that there were eight cases of cardiac aneurism in the records of the Society, the majority of them, as is this case, being connected with the left ventricle.

TUMOR OF INTESTINE; LUMBO-COLOTOMY.

DR. E. MASON presented the rectum and portion of the ascending colon taken from a patient upon whom had been performed the operation for lumbo-colotomy, eighteen months ago. The patient was a female aged twenty-five years. In July, 1876, she was delivered, by the forceps, of a dead child, after a prolonged labor. Four months afterwards a recto-vaginal fistula made its appearance, from which the greater portion of the fæces escaped. Soon after she began to suffer from great pain in the rectum with bearing-down. A stricture was diagnosed and was operated on four times, twice by divulsion and twice by incision, but without any permanent good effect. She entered Bellevue Hospital during September, 1876. At that time a tight stricture with ulceration was discovered, two inches above the rectum, and at the site of the stricture there was felt a distinct mass, which was regarded by the majority of surgeons who examined her as cancerous in origin. It was, however, most probably chancroidal, although she denied ever having had venereal disease. As a result of a consultation, lumbo-colotomy was performed September 20, 1876. Immediately after the operation the patient was relieved of the intense pain from which she had previously suffered, and continued quite comfortable. The stricture gave way gradually, as usual in such cases, but still the ulcerations existed. At times the patient suffered from paroxysms of intense pain in the hepatic region, the cause for which was not ascertained during life. Besides this trouble she was also the subject of Bright's disease, from which, together with double pleurisy, she died on the 8th of last March. At the autopsy the rectum was found covered with numerous ulcerations, which extended a considerable distance into the colon. Encircling the upper portion of the rectum was an adventitious mass, the nature of which, in the absence of a microscopical examination, could not be ascertained. The cause of the hepatic pain was explained by a calculus that completely plugged up the cystic duct.

LITHOTRITY BY BIGELOW'S APPARATUS.

DR. KEYES presented the fragments of two small uric acid stones taken from a patient by lithotrity, at a single sitting under ether, the operators being Dr. Van Buren and himself.

The patient was a man of 63 years, whose prostate was normal, excepting a slight centric enlargement. There was moderate cystitis, little or no atony. The urethra was distinctly narrowed in the bulbo-membranous portion. Kidneys sound. The bladder symptoms in this case dated about one year back; no instrument had entered the urethra previously to the passage of the searcher; the patient had never had urethral fever; the urethra and vesical neck were excessively sensitive to instrumentation.

On March 25th, without previous preparation of the urethra, the patient being under ether, the stones, the size of which and their chemical composition had been already estimated, were reduced to fragments, and removed entirely from the bladder in one hour. Bigelow's bulb for washing the bladder was used, adapted to a tube from Nelaton's instrument, and the apparatus was found to functionate admirably. None of Bigelow's tubes as now made by Tiemann could be used on account of their great size. Nelaton's tube measured 13 Am. scale (30 French) and distended the urethra to its utmost. It was on ac-

count of this smallness of the washing-tube that the sitting had to be so much prolonged. The lithotrite was introduced three times. The first crushing lasted nearly half an hour, and yielded ninety-eight grains of crushed fragments to a washing of about ten minutes. The second crushing lasted about ten minutes, and yielded twenty-nine grains. The third crushing lasted two or three minutes, yielding two or three grains—a final fragment.

Bigelow's instrument and tubes for washing the bladder were shown and their action explained. The lithotrite used was a peculiar model (not Bigelow's), but a small fenestrated instrument, especially constructed so as not to clog. It worked perfectly, and at the end of the long crush (nearly half an hour) came out entirely free from detritus. (In the present number of the RECORD, Dr. Keyes gives a description of this instrument.)

The patient had a urethral chill on the third day, and complete atony followed the sitting of lithotrity, neccssitating the use of a catheter. At the date of going to press, power is returning to the bladder, and the patient has been doing perfectly well.

PLEURISY WITH EFFUSION (R.); COMPRESSED LUNG; FIBROUS PHTHISIS; DILATED BRONCHII; BRONCHIECTATIC CAVITIES.

DR. BEVERLEY ROBINSON presented a specimen of the above with the following history:

T. M., æt. 38, single, admitted to Charity Hospital, February 26, 1878; died March 6, 1878. Patient has always been healthy until two months ago, when he began to suffer from slight pain and a feeling of malaise on the right side. Shortly, a dry, hacking cough manifested itself, accompanied with dyspnœa, loss of flesh, and night-sweats. He could sleep only on the right side, and so soon as he turned towards the left was greatly oppressed. He is now much emaciated, has complete loss of appetite, and suffers from a parched mouth and continuous thirst. His tongue is brown and dry; his pulse frequent (118), his respiration shallow and somewhat labored (36). The chest is bulged on the right side, and the movements in this region are much restricted. Measurement with tape-line indicates two inches as the extent of the enlargement; there is flatness which reaches on this side (r.) to the second rib. The heart is displaced downward and to the left, the apex beating an inch to the left of the nipple (l.). Under the left clavicle the percussion sound is elevated in pitch. Over the entire right lung respiratory sounds are absent, whilst over the left one they are markedly exaggerated. Urine normal.

Feb. 26th.—Patient was aspirated, with ntab le relief to his difficulty of breathing.

Again, on Feb. 28th, aspiration of right chest was performed, and a quart of straw-colored liquid was withdrawn, with a similar result as before.

March 5th.—Temperature, 103¼° Fahr.; pulse, 120; somewhat irregular and feeble; respirations, 40 in the minute; the right chest cavity was again nearly filled with a liquid effusion; aspiration of 40 ounces was performed for the third time. After the operation the patient slept quietly during several hours; he awoke at 10 o'clock, A.M., suffering from dyspnœa, which continued with increasing intensity until 3 A.M., when he died, apparently, from undue compression of the heart and inability of sufficient respiratory function.

Autopsy was made by Dr. E. A. Maxwell, 23 hours after death, of which the following is an abstract: the right pleural cavity almost filled with opaque, yellowish fluid; place of last respiration was looked for carefully, and only a slight streak could be found marking the point where it had been performed; there was no ecchymosis locally and no signs of inflammatory action at this level. The whole pulmonary pleura was covered with pseudo-membranes of moderate thickness; costal layer thickened and roughened. On stripping pseudo-membrane from lung, the superficial lobules are distinctly mapped out by narrow yellowish white lines, which project into the pulmonary structure.

The entire lung (r.) is moderately compressed, and the lower and middle lobes are carnified. Posterior portion of upper lobe is almost wholly involved by clusters of fibrous nodules and chronic interstitial pneumonia. Remaining portions show analogous changes. Over the opposite lung (l.) firm old pleuritic adhesions are found, and in the upper lobe there are two bronchiectatic cavities. At certain points the bronchii are narrowed; at others dilated. There is some œdema in this lung, and tenacious muco-pus in bronchii. Heart, normal. Liver, spleen, and kidneys congested.

The points of interest in this case are: 1. The cause of death. 2. The absence of local signs, indicating the seat of respiration. 3. The rapidity with which the fluid effusion recurred. 4. The question as to how much fluid should be withdrawn at each aspiration in similar cases which tend towards chronicity.

PERINEAL LITHOTRITY.

DR. L. A. STIMSON presented the urinary organs of a man, 72 years old, from whom he had recently removed a stone by perineal lithotrity. The patient's first symptom of urinary trouble was an attack of retention two years ago; it was relieved by the passage of a catheter, and did not recur. This was followed by slight symptoms of cystitis and stone, and then by more and more frequent urination, which ended in complete incontinence about two months ago. Examination disclosed a soft stone about one inch in diameter, in a thickened, contracted bladder. The urine was ammoniacal, of low specific gravity, and contained considerable albumen, but no casts.

The operation was performed with the thermo-cautery, the pre-rectal incision, and the Guyon dilator. The stone was easily crushed with small forceps and promptly removed. The hemorrhage was slight. An hour after the operation, the patient had a chill; the next afternoon he was slightly uræmic, and on the third day he sank steadily and died at 5 o'clock, P.M., with a final temperature of 105°.

The points of pathological interest in the specimen are as follows: The prostate is small, with a central third lobe as large as a cherry; the prostatic urethra is uninjured; the membranous urethra is divided along its floor for one and one-fourth inches; the bulb extends down to, and is closely united with the rectum, and the incision has passed through its lower portion, cutting off a strip one-eighth of an inch thick. The bladder wall is hypertrophied, especially in the lower lateral portions, where it is more than an inch thick, and is so contracted that its cavity would not contain more than an ounce of urine. Its inner surface is rough and sacculated, of a deep slate color, and shows no signs of injury except a slight rent of the mucous membrane at the neck.

The ureters are dilated. The kidneys weigh seven and one-fourth and six ounces respectively; their capsules are adherent and thickened, the cortex diminished, the markings in great part obliterated, the pelvis slightly dilated, and its walls injected and thickened.

The bladder lay close behind the symphysis pubis, and was firmly bound down to it; the lower border of the omentum was adherent to the bladder, and the cavity of the pelvis was occupied by a mass of convolutions of the small intestine, firmly bound together and to the parietes by old adhesions.

The points of operative interest are the position of the bulb, and the close proximity of the rectum to the portion of the membranous urethra just in front of the prostate. It is probable that, if the lateral operation for lithotomy had been performed in this case in the usual manner, the rectum would have been cut into.

BUTTON REMOVED FROM TRACHEA THREE YEARS AFTER ITS LODGEMENT.

DR. BRIDGE exhibited a button removed by operation from the trachea of a woman, with the following history: She was a native of Ireland, 40 years of age, and the mother of a large family, and had been troubled for about a year with a dry and harassing cough. She was sent to Dr. Bridge by Dr. Ormiston, of Brooklyn, in order that she might have an examination of her larynx, and if necessary have an operation performed. She had consulted six or seven physicians in Brooklyn, the majority of whom stated that she had consumption, basing their opinion upon the cough rather than upon any positive physical signs. Dr. B. could not, however, discover any physical signs of such a condition. Before asking her anything concerning her history, Dr. B. made a laryngoscopic examination. The larynx and pharynx were perfectly normal; but when the patient took a full inspiration and separated the vocal cords fully, a black substance was discovered in the trachea, and lying across it in a diagonally transverse condition. Dr. B. then learned that three years previously, the patient, while on a voyage from Liverpool to New York, and while playing with her child, and at the same time holding between her lips a button, the latter escaped down her throat during an inspiration. Immediately after the accident she had a number of suffocative spasms, which were undoubtedly due to the presence of the button in the trachea, but which ceased within an hour or two. The surgeon of the ship said that the button must have gone into the stomach, which opinion was endorsed by some of the medical gentlemen who afterwards saw her in Brooklyn. A year after the accident the patient was seized with a dry cough, which was attended with some wheezing in breathing. On discovering the foreign body in the trachea, Dr. Bridge at once decided to operate, and the patient was accordingly admitted into the Trinity Infirmary. The button lay in such a position that it might have been readily seized with a forceps, but as there was great danger of its being tilted during the struggles of the patient, and plugging up the trachea, demanding tracheotomy under very disagreeable circumstances, the safer course was taken of administering ether. The button was then easily removed. The patient left the Infirmary perfectly well ten days afterwards.

DR. SATTERTHWAITE presented a specimen for a candidate, after which the Society went into executive, session.

MEDICAL SOCIETY OF STATE OF PENNSYLVANIA.—The Twenty-ninth Annual Session of this Society will be held in Pittsburg on Wednesday, Thursday, and Friday, May 29, 30, 31, 1878, commencing on Wednesday, at 3 P.M.

NEW YORK ACADEMY OF MEDICINE.

OBSTETRIC SECTION.

Stated Meeting, April 15, 1878.

DR. SALVATORE CARO, CHAIRMAN.

TREATMENT OF DIPHTHERIA.

DR. O'SULLIVAN, in speaking of the treatment of diphtheria, remarked that he had found *steam* to be a most valuable remedy. He was of the opinion that the hot air from furnaces was in a great measure irritant to the air-passages, and that it should be mollified by the vapor of water. He urged the necessity of rigid quarantine, and thought that those attending upon the patients in the capacity of nurses should not be permitted to go out among the people—for example, gather with the crowds which attend mass in the Catholic churches—because there was danger of communicating the disease in that manner. He did not approve of the use of quinine except in tonic doses in the latter part of the disease, and then it should be combined with stimulants.

DR. J. LEWIS SMITH remarked that he was not aware that quinine exercised any curative influence over diphtheria except as a tonic, and in that capacity he did not object to its use. The quite intense fever which was usually present at the onset of the disease commonly subsided without the adoption of active measures for its control. At least, he was rather inclined to the opinion that the fever would abate without the use of large doses of quinine. He then related a case to which he was called in consultation, and where he found that the child had received forty grains of quinine daily. The child succumbed on the third or fourth day of the disease.

DR. J. C. PETERS said that he never gave quinine in the treatment of diphtheria, except late in the case, when the patient needed tonics. Brief reference was then made to a case of convulsions occurring in a child, and to whom quinine was administered in five-grain doses every four hours at first, then every six and eight hours, and finally it was reduced to a single dose on each Friday, as the original convulsion occurred on a Saturday. Some 250 grains of quinine had been given without producing a shadow of unpleasant symptoms. It was combined with syrup of coffee when administered by the mouth; it was also given in suppositories.

UTERINE HEMORRHAGE FROM NERVOUS SHOCK.

DR. O'SULLIVAN referred to a case in which labor was completed without accident or complication, and the woman was in excellent condition until the *fourth* day, when a draught of cold air struck her. She immediately felt a slight chill, and with the chill came a gush of blood from the vagina. The principle in the treatment was to give rest and avoid internal medication, such, for instance, as the use of ergot, etc., etc. The patient accordingly was kept perfectly quiet, and a Dover's powder was given. A slight hemorrhage occurred on the following day, and a still slighter one on the next day; but from that time the woman went on and made a complete recovery.

THE USE OF ERGOT AT THE TERMINATION AND SUBSEQUENT TO LABOR.

DR. SELL, in connection with Dr. O'Sullivan's case, remarked that he invariably gave ergot just as the child was being delivered, and continued it in gradu-

ally diminishing doses up to the seventh or eighth day subsequent to labor. He did so in accordance with the teaching he had received at the Lying-in Hospital in Vienna. The guide in that institution was that ergot should be continued while the fundus of the uterus could be felt above the brim of the pelvis. Dr. Sell regarded this as an important item in the treatment of the puerperal case, and adopted it for the purpose of preventing subinvolution of the uterus. He had not seen any ill effects follow the use of the drug.

Dr. Caro thought it was unnecessary to administer ergot with the view of producing uterine contraction, when the uterus contracted firmly of its own accord, and he believed if Dr. Sell was aware of the effect the ergot was liable to produce upon the intestines, producing paralysis of the muscular coat and developing tympanitis, that he would discontinue its use. Perhaps the ergot might bring on spasmodic uterine contraction, but it would probably, at the same time, produce other and unfavorable results. If the placenta was removed and the uterus was well contracted, he regarded the use of ergot as unnecessary.

Dr. Sell remarked that he had never seen a case in which tympanites had followed the use of ergot, such as referred to by Dr. Caro, and was firmly of the opinion that the effect produced by the drug was beneficial rather than otherwise.

Dr. Hubbard said that he had not been able to see the propriety of administering a dose of ergot at the conclusion of a natural labor. Nor had he been in the habit of giving ergot if the uterus contracted firmly, with the view of reducing the size of the organ and keeping it reduced.

Dr. Hall remarked that he did not, in cases of natural labor, use ergot subsequent to the delivery of the child, unless there was some special indication that hemorrhage might possibly occur after he had left the house.

Dr. J. C. Peters remarked that he used ergot shortly before the completion of labor or immediately afterwards, in three classes of cases.

First.—In those cases in which the woman at previous confinements had had undue hemorrhage;

Second.—In those cases in which the woman had suffered from severe after-pains in connection with previous labors; and

Third.—In those cases in which there has been subinvolution prior to the pregnancy.

In an ordinary labor without accident or complication, and occurring in a primipara, he had not been in the habit of using the drug.

ADHERENT PLACENTA—REMOVAL OF PLACENTA AFTER LABOR AT FULL TERM.

Dr. Crampton referred to a case of adherent placenta occurring with the *fifth* pregnancy. The previous confinements had been entirely natural. The child had evidently been dead for some time previous to labor.

The placenta not coming away readily, the doctor introduced his hand into the cavity of the uterus, found the placenta firmly adherent over its entire extent, and with considerable difficulty removed it, the removal being accompained with considerable hemorrhage. The woman was doing well.

Dr. Crampton remarked that it was his custom, if the placenta was not quickly delivered, to at once remove it by the introduction of the hand, if need be, into the uterus, as he was not able to see that anything was to be gained by waiting.

Dr. Hubbard did not approve of the removal of the placenta at once if there was a little delay in its delivery in cases of natural labor. If the process of labor was physiological, why interfere? If the placenta was adherent, and did not come away in due time, then we should proceed to deliver. He had waited *two* hours, sitting by the bedside, giving the uterus support by the hand and kneading the abdomen gently, and then seen the placenta delivered in the most natural manner. He believed that it was better to be guided by the processes of nature than to at once interfere. Twenty or thirty minutes was none too long to wait.

Dr. O'Sullivan believed in giving nature a fair opportunity to effect the delivery of the placenta.

Dr. J. C. Peters did not believe in meddlesome midwifery, but he had always made it a rule to deliver the placenta promptly. He insisted upon having firm support given to the abdominal walls and uterine tumor as soon as the child's head was born, and in nine out of ten cases he found the placenta lying in the upper part of the vagina, from whence it could be immediately removed without incurring any risk. He did not wait for the development of a pain, but pain was usually excited as soon as the manipulation was commenced.

Dr. Hubbard was inclined to wait for the development of a pain before interfering with reference to removal of the placenta.

Dr. Caro said that, in remarks made upon a previous occasion, he had been misunderstood by some of his medical brethren with reference to the management of the placenta. He had been understood as advocating the immediate removal of the placenta in *all* cases. That impression he wished to correct. His practice was the following: *In cases of miscarriage*, if the placenta was not at once delivered, and there was no hemorrhage, no fetid discharge, no chill, no unfavorable symptom, the woman was comfortable, he allowed it to remain until the os dilated, etc., and nature made an effort at expulsion, or some symptom developed which rendered its removal necessary. His experience had been that such placentæ were usually spontaneously removed within four or five days.

In cases of labor at full term, he followed Dr. Peters' plan almost exactly during delivery of the child, waited twenty-five or thirty minutes, and if the placenta was not then delivered spontaneously, he at once removed it by manual interference.

FOLLICULAR TONSILLITIS AND HERPETIC SORE-THROAT —CHLORATE OF POTASH AND RENAL DISEASE.

Dr. J. C. Peters remarked that at the last meeting of the Section the question was raised: was there any connection between follicular tonsillitis and herpetic sore-throat? He then referred to a case of follicular tonsillitis, in which there was also a quite large patch of exudation upon the uvula. Whether there was any diphtheria in the case he was unable to say positively, but thought there was not.

The patient, an adult, was directed to take large pinches of chlorate of potash crystals upon the tongue, at first every hour, on the second day every two hours, and at the end of forty-eight hours every appearance of the throat-trouble was wiped out, but there had appeared a distinct herpetic eruption upon the lips. He had treated a large number of cases of follicular tonsillitis in the same manner, and uniformly with good results.

He had not seen any ill-effects following the use of the chlorate of potash, especially in the way of renal trouble.

Dr. J. Lewis Smith referred to a case in which a

child three or four years old had taken ʒ iij. of the chlorate of potash within twenty-four hours. When he saw the child it was unable to pass any urine, except a few drops of bloody urine, its face was livid, and death occurred within the following day. He thought that the people should be cautioned with reference to the indiscriminate use of chlorate of potash, which had become a popular domestic remedy.

Dr. Hall referred to a case in which an infant under one year of age took about ʒ i. of chlorate of potash during a single night, with fatal result. There was suppression of urine, and the face was livid. He always took occasion to caution the people against the too free use of the drug.

Dr. O'Sullivan had feared the bad effect which might be produced by the remedy.

Dr. Smith remarked that from two to four grains was the dose ordinarily used for a child.

Dr. Hall thought it should be well diluted when given.

Dr. Peters remarked that he had not seen the slightest disagreeable effects produced by the use of chlorate of potash given as he had mentioned. His doses were probably not more than five grains.

Dr. Smith remarked that in connection with disease in which there was a tendency to nephritis, as in scarlet fever, he thought it eminently proper to give caution regarding the use of chlorate of potash.

Dr. F. V. White remarked that he had been in the habit of giving chlorate of potash freely, but had never seen any disagreeable results. He also directed attention to the fact that Dr. Jacobi had reported cases in which fatal results had followed the use of large doses of chlorate of potash.

Dr. Caro related the history of a case in which the possibility of chlorate of potash poisoning was suggested.

The topic selected for discussion at the next meeting was the treatment of puerperal eclampsia subsequent to labor.

The Section then adjourned.

NEW YORK COUNTY MEDICAL SOCIETY.

Stated Meeting, April 22, 1878.

Dr. John C. Peters, President, in the Chair.

BULBAR, OR GLOSSO-LABIO LARYNGEAL PARALYSIS—IMPROVEMENT UNDER ELECTRICAL TREATMENT.

Dr. E. G. Janeway presented a case of *bulbar paralysis* in which the patient had made marked improvement under the influence of electrical treatment. There was paresis of the lips and fibrillary tremor, paresis and fibrillary tremor of the tongue, difficulty in swallowing, some difficulty in pronunciation, muscular paresis and atrophy affecting the abductor and opponens pollicis. Under treatment the improvement had been so marked, that the woman was able to pronounce the letters C, S, and L very well, and she could also give an audible whistle. There had also been an increase both in the size and power of the affected muscles.

The treatment had consisted in the use of plexus-nerve and nerve-muscle currents for the arms, and nerve-muscle current for the tongue and face; galvanization of the sympathetic (superior cervical ganglion), with the continued and occasionally with the interrupted current.

A DEMONSTRATION OF THE TREATMENT OF ANGULAR AND LATERAL CURVATURE OF THE SPINE.

Dr. Lewis A. Sayre gave a practical demonstration of the treatment of Pott's disease and lateral-rotary curvature by means of suspension of the body, and retention by the application of the plaster-of-Paris jacket.

Several patients with angular curvature of the spine were first presented. Of those, some were wearing the jacket with great comfort, while others gave evidence of having been completely cured by the plan of treatment. The object of treatment in Pott's disease was to remove pressure from the diseased vertebral surfaces and to prevent reflex muscular contraction.

Horizontal posture removed the pressure, but did not always prevent reflex muscular contraction; hence, distortion might occur, notwithstanding the beneficial effect which otherwise might arise from that plan of treatment. Confinement in the horizontal posture was also detrimental to the general health of the patient. For the purpose of maintaining the body in an erect posture and throwing the weight upon the transverse processes of the vertebræ, a great variety of mechanical apparatus had been devised. Of all the instruments which had been constructed for that purpose, Dr. C. Fayette Taylor's brace, *in its original form*, was the best. Dr. Sayre urged, as an objection to braces in general, that their removal and readjustment permitted motion to take place at the point where the disease was situated. *Continued rest* at the seat of the disease was one of the great essentials in the treatment of angular curvature of the spine; hence, it was desirable to have an apparatus which could be worn for weeks and months without removal.

One important objection to Taylor's brace was the fact that pressure made by the pads upon each side of the spinous processes obstructed the circulation at the very points at which it was necessary to furnish nutrition in the greatest abundance; hence, by its use, disintegration of the bones was favored rather than recovery.

Another objectionable feature of the brace was the part which passed over the top of the shoulders, and which had been added as an improvement upon the original instrument. The shoulder-straps were regarded as dangerous and injurious, because they *prevented* the extension necessary to remove the pressure from the bodies of the diseased vertebræ.

A great variety of instruments were exhibited and received the passing compliments of the doctor.

A plaster-of-Paris jacket was then applied to a man suffering from Pott's disease.

LATERAL-ROTARY CURVATURE OF THE SPINE.

Dr. Sayre then proceeded to make some remarks regarding the causes and the changes present in lateral-rotary curvature of the spine.

The principle of treatment was to make extension, and then retain the body in the extended position.

A variety of instruments were exhibited which had been devised for overcoming the curvature by making pressure at certain points upon the walls of the chest, and they were all rejected.

A plaster-of-Paris jacket was then applied to a young man while he held himself suspended from the chin and occiput. In conclusion, Dr. Sayre referred to the general good results which had followed the application of the plaster-of-Paris jacket in between sixteen and seventeen hundred cases, and read the opinion of Mr. Berkley Hill, regarding the great value

of the plan of treatment, as he had published it in the London *Lancet*.

Dr. Sayre was assisted by Drs. Louis H. and Charles H. H. Sayre.

Dr. Mitchell, of the Committee on the Abuse of Medical Charity, read a report, which was referred to the Comitia Minora.

The paper for the next meeting is to be read by Dr. Nichols, of the Bloomingdale Asylum.

The Society then adjourned.

Correspondence.

THE PERSONAL EXPERIENCES OF AN EX-OPIUM HABITUÉ.

[The following recital, by a physician who was the victim to the opium habit, is so interesting in its psychological bearings that it is presented in all its extravagance of expression and force of description.—Ed.]

"Out of the jaws of death! out of the mouth of hell!"

Six months during the late war I endured the horrors of a Southern prison—a comrade and acquaintance of the late A. D. Richardson, who, when he escaped, forwarded to his journal a telegram with the above quotation. But how few realize the terrible import of those words. To be thrilled by the story of human suffering, graphically told, is much; but to undergo suffering which no pen or tongue can describe; to be encompassed with woe that mocks the imagery of a Milton; to be enveloped in a darkness which even his portrayal would contrast as midnight with the light of noontide—is more; *that* is to be where *I* have been.

I, a follower of Esculapius? Yes, as the world goes. Erudite in the realm of therapeutics? I so fancied myself. Had I not read that a prolonged use of opium gives rise to grave functional disturbance? Most truly. Did I not know its baneful effects when used habitually? *A priori* I knew absolutely nothing. Yet I believe I was no more ignorant than nine-tenths of those who have not to its seductive power fallen captive.

A victim to neuroses, which came as sequelæ to my prison-life, I began their alleviation by the hypodermic use of morphia. Complicated with these was a functional cardiac trouble, of which I had noticed how magically the morphine allayed its most distressing symptoms. Day after day, week after week, was the opiate continued, and, for the first time in twelve long years, I knew what it was to enjoy pure, unalloyed happiness, unbroken by a single pain. Nor clouds, nor gloom, nor slight offending to the soul or sense—naught that savors of discordant life was mine. This harp of a thousand strings in me was well attuned, and the deft harper—the morphian god—knew his business well. I had been embraced by the most beautiful sorceress of earth. Beautiful in her magnetism, for I saw her not—I *felt* her charms. Her beauty I conjured up to be, by special imagination, more divine than he proclaimed his own to be who wore a silver veil. Time came, the veil was drawn, and then a thing she looked—so black, so damned, that not in hell another could be found as horrible and vile.

To use a style that borders on the oriental may seem out of place in a paper prepared for medical readers. This is not so; for the very effects of the mysterious drug show themselves in perturbed mental phenomena that cannot be too highly colored. The morphia victim dwells, after the first exhilaration is gone, in a realm of phantoms and shadows. I saw sights more terrible than can be imagined. I felt pains that do not belong to any mortal lesion. I have shrieked in my terror, but the shriek only awoke a myriad of devils who had been sleeping till then, unseen by me.

Four months of morphia addiction sufficed to bring me to this land of horrors, where no joy came or has come since the making of the world. My days were spent in self-indulgences. Alone in my office, in an easy-chair, I could, with poetry and interesting therapeutical works, manage quite comfortably to pass the hours away. But let a patient summon me from home, and my gloom and despondency were almost insupportable. I was tormented by a continual self-conflict. Conscious of the weakness of my efforts to emancipate myself, I kept on planning some new mode of attack in the nerveless hope that I could defeat the Lethean devil whose thews were strong as steel; and yet I knew that, as day followed day, and week followed week, in so far as all this mental warfare was concerned, it could bring me no help in my awful bondage.

No dark imagery can paint the encompassing horrors of those nights of torment which belonged to the last two months of my twelve months' morphia addiction. Not one hour that I passed in bed between midnight and noon did I know normal sleep. In dreams that seemed more vivid than reality I entered gloomy caves, and walked for hours over rotten cadavers, sometimes forced to step on them and be overwhelmed with the loathsome odors. I saw faces in the weird darkness, sometimes a thousand at once, and each was made of blood-red flame. They flashed and went out. My nightmared brain was chased and haunted by everything that can exist in a vast hell of phantoms.

But a waking reality, and one that made my heart knock at my ribs was, that through my mind oft came the thought: "How sharp and polished you know your bistouries are! How easily they would sever the coats of the carotids! Not your own only, but your children's also!" Then the exclamation, "O God! *this is madness!*"

I know only too well that that accursed road would have ended in homicide and self-destruction.

Physically, the morphia's destructive force with me was rapid. The torpor of the intestinal tract was absolute, and no movement obtainable but by calling to my aid a Davidson's syringe and scoop besides. Even with all these accessories I suffered pains that racked me to the core.

I do not propose to go into the pathology or etiology of opium addiction, but I proclaim it as my sincere belief that any physician afflicted with neurotic disease of marked severity, and who has in his possession a hypodermic syringe and Magendie's solution, is bound to become, sooner or later, if he tampers at all with the potent and fascinating alleviative, an opium habitué.

The first dose is taken, and mark the transformation! This overmastering palliative creates such a confident, serene, and devil-may-care assurance, that one does not for once think of the final result. The sweetness of such harmony can never give way to monotony. Volition is suspended. You may not think of it when the pain for which it was taken subsides. But when distress supervenes, you go at once for the

only balm that abounds in Gilead, and every additional dose is but another thread, however invisible, of which the web is made that binds us fast as fate.

I come now to the history of my escape. I need not tell of my efforts at self-cure. I need hardly speak of life without a future, of being excluded from a ray of hope. I did not expect it would be my good fortune to meet with helping hands, and, by their assistance, secure for myself—limned, fettered, and enthralled—freedom like life made new. If the black javelin of remorse ever pierced a human heart, lacerating its filaments with merciless barb; if ever Death came from his murky retreat to hang on human hope and promise his solemn draperies—if these to one have ever come, they came to me!

But the day of my deliverance drew nigh, and, from the first moment after passing the portals of Parrish Hall, I had no doubt regarding the successful issue, which, with me, amounted to a passion to be rid of the fatal drug forever. Under the influence of tonics and sedatives judiciously administered, after eight days had passed, during which pain and suffering were greatly mitigated, I came forth—free. Several days following I experienced latent neuralgic pains; but such was the exhilarating sense of freedom from the heavy hand that so long had held me down, I scarcely noted neurotic twinges which would have made me writhe at any other time.

In the institution I have mentioned, all the material surroundings were as desirable as the heart could wish. Psychically, I found myself in an atmosphere where all was pleasant.

Two months are nearly gone since I took my last hypodermic. I have gained in weight twenty-five pounds; I am able to enjoy a normal quantity of sleep. But even yet the nervous system shows the strain it underwent, for I feel at times an indescribable restlessness which, however, I can overcome by pedestrian exercise. I know I shall reach par in that direction by and by.

Finally, the effect of opium on the normal nature in the first stage of emancipation is bewildering. One is like a ship which has been sunken, but afterwards raised, refitted, and sails trimmed, but as yet helmless. The will, so long paralyzed, cannot be expected to be of normal strength. But, as time is required for the nerve-worn system to become tranquil and placid, so also will come strength in resolve, and, to worthy purposes, a volition equal to the task.

I am back among my patients, feeling now that I have a mission in life. Had I the power, I would destroy the last grain of the dread narcotic. It did not work its worst on me, but to him on whom it does, pity from the Everlasting would seem feeble.

What ruin it has wrought in me will be made right again. I have one song—

> "Time, the avenger! unto thee I lift
> My eyes, and hands, and heart!"

M. D.

Royal Victoria Dispensary (Northampton, Eng.).—The revenue for the year 1876–1877 was £3,698, the actual receipts being £2,356. The amount paid to the three medical officers was £1,805, who attended to 54,908 cases, as follows: 32,014 at the patients' own houses, 16,233 at the houses of the medical officers, and 6,661 at the dispensary. The cost of drugs was £316. The balance in the treasurer's hands at the end of the year (1877) was £1,261. This is the thirty-third annual report, and appears to show the institution to be in a highly satisfactory condition.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from May 5 to May 10, 1878.

Clements, B. A., Major and Surgeon. Granted leave of absence for one month on Surgeon's certificate of disability. S. O. 37, Dept. of the Platte, May 1, 1878.

Woodhull, A. A., Major and Surgeon. Relieved from duty at Angel Island, Cal., and assigned to duty at Point San Jose, Cal. S. O. 69, Div. of the Pacific and Dept. of California, May 2, 1878.

Caldwell, D. G., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Texas, and to comply with S. O. 9, C. S., A. G. O. S. O. 92, Dept. of Texas, April 30, 1878.

Newlands, Wm. L., First Lieut. and Asst. Surgeon. Assigned to duty as Post Surgeon at the Angel Island, Cal. S. O. 69, C. S., Div. of the Pacific and Dept. of California.

Styer, Chas., Capt. and Asst. Surgeon. Granted leave of absence to June 30, 1878, and his resignation accepted by the President, to take effect June 30, 1878. S. O., A. G. O., May 3, 1878.

Medical Items and News.

Contagious Diseases — Weekly Statement.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending May 11, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
May 4, 1878.....	0	4	69	2	55	41	0
May 11, 1878....	0	5	70	0	58	45	1

Sanitary Condition of New York Houses.—It is notorious that a large percentage of New York dwelling-houses, especially those not of recent construction, are defective in regard to their sanitary arrangements, the plumbing work is also badly constructed, affording no protection against the escape of dangerous and noxious gases from the sewers, even to sleeping apartments. An instance occurred last week at 114 Waverly Place, which might have had fatal results; as it was, a family of five were prostrated by reason of sewer-gas permeating the whole building. In this case, Dr. Alfred S. Purdy forwarded a report to the Board of Health, which responded with commendable alacrity, immediately dispatching an inspector to survey the premises. The report of Dr. R. L. Wilder fully confirmed the worst suspicions that had been entertained, there were no traps under any of the wash basins or bath tubs, and a free passage for sewer gas was therefore given; the water closets were also defective, and both the soil and sewer pipes were undersized. The Board of Health have given peremptory orders for the necessary repairs and sanitary improvements, and we record with pleasure the prompt attention given by the Board of Health to the requisition of Dr. Purdy; the present case proves how much good can be effected by hearty coöperation between the Board of Health and the medical profession, and we accept it as a harbinger of future good results.

THE

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TO PHYSICIANS AND DRUGGISTS.

THE subject of Unbleached and Hospital Quinine has been so much discussed of late, and appears to be so little understood, that it is deemed proper to submit the following, which is in accord with our best knowledge and experience in the purchase and use of this article, for it should be remembered that the processes used in the manufacture of Quinine in all countries are kept secret by the various manufacturers, who are a limited number, and said to be comprised within about fifteen establishments of much importance.

Bleached Sulphate of Quinine is recognized as pure when it will bear what is called the ether test, which, while it is not an absolute standard, is the recognized and accepted test, and should be applied in accordance with the directions of the United States Pharmacopœia to all white or Bleached Sulphate of Quinine.

Unbleached Quinine has been regarded with favor in pharmaceutical manufactures, because it has been usually quoted by our manufacturing chemists at from 30 to 40 cents per oz. cheaper than the Bleached, and there has existed among many physicians a prejudice in its favor as a more natural preparation, even if it did contain a small percentage of the other alkaloids of bark. It has been used in general by many of our best and most accomplished pharmacists under this supposition, and was used by us extensively until last fall, when our experiments in manufacturing Quinine from Bark and recovering Quinine from Gelatine-Coated Pills (which we had from time to time rejected on account of irregular shape or imperfect coating) taught us in reality that our previous methods of analysis and determination of this important salt were defective; further, that there were in market two quite distinct articles in proportion of constituents, the one being evidently an arrested manufacture, or Quinine as the result of probably a single crystallization in place of four, as usually required to separate completely the cinchonidia and quinidia, and bring the result up to the ether test; and another article, the result of concentration and crystallization of the so-called mother waters used in successive crystallizations, as before explained, which carry, with the salts of cinchonidia and quinidia in solution to be eliminated, a nearly equal amount of quinia, the result being, as far as our experience goes, from 35 to 45 per cent. of quinia sulphate in combination with cinchonidia sulphate mainly and a small portion of quinidia sulphate.

This latter article, which we have denominated Hospital Quinine to distinguish it from the first described Unbleached (although the terms have often been applied synonymously), we have reason to believe was sent us in the last shipments we received, notwithstanding the manufacturers' contract and our former erroneous method of analysis to the contrary.

The discovery of these facts, on our part, *for the first time* last autumn, led to consultation with several distinguished chemists and pharmacists, and the whole ground was carefully reviewed and examined, and the conclusion arrived at was that all ordinary tests in inexperienced hands for quantitative analysis of Quinine, when it was in natural combination with the other alkaloids of cinchona bark, could not be relied upon, and the only safety in general pharmaceutic manufacture consisted in the use of bleached or white Quinine.

This determination was announced by us last fall in the various journals, as was supposed in sufficient explanation, it having always been our custom to fully explain and inform the trade in regard to our methods of business, which are always open.

We regret only that we are not able to give more specific and positive additions to knowledge about this matter of Quinine and the other cinchona alkaloids, because it deserves and is receiving very much attention and investigation at the hands of Physicians and Chemists as one of the most valuable of all remedies, and that since our change from unbleached to bleached Quinine last November, evil disposed persons have taken occasion to misrepresent and misconstrue the facts for selfish purposes. There are fortunately a few facts that cannot be misconstrued. From our first connection with the inventor of the machinery for making Gelatine-Coated Pills, which commenced with the furnishing of materials for manufacture to the inventor in 1871 till November 24th, 1877, only unbleached Quinine was used, and it was as carefully examined as could be by various analysts until 1876, when our present analyst entered into our employ, highly recommended for general knowledge and experience, and deservedly so outside of Quinology, which is the most difficult of subjects, because of variety in raw material and in alkaloids that are so very similar as to be most difficult of entire separation. Since November 24th, 1877, we have *only used Bleached Sulphate of Quinine* in our Sulphate of Quinine Pills, as stated in our circulars.

We will remark that we believe, as the result of much experience, that a natural combination of the alkaloids of cinchona bark in good proportion is a better therapeutic for general use than any single alkaloid separated, and we attribute much of the favor attending our peculiar form of coating to the use of Unbleached Quinine as employed up to November last in the proportion of 111 ozs (more or less according to our then supposed analysis) in place of 100 oz. of Bleached, as has been formerly carefully explained, but we defer this subject to the experience of the physician, being out of the province of the druggist.

It is the duty of the druggist and pharmacist to be well informed and not to misrepresent or conceal any fact in experience in manufacture or investigation, and we will be pleased to do this at all times when called upon, as only thus can knowledge be advanced or confidence maintained; hence this article, which is respectfully submitted.

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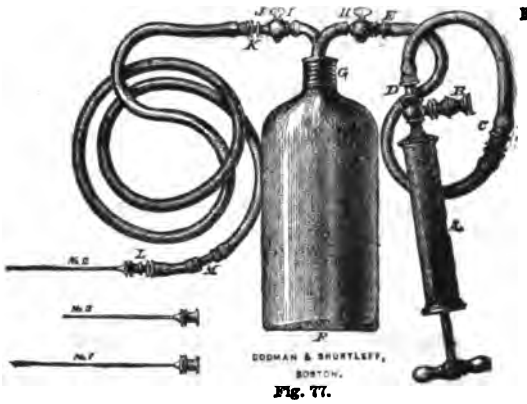

Fig. 77.

Fig. 68.

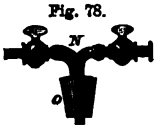

Fig. 78.

The Stopper and Cocks supplied with Apparatus No. 2.

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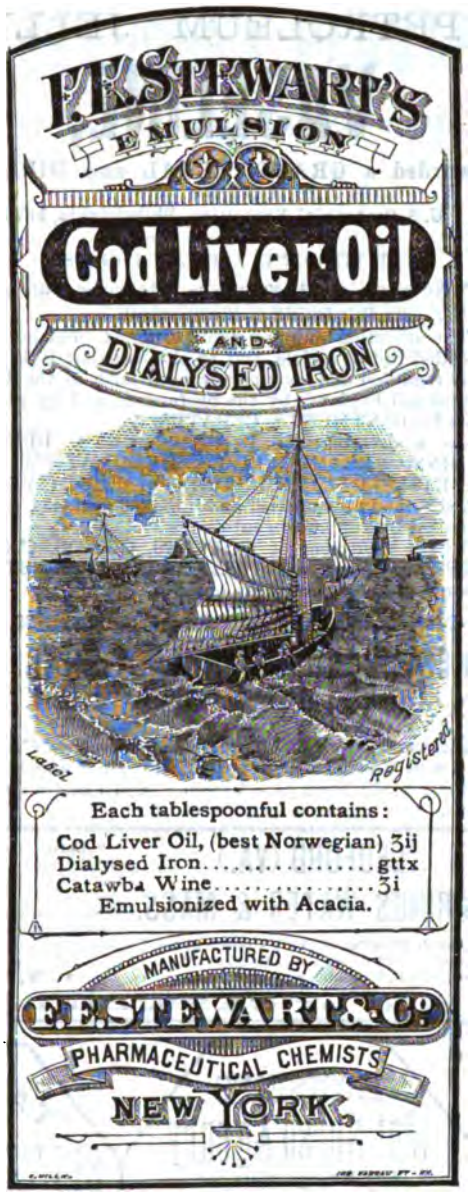

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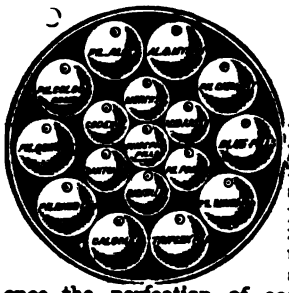

These new pills and granules are the only real improvement made in pills for many years. While they are a novelty, their principal claim to superiority lies in the fact that they have undoubted advantages over all other pills, and are at once the perfection of accuracy, and a safeguard against mistakes or substitution. Their claim to the confidence of the medical profession and pharmacists rests on the entire purity of the ingredients used; perfect accuracy of composition and uniformity of size; ready solubility; tastelessness and harmlessness of the coating, which is vegetable; perfect preservation in all climates; entire security against mistakes or substitution, every pill or granule having printed upon its surface either its common name or its composition, as Pil. Cath. comp., or Pil. Quin, 1 grain.

We now offer the following assortment:

Granules, containing 1 milligramme, or 1-64th gr.: Arsenious Acid; Arseniate of Soda; Aconitine; Atropine; Digitaline; Bi-chloride of Mercury; Sulph. of Morphia; Phosphorus; Strychnia.

" containing 4 milligrammes, or 1-16th gr.: Sulph. of Morphia.

" containing 8 milligrammes, or 1-8th gr.: Sulph. of Morphia.

" containing 1 centigramme, or 1-6th gr.: Codeine; Calomel; Proto-iodide of Mercury; Podophyllin.

Pills, prepared according to the U. S. Ph. when officinal:

Aloes; Aloes and Assafœtida; Aloes and Mastich; Aloes and Myrrh; Assafœtida; Comp. Cathartic; Comp. Calomel; Comp. Colocynth; Iron, Carbonate; do. Citrate, 2 grains; do. Citrate of, and Quin., 2 grains; do. Pyrophosphate, 2 grains; Blue Pills, 3 grains; Calomel, 5 centigrammes, or 3-4th grain; Podophyllin, 1-6th, 3-4th and 1 grain; Proto-iodide of Mercury, with Opium, Ricord's formula; Quin. Sulph., 3-4th, 1, 1½, 2 and 3 grains; Rhubarb; Comp. Rhubarb; Santonine, 3-4th gr.; Triplex; Valer. Zinc., 3-4th gr.

These pills are sold in bottles of 100 and 500. Other pills will be added, and special formulæ made to order. Descriptive lists, giving assortment and prices, also samples, sent on application.

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CONCERNING
BELLADONNA PLASTER
A Few Words to Physicians and Surgeons.

BY A PHYSICIAN.

Until quite recently Manufacturing Chemists, in offering new combinations and improvements in Pharmacy to the Medical Profession, have found the Faculty very hospitable to the introduction of improvements adapted to their use.

But within a short time, conscientious Physicians have begun to discuss among themselves, very seriously, the propriety of welcoming the newer products of Pharmacy.

Why is this?

Because it is found that certain manufacturers, appealing to the convenience and profit of the apothecary, have been sacrificing merit and therapeutic value to elegance of appearance, and have employed officinal forms and professional nomenclature to foist upon the physician, by aid of the druggist, compounds of little or no value, and altogether unworthy of the high claims made for them.

Thus, the manufacture of medicinal agents for the use of Physicians is rapidly degenerating into empiricism, and is becoming almost as objectionable as the ordinary clap-trap of the "patent medicine" business.

Notably is this true with reference to that important and useful agent, *Belladonna Plaster*.

DR. J. M. GROSVENOR, graduate of Dartmouth, was the first to appreciate and turn to practical account, an improvement in compounding Belladonna Plaster by using purified rubber as a basis of combination.

His experiments in affecting the combination in therapeutic and mechanical perfection were long continued, exhaustive and expensive.

But he finally succeeded perfectly, and his improved Belladonna Plaster was everywhere welcomed by the Faculty as being the best form of this agent yet presented. It was universally adopted as the standard Belladonna Plaster.

Why?

Because it proved to be an entirely reliable preparation — presenting the drug uniformly, accurately, and with the most precise and skilful attention to convenience and activity.

The widespread popularity of Dr. Grosvenor's Improved Belladonna Plaster at once attracted the cupidity of empiricism, and the drug market was soon flooded with so-called "Belladonna" Plasters, branded "U.S.P.," and offered to Druggists upon one recommendation, *namely:* "It is 50 per cent. cheaper than Grosvenor's!"

A good many gudgeon-like dealers promptly took the bait, and before long physicians began to express surprise and chagrin because Belladonna Plaster did not respond to their expectations in its effects as formerly.

Dr. Grosvenor found himself in receipt of numberless indignant communications upon the subject.

Belladonna Plaster is sold to the druggist in yard rolls, enclosed in a tin case. He cuts it into strips for dispensing as the physician may order.

The mechanical appearance and characteristic odor of Dr. Grosvenor's Improved Belladonna Plaster were closely simulated in the empirical articles; and if the druggist saw fit, for his own profit, to deceive the physician, the latter had no means of detecting the imposition except by noting the effect, and thus it happened that for a long time Dr. Grosvenor's legitimate and always reliable product had to bear the odium belonging justly to the empirics who had assailed him by simulating his article.

Finally he adopted, for the protection of the profession, the expedient of stamping his name at short intervals across the back of his "Belladonna Plaster" in violet ink, but omitting the words "Belladonna Plaster," for reasons which practitioners will understand.

Thus the fraud was checked, wherever the Faculty were informed of the precautionary measure; and the object of this article is to ask physicians everywhere to observe this test of genuineness, and in prescribing, to write for "*Emp. Belladonna Grosvenori.*

The true Belladonna Plaster in rubber combination will always bear this guarantee of genuineness—J. M. GROSVENOR, M.D., (accompanied by a "trade-mark," consisting of a Belladonna Leaf, with the letters B and P upon it in monogram), printed in *fac simile*, at intervals of three inches across the back of the plaster in violet ink.

The profession are reminded that a true Belladonna Plaster, accurately prepared, *cannot* be a *cheap* product. Dr. Grosvenor originally sold his Plaster at the lowest practicable price, and that price has never been changed. Any plaster professing to contain the same elements that is sold at any price considerably lower, stamps itself at once as being the work of quackery.

Dr. Grosvenor has prepared a brief treatise upon Belladonna Plaster, which will be mailed (with sample of plaster) to any physician desiring it.

Physicains, if unable to obtain Dr. Grosvenor's Improved Belladonna Plaster at their drug stores, will be supplied direct from the laboratory, by mail, upon receipt of one dollar. This concession is made to physicians only, and to those who cannot obtain the veritable article at home.

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FOOD IS THE BEST TONIC!!

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PEPTONIZED

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The great necessity for a fluid food that would possess **all the elements necessary for the support of the system**, having been long felt by the medical profession, we call their attention to this preparation, containing the entire nutritious properties of the muscular fibre, blood, bone, and brain of a healthy bullock, dissolved and semi-digested by aid of heat and pepsin, and preserved by spirit; thus constituting a most perfect nutritive, reconstructive tonic.

It is not a mere stimulant, like the now fashionable extracts of beef, but contains blood-making, force-generating, and life-sustaining properties, pre-eminently calculated to support the system under the exhausting and wasting process of fevers and other acute diseases, and to rebuild and recruit the tissues and forces, whether lost in the destructive march of such affections, or induced by overwork, general debility, or the more tedious forms of chronic disease.

It is friendly and helpful to the most delicate stomach, and where there is a fair remnant to build on, will reconstruct the most shattered and enfeebled constitution. It is entirely free from any drug or chemicals.

It is prepared after a thoroughly tested and scientific method.

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QUININE, CARBOLATE, 1 gr.

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QUININE, SULPHO-CARBOLATE, 1, 2, 3, and 5 grs.

This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

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Quinia Sulphas,	3-4 gr.
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Acid. Arseniosum,	1-60 gr.
Ext. Nucis Vomicæ,	1-4 gr.

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Quinia Sulphas,	1 gr.
Ferrum Redactum,	1 gr.

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Quinia Sulphas,	1 gr.
Ferri Subcarb.,	2 grs.

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Quinia Sulph..,	1 gr.
Ferri Carb. (Vallet's),	2 grs.
Ext. Nucis Vom.,	1-4 gr.

QUININE, PHOSPHORUS AND NUX VOMICA.

Quinia Sulphas,	1 gr.
Phosphorus,	1-60 gr.
Ext. Nucis Vomicæ,	1-40 gr.

QUININE, PHOSPHORUS AND NUX VOMICA.

Quinia Sulphas,	1 gr.
Phosphorus,	1-60 gr.
Ext. Nucis Vomicæ,	1-4 gr.

QUININE COMPOUND.

Quinia Sulphas,	1 gr.
Ferrum Redact.,	1 gr.
Acid. Arseniosum,	1-60 gr.

QUININE COMPOUND AND EXT. DANDELION.

Quinia Bi-Sulph..,	1 1-4 grs.
Ferri Sulph., Exsic.,	2 grs.
Acid. Arseniosum,	1-24 gr.
Extract Taraxici,	1 1-4 grs.

QUININE COMPOUND AND STRYCHNINE.

Quinia Sulphas,	1 gr.
Ferrum Redactum,	1 gr.
Strychnia,	1-20 gr.
Acid. Arseniosum,	1-20 gr.

QUININE AND STRYCHNINE.

Quinia Sulph.,	1 gr.
Strychnia,	1-60 gr.

QUININE, VALERIANATE, 1-2 gr.

T. H. SAYRE, Dispensing Chemist,

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In corresponding with Advertisers please mention **The Medical Record.**

Soluble Quinine Pills.

See Page 3 for Advertisement of

W. H. SCHIEFFELIN & CO.

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PURE COD LIVER OIL

WITH

HYPOPHOSPHITES OF LIME AND SODA

PERFECT, PERMANENT, PALATABLE.

FORMULA.—50 per cent. Pure Cod-Liver Oil, 6 grains of Hypophosphite of Lime, 3 grains of Hypophosphite of Soda to a fluid ounce.

We respectfully recommend this preparation to the medical profession, knowing they will find it of the greatest value in the wasting diseases indicated by a defective nutrition. The oil is so incorporated that the nauseous taste and smell is entirely removed, enabling the most delicate stomach to bear it. But its especial advantage over all other combinations is the perfection and permanency of the Emulsion. We will be pleased to send a sample by express, prepaid, to any physician in the country, if he cannot obtain it at his druggist's.

SCOTT & BOWNE, Manufacturing Chemists, 125 Hudson St., New York.

NEW YORK, *Sept. 4th*, 1876.

Messrs. SCOTT & BOWNE.—*Gents:* I have prescribed Scott's Emulsion of Cod-Liver Oil with Hypophosphites, in both private and hospital practice, and consider it a valuable preparation. It remains as a permanent emulsion, even in extremely hot weather; and is more palatable than any other preparation of oil that I have used. Yours very respectfully,

ROBERT WATTS, M.D., *President Medical Board Charity Hospital.*

Pullna Bitterwater.

The only Bitterwater that received the Prize at the International Exhibition in Philadelphia in 1876.

This is the most effective and least weakening of any of the Alkaline Springs known. It is used with remarkable success in gastric difficulties, torpidity of the liver, and habitual constipation. It also has a specific curative effect in malarious fevers of any kind, as it increases the activity of Quinine Sulphate, and considerably shortens the time of reconvalescence. According to the most minute analysis by Barruel, the Pullna Water contains in one litre of water, the enormous quantity of sixty-two grammes of Salts in a crystallized state, of which twenty-one are Sulphate of Soda, and thirty-four Sulphate of Magnesia. This quantity is more than sufficient to explain the purgative qualities of the water. The other Salts, especially the Lithium and the Bromide of Potassium, increase in a high degree its medical effects in giving to it the peculiar qualities by which a natural Mineral Water is distinguished from an artificial solution of Salts. There is no Mineral Water better qualified to be sent to all parts of the world—a chief reason for its recommendation.

It can be used at every season of the year, and taken either warm or cold. No open-air exercise is necessary.

The dose is from 1—2 wine-glasses for adults; 1—2 tablespoonfuls with milk for children, to be taken before going to bed. An open bottle can be kept for days without change, as the water contains no gas.

Children are equally benefited by it, and it is prescribed for them in doses of a tablespoonful in milk at night, either cold or warm.

PRICE.—Case of 20 Pint Jugs.....$3.25 by
" Case of 50 Pint Jugs.....8.00 "
Less discount according to quantity.

FOR SALE BY ALL DRUGGISTS.

Quotations for quantities may be had, as well as circulars, free from

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PULLNA and all other EUROPEAN MINERAL WATERS,

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WARBURG'S TINCTURE.

Made from the original recipe of Dr. Warburg and used as a specific in malarious fevers and all diseases arising from malaria. This preparation is recommended by the English Government, and extensively used in all the English military hospitals, particularly in the East Indies. (see London *Lancet*, Nov. 18, 1875.)

Please specify, in ordering from any wholesale house, **Warburg's Tincture,** made by **F. A. REICHARDT.**

Price per bottle, 1 oz., **75c.**; per doz., **$5.00.** Per pint, **$5.00**; per doz., **$50.00.**

CRAYON'S D'IODOFORM,

Of Dr. Leblond (Annales de Gynaecologie) for Superficial Ulceration of the Neck of the Uterus extending to Uterine Cavity. **$1.00** per dozen, sent by mail. Orders executed by return of mail.

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REICHARDT'S NITRITE OF AMYL PEARLS.

Specific for Sea Sickness, in 5 drop Pearls.

Let the patient lie down for a few minutes, crush a 5 drop capsules and inhale it, and the symptoms will disappear in a few minutes.

These Pearls supply a long felt want in the administration of this powerful remedial agent. A finely blown glass bulb is filled with a given quantity of the Amyl, each 2, 3, 5 and 8 drops, the glass is then drawn out and hermetically sealed. The patient who shall inhale it carries the Pearls in a little box, and at the approach of premonitory symptoms crushes one in a handkerchief and inhales the medicine: the glass is so very thin that the patient runs no danger whatever of wounding himself. The great advantage of this new contrivance is in the rapidity with which a correct dose of the Nitrite of Amyl can be administered by the patient himself, and in all cases of Asthma, Angina Pectoris, Epilepsy, or other diseases where this is essential, these glass Pearls form as yet the best known method of applying it.

Price, 2 and 3 drops, 75c. per doz.; 5 and 8 drops, $1.00 per doz.

Reichardt's Adjustable Brush Holding Rubber Stopple.

This is a tapering rubber stopple, closing the mouth of the vial tighter than ordinary corks, much more durable, impervious to Acid, Iodine, etc., and on account of its length and taper fitting equally well in bottles varying in size from ½ to 6 ounces.

The lower or inner part of the stopple is provided with a tapering hole formed in it to receive the handle or quill of the brush so that whether the stopple is inserted in a bottle or removed from it the brush will be securely held by the stopple.

Put up 1 Dozen Assorted Sizes in a Box. For Sale Wholesale and Retail. **90c.** per dozen; **$10.00** per gross.

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The attention of the Medical Profession is respectfully invited to the privileges offered *principally* to medical men, by the **HOSPITAL DEPARTMENT** of the

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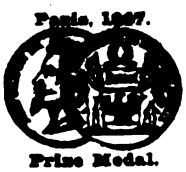
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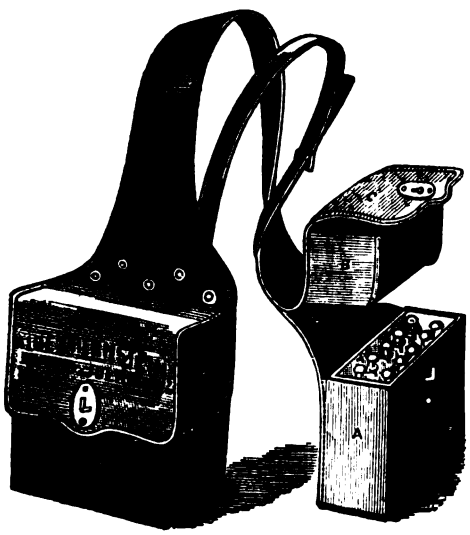

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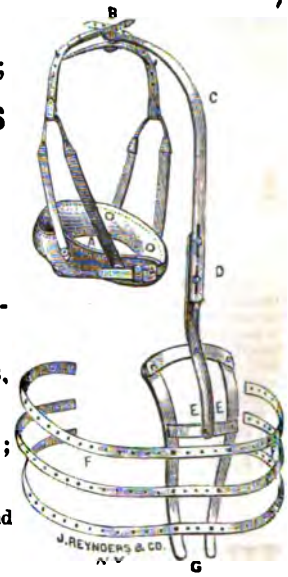

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Original Communications.

PHYSICAL SIGNS OF INTERPLEURAL PATHOLOGICAL PROCESSES.

By J. R. LEAMING, M.D.,

SPECIAL CONSULTING PHYSICIAN IN CHEST DISEASES FOR ST. LUKE'S HOSPITAL, NEW YORK.

In health the pleuræ are smooth, opposing surfaces, free in motion, and lubricated by their natural secretion. They cover the inner costal wall, the outer surface of the pericardium, nearly the entire upper surface of the diaphragm, and all the surfaces of the lungs. They help to form the mediastinum, and surround the origin of the great vessels and of the air-passages. In short, they line the great acoustic chamber of the chest, and cover the sound-producing organs which it contains. The constant motion of these organs gives voice to their action, and breathes into the ear of the auscultator an harmonious idyl of health, or whispers and mutters of the discordances of disease.

The acoustic properties of the normal chest are so perfect that the most delicate signs, such as true respiratory murmur or aortic regurgitation, are delivered through its walls to the ear without loss or change. The healthy pleuræ are no obstacle to the free passage of sound, and at the same time are no cause of sound in themselves. It is like looking into an open room filled with light.

But at the first trace of an inflammatory process they cease to be silent themselves, and modify or prevent sound passing through them. It is like looking into a room filled with cloud, through obscured glass; nothing is clearly seen.

The pleuræ are prone to diseased change. Mental depression, physical exhaustion, or sudden alternations of temperature, may cause hyperæmia, and plastic exudation is then likely to follow. It is a vital process, but indicates a diseased condition of organic life. It occurs in cellular tissue and on serous surfaces—very frequently on the pleural. Comparatively few autopsies are made without discovering more or less of interpleural thickening and adhesions.

"Physicians of old did not regard them as preternatural; nor do many at the present day consider them as necessarily connected with inflammation. This opinion is founded upon the fact of these adhesions being met with in individuals not known to have suffered from any inflammatory affection of the chest. But, until satisfactorily traced to some other cause, it would appear more proper to refer these exclusively to an inflammatory origin." (Hasse's *Path. Anat.*, p. 182.) The process may be summarized as follows:

First, local vital exhaustion, vaso-motor paresis, stasis, hyperæmia; then the white globules, "the wandering amœba," pass through the meshes of the walls of the capillaries, and, unless immediately absorbed, organize and result in adhesions and thickened pleura.

More or less of impaired health follows, with obscure symptoms. New exudations take place from time to time, crippling the respiratory organs, and seriously implicating the circulation, until the patient dies, worn out, with resulting complications of all the vital organs.

These serious pathological results have hitherto been unrecognized, except in part and inadequately, during life by physical signs. In March, 1870, I had the honor of reading a paper before the New York Academy of Medicine on Pleuritis. In the discussion which followed, Dr. Flint, Sr., remarked that "He was not aware that there are any distinctive physical signs of permanent adhesions, that can be depended upon as pathognomonic." This was undoubtedly then, and perhaps is largely yet, the received opinion of the profession, Dr. Walshe alone, among the authorities, interpreting certain physical signs as of adhesions and pleural thickening. I had adopted from my teachers the generally received opinions; but considerable clinical experience, obtained in the class of chest diseases at Demilt Dispensary, caused me to question their truth. There were repeated occurrences which seemed to me to furnish incontrovertible proof that many of the physical signs of the chest had been misinterpreted. But even yet I was not prepared to give up my preconceived idea of the local origin of mucous and crepitant râles.

But about ten years since, a patient came into St. Luke's Hospital, from Bellevue, with a disputed diagnosis. The case had been affirmed to be one of simple hydrothorax, and then again to be hydropneumothorax. Both opinions were correct. Upon examination it was found on the right side that there was dulness and loss of respiratory murmur up to about three inches above the diaphragm; and bordering the upper line of dulness, and encircling the lung, there was crepitus and subcrepitus. It was simple circumscribed hydrothorax. But upon directing the patient to take a forced inspiration and hold the breath, air was forced into the artificial chamber made by the adhesions, and the case was immediately changed into one of hydropneumothorax. In a little while the air escaped, and the case was as at first. To account for this it was necessary to suppose that there was a valvular opening, through which air could come from the lung. The fluid was removed by intercostal incision, and the case kept under observation. After a time, the left side showed signs of disease. There were mucous râles and gurgles, and progressive loss of weight and strength. The case was frequently referred to as an example of tubercular phthisis. The râles were of various sizes, and were considered as signs of tubercular infiltration and honey-combed cavernules.

At the autopsy the circumscribing adhesions, with the valvular opening in the lung, were found on the right side, as was expected; but, to our astonishment, there was no structural change in the left lung. Between the pleural surfaces, however, there was a large amount of plastic exudation, together with a small quantity of viscid fluid; at many points also there were firm adhesions. These interpleural deposits were evidently the only source of the sounds I had misinterpreted as signs of the tubercle and tuberculous cavities of small size. I was convinced that the same conditions had frequently deceived me in other cases.

Since then, I have, in repeated instances, carefully noted and recorded the locality of râles and their distinctive characteristics, for the purpose of testing them in relation to pathological conditions, to be revealed by autopsies. In no instance have I found them to disagree with the interpretation that their cause lay in an interpleural process.

The following case is one in which old, firm, and close interpleural adhesions drew the heart upwards, and caused murmurs by displacements.

CASE I.—J. S. T., an honored member of our profession, called on me in company with Dr. Otis, in the spring of 1876. About seven years before he had

pleuro-pneumonia, and several times since slight attacks of pleurisy. He was short of breath, and distressed after exertion, or on going upstairs; he had at times severe pain in the region of the heart like angina. Aneurism of the aorta and valvular disease of the heart were feared.

Examination discovered some dulness at the summits of the lungs. There was flat wooden percussion note over both. There was very little expansion, and the movement of the chest was restricted. There were a few râles of various sizes over the greater part of the chest. At the lower angle of the scapula of the left side, there were no râles, nor any movement of the lung even in forced inspiration, but coughing produced short fine crepitus immediately under the ear.

True-respiratory murmur was feeble generally, but absent at the apices of both lungs. The apex beat of the heart was between the fourth and fifth ribs, a little to the left, and there was a systolic murmur.

Diagnosis: old extensive adhesions over both lungs; no disease of the heart or of the arteries.

On the 12th of October, 1876, he received a wound, to the right of the sternum over the right auricle, by a piece of a brass tube imbedding itself in the lung and the pericardium. Pericarditis and pneumonia followed, and he died on the 20th.

The day before his death, and probably for some time previously, there were abundant soft "mucous" râles. These were diagnosticated also as interpleural. The autopsy revealed pericarditis and pneumonia of the whole of the right lung, which was consolidated—the mould of the ribs remaining on its surface after it was removed from the chest.

Hence, no air could have entered the lung. New exudation had taken place among the old adhesions, and efforts at respiration moved the chest-wall over the solid lung, thus producing "mucous râles."

Case II.—Is kindly given in a letter from Prof. J. L. Little, and is equally decisive: "My dear Doctor, I cheerfully comply with your request, that I would furnish you with the points in the history of a case bearing on the subject of your paper. I was called to see a patient in consultation with Dr. Roëdiger, on August 14th last, and found a man about forty-five years of age, who was suffering slight pain in the left side—no cough, no expectoration, high temperature and frequent feeble pulse. On auscultation, subcrepitant râles could be heard on the posterior surface of the left side of the chest. These were more abundant and of a much coarser quality at the upper part of the lung, although more or less subcrepitation could be heard from apex to base. On percussion, flatness was discovered over the entire upper portion of lung; the lower showed but slight dulness. I saw the patient in consultation on the 17th, 18th, and 19th. At the last visit, eighteen hours before death, subcrepitation was heard, as at first examination. On forced expansion after coughing, the râles were markedly increased in number, and seemed to be very near the ear. Patient died August 20th. Autopsy by Drs. Roëdiger and Nesbitt. Left lung was found solid with pneumonia, except the lower part of the inferior lobe. The upper was in a state of gray hepatization, the middle red. The lower part was very much congested, but crepitated on pressure. The pleuræ were covered with plastic exudation, but the adhesions were slight. The false membrane covering the upper third of the lung was three or four millimetres in thickness. The lower portion was covered with only a thin layer. In this case, Doctor, the râles heard over the posterior surface of the chest were without doubt due to the exudation on the surface of the pleuræ. No air could possibly have entered the upper or middle portions of the lung for some days before death.

"Yours truly, J. L. Little."

These two cases are evidence of a positive character verified by post-mortem examination.

Case III.*—C. M., saleswoman, eighteen years old, came to my office for examination on the 14th of September, 1877. Percussion-note dull over lower part of left lung in front and up to the middle of interscapular space behind. There was bronchophony, bronchial breathing with subcrepitant râles. At the lower portion of the lung in front was *fine crepitus*. As the lung was consolidated by pneumonia no air could enter it, and consequently the râles must have been in the pleuræ. This evidence is further corroborated by the fact that since then the pneumonia has cleared up, resonance returning, but subcrepitant râles remain in place of the crepitant.

These three cases may be regarded not as unusual, but as typical, and they furnish proof: 1st, That mucous, 2d, that subcrepitant, 3d, that crepitant râles may all have their local origin within the pleuræ.

It is difficult to overcome preconceived opinions even with evidence perfectly conclusive to an unprejudiced mind. Still the facts, which I have given, and others which I shall further relate, must commend the subject to all candid observers.

Has the generally received opinion that all large, soft, moist râles are caused by bursting bubbles in the bronchi ever been put to the test of careful experiment? On the contrary, is it not the general experience that abundant mucous râles may exist without expectoration, and profuse expectoration without râles, or only with such as are distant from the ear, and which disappear upon expectoration? Has not the received opinion that all the râles of whatever size, liquidity or dryness, have their origin in the lungs, and that the size of the bronchia determines the size of the râle, been adopted by pupil from teacher, from the time of Laënnec to the present, without regard to the obvious fact that the large râles are most frequently heard over portions of the chest where the bronchial tubes are very small, and the small râles where they are large?

Early auscultators explained the respiratory murmurs of health, as well as the rhonchi of disease, as being formed by the air passing through the bronchi into the vesicles and out again;—that the friction of this body of air in motion caused vesicular murmur and bronchial breathing; and that should mucus collect, it would be moved along bursting bubbles in its way—crepitant, subcrepitant and mucous, according to the size of the râle. Later, another theory was proposed, and by many adopted, which still regarded the size of the tube as governing the size of the râles. According to this theory, the tube being lined with adhesive mucus, collapsed after expiration, and the sides cohering, inspiration would again force them apart, causing râles. Neither theory recognizes obstruction to the free passage of air into the air-sacs and out again, yet the residual air certainly occupies the true respiratory system and does not admit air moving in a body. The tidal air physiologists estimate to be about one-tenth part of that in the lungs. So that after expiration there still remains nine-tenths, occupying the true respiratory system. This is the residual air. When inspiration again takes place the

* This case is of a class common to all practitioners, and is introduced as such. It has no novelty, but after the post-mortem evidence of Cases I. and II., the clinical evidence of consolidated lung becomes proof of the impossibility of the râles being interpulmonary.

column of *in*-moving air passes in a body to about the third or fourth division of the bronchia, and can go no further, but mixes with the residual air, obeying the law of the diffusion of gases.

It is evident, in view of these facts, that both theories are impossible. The existence of so large a mass of residual air in the air-cells and smaller bronchial tubes, and also the existence of consolidated lung tissue (in which solid material fills the spaces previously occupied by the residual air), both show conclusively that all râles called crepitant and subcrepitant, when heard under these conditions are not intrapulmonary, and that mucous râles, when not clearly traceable to the large bronchi, are also not intrabronchial, and consequently all râles not clearly traceable to the larger air-passages are interpleural.

Mucus in the upper bronchia may cause *mucous râles*, which are intermittent. The mucus accumulates, the râles are heard; it is expectorated, and they are gone. In suffocative catarrh, and in approaching dissolution, the râles are continuous.

It would seem possible that fibroid lung could also produce subcrepitation in cases where the lung is adherent to the chest-wall. But of this I have no proof.

The following case of fibroid phthisis was characterized by a variety of râles and rhonchi, which would deceive any one who did not recognize them as signs of an interpleural pathological process. They were very suggestive of cavernulous phthisis and of disease of the heart.

Case IV.—W. S——, about sixty years of age, merchant, while in Scotland in 1874, had pneumonia, and since then had had frequent colds, causing short, spasmodic cough, with gradual increasing dyspnœa. He came under my care early in 1876. His breath was short and hurried. There were râles over both lungs; in some places coarse and rattling, and in others smaller, even fine crepitus. At the lower part of the right interscapular space, and below the scapula, they were coarse, moist, and gurgling. Under the right axilla down to the diaphragm there were creaking as well as dry râles. Under the left clavicle there were mucous gurgles, and under the left scapula there were fine crepitant and subcrepitant dry râles. There was general flatness under percussion, with raised pitch over most of the chest. There was an audible systolic murmur at the apex beat. The impulse was felt almost as high as the nipple, and there was also impulse in the second interspace.

The diagnosis was extensive plastic exudation between the pleural surfaces, forming adhesions which had drawn the lungs and heart upward. The dyspnœa and cardiac complications were the consequence of these changes, and there was no other serious lesion. At first he improved under treatment, and gained more than an inch in chest expansion, and was able to get about with much less difficulty than before treatment, but in May an attack of pneumonia increased the amount of plastic exudation, and he lost more by subsequent contraction than he had previously gained in expansion. During the summer, in the country, he was under the immediate care of Dr. Ely, of Newburg. He was able at times to ride out, but renewed attacks of exudation lessened his vital capacity, and finally, after another "cold," he had increased disease, from which he died Oct. 8, 1876.

Autopsy by Prof. Delafield, Oct. 10th. Present, Drs. Jones, Dudley, G. A. Peters, Ely, and Leaming.—"Body much emaciated, cadaverous discoloration already evident on abdomen. *Pericardium* contains a little serum. Apex of heart on level with lower edge of fourth rib—distant three and one-fourth inches from median line. Upper border of heart on level with lower edge of first rib. Long axis of heart turned somewhat in vertical direction.

"*Lungs.*—Left side, very extensive old adhesions covering the entire lung. Left lung, upper lobe at the apex, some bands and patches of pigmental fibrous tissue. Lower lobe, lower third, bands of new fibrous tissue and red hepatization—the red hepatization is recent. Right lung, old adhesions over entire lung. Upper lobe, the same diffuse fibrous tissue, but more abundant.

"*Heart.*—Right ventricle contains large yellow post-mortem clot. Pulmonary valves a little thickened at their attached edges. Ventricle a little dilated, walls of normal thickness, tricuspid valve a little thickened.

"*Left ventricle* contains a small post-mortem clot. Cavity rather diminished. Walls normal thickness.

"*Aortic valves* somewhat atheromatous and stiffened, and on ventricular aspect of one leaf a small fibrous projection. Mitral valve a little thickened and atheromatous.

"*Kidneys.*—Normal size, capsule not adherent, surface smooth, cortex normal in appearance and thickness. Aorta markedly atheromatous."

(Signed) Francis Delafield.

In this instructive case the physical signs were interpreted during life to mean just what was found at the post-mortem examination.

It is needless to say that the ordinary interpretation would have made out a diagnosis of phthisis with cavities and structural disease of the heart as the cause of death. Is it not important that such a mistake should be avoided?

The first step in these complicated pathological changes was plastic exudation between the pleuræ, which, becoming organized, formed adhesions, and these in turn gave rise to all the subsequent diseased conditions in the lungs and of the heart.

Case V.—M. M., æt. 40, single. Saw her in consultation with Dr. E. D. Hudson, Jr., September 7, 1877, morning. Heart and great vessels gave no evidence of disease. Pulse and cardiac sounds were feeble and frequent, suggesting fatty degeneration. Chest expansion was not more than half an inch; respiratory murmur very faint; very little air entering the lungs. No disease of the lungs or pleuræ was discovered. But there was evident obstruction in the air-passages, the patient gasping for breath. Lung free from dulness. Highest local pitch in respiration traced to the larynx, and the obstruction was believed to be at this point.

The laryngoscope, in the skilled hands of Dr. Lefferts, proved this opinion to be erroneous.

Evening.—Consultation with Drs. Hudson and Lincoln. There was now found, at the summit of the left lung, perceptible dulness and flatness under percussion, and soft tearing râles in auscultation, conditions which had developed since morning. Respiration was more difficult, and during the examination became so great that unconsciousness resulted. No time was to be lost, and Dr. Lincoln performed tracheotomy, and the obstruction was found to be below the trachea. No evidence of aneurism was discovered. Dr. G. F. Shrady informs me that he refused to give this patient ether for an operation previously, because he suspected aneurism. Death occurred early on the morning of the 8th.

Autopsy, afternoon of the same day, by Dr. Hudson, in the presence of Drs. Lefferts, Hitchcock, and Kemp.—"Cause of death, aneurism at the posterior surface of arch of aorta descending. Trachea and bronchia

atrophied by the pressure of the tumor. Heart fatty, lungs reduced in volume, but normal otherwise. At the left apex the opposed pleural surfaces were agglutinated, the soft adhesions offering slight resistance in separating. Several older, organized but elastic adhesions spanned the left pleural cavity." (Notes of the autopsy kindly furnished by Dr. Hudson.)

This case is evidence that plastic exudation may be diagnosticated as soon as it takes place. There were neither râles nor dulness in the morning, but there were both in the evening, and fresh plastic material was found at the autopsy. Hasse says: "The first appearance of inflammation of the pleura consists in a congested state of its blood-vessels, which are seen congregated here and there, in dense, though delicate nets, beneath the still transparent membrane. At certain points the bright-red color deepens and becomes more equalized; these points are somewhat prominent, and, though scattered at first, presently crowd together and get encompassed with a progressively enlarging zone of gorged blood-vessels. At the same time patches and streaks are observed either darker than the rest, and not unlike little ecchymoses, or else of a pale red hue, as if from imbibition. The pleura now speedily loses its smoothness and polish, becoming dull and looking, as Laënnec expresses it, as if daubed over with a paint-brush. This redness gradually spreads until in most instances the whole, says 'Gendrin,' becomes uniform.

"The first rudiments of an adventitious membrane now become perceptible, the spots originally reddened, and that chiefly by repletion of the vessels, presenting little dull white or yellowish points which rise above the serous surface in the shape of flat granules, and ultimately coalesce." (Hasse's *Path. Anat.*, p. 183.)

All of the pathological changes described above, from the first congested blood-vessels in nets to the final covering of the whole pleura with lymph, produce the following signs: First, muffling; second, alterations of the respiratory murmur; and then, finally, râles and rhonchi, indicating exudation of plastic material. Every step of the pathological process is characterized by its appropriate physical signs.

Experience and a nice education of the ear make an early diagnosis easy and certain, and enable the practitioner to use remedies which, if employed in good season, remove the disability and the danger.

Case VI.—(Plastic signs removed by hygiene.)—F. J., about 26 years of age, while at business in Wall Street, in 1874, suddenly began to raise blood, and came immediately to my office. There was an area over the right scapula, where soft tearing râles could be heard, and there was also flatness under percussion. He was advised to take a walking expedition of two or three weeks' duration. This he did, and returned in health, not a vestige of the plastic râles remaining; nor has he had any return of chest signs or symptoms since.

It is possible that had he remained at his exhausting business under all the depressing influences which had produced their conditions, his lowered vitality would have been still farther depressed, and his case would have resulted in phthisis, as many others have done—so important is it to connect physical signs correctly with their true pathology.

Plastic exudation upon the pulmonary pleural surface has the immediate effect of obstructing the capillary circulation in that part of the true respiratory system which subtends the deposit. If it is not quickly reabsorbed, it becomes organized, and contracts, causing still greater obstruction. Hæmoptysis frequently results—it may be immediately, but in most cases not until after two or three weeks, or even longer.

The reason of this is evident, if we consider the minute anatomy of the circulation of the true respiratory system. The nutrient arteries of the lungs are derived principally from the bronchial, and differ from all others in the body, in the fact that they have no returning veins; no *venæ comites*. The nutrient capillaries after performing their special function, anastomose with the radicles of the pulmonary vein, and their blood is reaërated even while performing its office, and hence, notwithstanding this apparent anomaly, arterial blood is alone forced into the left heart.

Consequently obstruction to the nutrient capillaries throws their blood back upon the bronchial arteries, which might seriously interfere with the circulation, except for a provision of nature, by which mucus is exuded copiously through the mucous membrane (bronchorrhœa), or perhaps blood (bronchorrhagia). So that either may be an important symptom of plastic exudation, and if carefully sought for, the plastic râles will be found.

Case VII.—G. B., a distinguished surgeon, April 1, 1876, had pneumonic sputa; pulse 100, temperature 100°. Had some oppression in breathing, but no pain. Auscultation discovered no râles on either side. True respiratory murmur was everywhere good, except over a part of the middle lobe of the right lung—a space about as large as the palm of the hand—where there were also perceptible dulness and raised pitch. Diagnosis: Centric pneumonia of the middle lobe of the right lung. The next day the pulse was 70 and the temperature 97°. Sputa the same as the day before, and so it remained on the 3d and on the 4th. Subsequently, the temperature was as as low as 93°.

On the night of the 5th of April he suffered great dyspnœa, and auscultation found abundant râles of crepitant and subcrepitant size, covering that part of the middle lobe of the right lung, posteriorly, over which true respiratory murmur was absent at the first examination on the 1st of April. The centric pneumonia had extended to the pleural surface, exudation had joined the pleuræ together, and crepitant râle and bronchial breathing were plainly heard. The dyspnœa from which he suffered was the consequence of these adhesions.

He gradually improved until the 27th of April, when he went to Fortress Monroe for change of air. Shortly afterwards he had a return of dyspnœa, and as it increased, he came home on the 5th of May. He now had moist tearing râles low down on the *left side*. The heart was restrained in motion, and the first sound was altered in character. These signs indicated fresh plastic exudation in the left pleural cavity, as a result of which attachments had formed with the pericardial sac, and with the lung, altering the heart sounds and giving an intraventricular murmur at the apex. During the rest of the month of May and of June following, there was progressive plastic exudation, invading more and more of the pleura, and causing distressing dyspnœa.

From the first there had been albumen in the urine, with some casts. But in July there was notable improvement in all the symptoms; yet the râles remained, and exercise was exhausting. In the latter part of August he returned to the city and attended to some professional duties; was out riding daily, and visited the hospitals. But late in the autumn one chilling day, at the hospital, he took cold, and was

again obliged to keep his room. There was another advance in plastic exudation in the left side; the heart was more restrained by tightening bands of adhesions; there was general and gradual failure in health, until the 6th of March, 1877, when he died.

Autopsy by Dr. Abbe.—"March 7, 1867—*Pleura:* Each cavity contained about a pint of clear serum.

"*Right lung*, bound by old plastic adhesions over pectoral and inframammary regions and to the pericardium; latterly over entire axillary region, and somewhat below, though not to the diaphragm. Posteriorly along spine up to the summit of the lung, where the apex was completely adherent.

"*Left lung.*—Apex adherent and firm, thence extending along the spine two-thirds downward to base of lung; also bound at upper part of subscapular region. Three or four fine bands of recent plastic extended from pericardium to left lung. The lungs were not diseased.

"*Liver* somewhat contracted and fatty. Gall-bladder contained perhaps a dozen small concretions not larger than mustard seeds.

"*Spleen* somewhat hard and fibrous, tightly adherent to extreme of left lobe of liver by old and thick adhesions; also adherent to peritoneal wall, to the omentum, and to a little of the intestines.

"*Kidneys.*—Both somewhat contracted, the right much more than the left, weighing about three ounces; both somewhat cirrhotic and granular, and containing numerous small cysts, varying from the size of a small pea to that of a bean; both congested.

"*Heart* considerably enlarged; valves ample, but somewhat thickened (especially on the left, by atheromatous changes, fatty, etc.), beginning atheroma of the aorta, though without calcareous plates.

"*Intestines* and *bladder* normal. *Brain* not examined." (Signed) ROBERT ABBE, M.D.

About two years before his last illness, he had an attack of erysipelas, and at that time careful examination revealed no sign of kidney disease.

When first seen on that first day of April, 1876, there were no signs of chest disease, except slight dulness on percussion and the loss of true respiratory murmur over a space about three inches in diameter, over the back part of the middle portion of the right lung. There were no râles nor rhonchi until the night of the fifth, when subcrepitant and crepitant râles appeared exactly in the place where the loss of true respiratory murmur had first been observed. After this they were never absent, but gradually extended until they covered both lungs, becoming firmer and dryer as they grew older.

It would seem that lowered vitality had placed the capillaries of all the organs in a state of paresis and stasis, whence resulted plastic exudations—a general breaking down, in which all the vital organs were sufferers.

CASE VIII.—(Notes and autopsy by Dr. Stedman, of House Staff.)—"M. A. S., seamstress, admitted to St. Luke's Hospital, September 29, 1877. Has been feeling ill since last spring; has had cough; lost flesh and appetite. The patient is not complaining much of her chest, but comes to be treated for intermittent. She had a chill on the morning of admission.

"Oct. 10th.—Has had a chill every other day since admission. Examination of chest to-day shows that the right lung is free in movement in front without râles, but that there are some râles and signs of thickened pleura in the lower part of this side behind. Over the left lung there are plastic exudation râles, both in front and behind. Closer adhesions (fine dry râles) below. Soft râles are heard in the upper part, but they grow harsher downwards.

"Oct. 22d.—Patient has had no chill since the 11th. At nine o'clock this evening was seized with hæmoptysis and died from suffocation before any aid could be given.

"Oct. 24th.—*Autopsy.*—Right lung free from adhesions, except at lower part, behind. Left lung bound to the chest loosely above, more firmly below, both anteriorly and posteriorly. Lung filled with tubercles (caseous concretions), and two newly-formed cavities, one at the apex and the other at the middle of the upper lobe.

"Into this latter the hemorrhage had taken place from an eroded vessel the size of a crow-quill. The bronchial tubes and trachea were filled with blood. The pericardial and pulmonary pleura were firmly adherent."

The points of interest in this case are: 1. That the interpretation of râles as denoting an interpleural pathological process was correct.

2. That caseous deposits in small scattered masses may fill the lung without being detected when loose adhesions shut off sound, and especially when the true respiratory murmur is feeble or absent.

When the adhesions are firm and close, sound is more directly transmitted, and the pathological condition of the lung may be more easily diagnosticated.

3. Fatal hemorrhage nearly always takes place suddenly. A softened caseous deposit opens into a bronchus, and at the same time erodes a blood-vessel of some size, and the cavity and air-passages are immediately filled with blood, and the patient dies as by drowning.

CASE IX.—Pietro Angelo, æt. 29, Italy, sailor, admitted to St. Luke's Hospital May 1, 1877. Had articular rheumatism, for which he was successfully treated with salicylic acid.

June 10th.—Was examined with the expectation of discovering heart lesions, but none were found; but there were signs of a cavity under the clavicle of the left side. Dry, crackling râles were found over the left side, and in the region of the heart there were a few râles synchronous with the heart-beat.

Diagnosis.—Cavity in clavicular region; old adhesions over whole of lung; also adhesions between the left lung and the pericardium. Right lung free. Patient says he has had cough for some time; complains of no pain, and did not think he had any disease of the chest.

June 20th.—Patient has had high temperature for a day or two. Examination shows abundant soft râles in left side, large and small, which have supplanted the dry râles synchronous with the heart's motion.

July 1st.—Patient is losing flesh, and has cough with purulent expectoration. A creaking sound is heard in the region of the heart, synchronous with the movements of the lungs and also with those of the heart.

Aug. 1st.—Patient failing; considerable expectoration, difficult breathing, hectic, and night-sweats.

Sept. 3d.—Patient complains of severe pain in the *right* side, with increased dyspnœa. Examination showed moist, tearing râles with each respiration over *right* lung, the one hitherto healthy. On the left side, in front, a harsh leathery creak is heard, but no râles synchronous with the heart's motion, although it is evidently restrained; behind, low down, there are numerous dry subcrepitant râles.

Sept. 14th.—Died at 5 P.M.

Post-mortem, Sept. 15th, seventeen hours after death. —"Right side of chest: adhesions over whole lung, attaching it to the chest-wall, but soft and easily sepa-

rated by the finger. Left side: the lung is firmly adherent to the chest-wall and also to the *pericardial sac*, and could be separated from them only by dissection. There is a dry tubercular or caseous deposit in upper part of right lung, and a good-sized cavity in upper part of the left."

(Signed) T. L. STEDMAN, M.D.

It will be seen that the soft adhesions easily detached in the right pleural cavity agree in age entirely with the appearance of moist râles of Sept. 3d. The evidence is decisive, for there was no disease of the lung nor of the bronchia to cause râle. The dry harsh râles of the left side also agree in physical conditions (firmly adherent, could only be separated by dissection) in age, with the time they had been under observation. In both sides the age of the adhesions was correctly diagnosticated by the physical signs. Another very interesting fact, and of practical importance, is brought clearly into the light, viz., that of diagnosticating adhesions between the pericardium and the lung, or between the pericardium and the mediastinum, by the sign of râles synchronous with the heart's motion. These signs are not uncommon, and are additional evidence of the interpleural origin of all râles. Cog-wheel respiration is due to adhesions between the lung and the pericardium. If the patient takes a full inspiration, the broncho-respiratory murmur will be interrupted by each beat of the heart during the inspiration, and also during the time while the breath is held. The motion of the heart bringing into sudden tension the adhesions, stops the respiratory sound for an instant at each beat. If the attention is fixed upon the recurrence of these interruptions it will sometimes be possible to analyze this short rhonchus, and to distinctly recognize that it is made up of fine crepitant râles. Occasionally it is heard to the right of the sternum near the cartilage of the sixth rib, and at the diastole of the heart, simulating aortic regurgitant murmur, except that it is not heard to the left of the sternum. In this position its crepitant quality may be very manifest. The adhesions are between the pericardium covering the right auricle and the right lung. When the pericardium is attached to the mediastinum, a systolic murmur of the heart may result. So that interpleural signs falsely interpreted lead to incorrect diagnosis as regards diseases both of the heart and of the lungs. Many other cases are recorded which furnish equally strong proof of the correctness of the views here advocated.

The late Dr. Sprague, of Fordham, at the House of Rest for Consumptives, made about forty autopsies, in which the evidences were conclusive that the localities of râles were the sites of adhesions; that the localities of adhesions, unless so tight as to prevent all motion, were always the sites of râles. Dr. Sprague's eminent ability and painstaking assiduity render his observations of great value. I am fully persuaded that if those having opportunities will note the locality of râles for the purpose of verifying at autopsies the presence of adhesions, it will become impossible to doubt the mechanism of their interpleural production.

What diagnostic interpulmonary signs have we remaining, if all the râles and rhonchi hitherto considered as evidence of pneumonia, bronchitis, capillary bronchitis, œdema of the lung, tuberculosis, cavities, etc., are to be interpreted as of interpleural origin? Need we be anxious about the consistency of Nature? May we not leave all that to her, resting assured that as our knowledge is increased we will become more consistent observers, and see that she is always right? It is all-important for correct diagnosis, and in the treatment and management of disease, that the physical signs should indicate the pathological conditions. The very frequent mistake of treating bronchorrhœa for bronchitis, and ignoring the interpleural pathological cause, until the lung is irretrievably crippled, will be avoided. If we recognize the earliest signs of plastic exudation between the pleuræ we are enabled in all ordinary cases to promote its entire absorption. But if the favorable time is allowed to pass the exuded plastic material becomes organized, and even, if but of limited extent, may be from time to time the focus of renewed exudations, until the whole lung is bound to the chest-wall. Fibrous bands also extending through the pulmonary tissues contract, as they grow older, and finally result in the miserable conditions of fibroid phthisis.

Diseases of the lungs and bronchi are manifested by their own signs, after excluding those which we have demonstrated to be interpleural. In so doing the gain is in greater accuracy in diagnosis, and in greater discrimination in the value of signs. The crepitant râle, although having its mechanism within the pleural cavity, is yet a valuable sign of pneumonia, or of phthisis, as it so often accompanies these diseases; but it is not pathognomonic. It may exist in the absence of both, and either may be present without crepitant râles. Centric disease, without cavities and without interpleural adhesions, is without râles or rhonchi. Yet there is an area of dulness and of absence of true respiratory murmur, exactly agreeing with the locality of the disease, which, with the rational signs of temperature, pulse, and sputa, render its detection sufficiently clear to avoid mistakes in treatment. Depending upon crepitant râles as pathognomonic has many times delayed prompt treatment, and has resulted perhaps in the loss of the patient. Convincing demonstrations alone changed my views as to their intrapulmonary mechanism. In pneumonia the exudation of plastic matter into the connective tissue of the true respiratory system is an early phenomenon. I formerly believed that the stiffened air-sacs, yielding reluctantly to the expansive force of inspiration, must separate the newly-exuded fibrine in the cellular tissue, thus giving rise to multitudinous râles.

Dr. Walshe once proposed the same theory, which has so many plausible facts to support it, but was obliged to modify his opinion, as I have since done mine.

He found that crepitant râles, in some cases, could be proved to be due to the presence of thin fluid in the pleural cavity (Walshe on *Diseases of the Chest*, pp. 107 and 108, 3d edition).

In Dr. Chamberlain's case of atheromatous aorta (reported in the *New York Med. Journal*, Oct., 1874) I had the privilege of making a careful exploration of the patient's chest not long after the first serious symptoms were manifested. Over the lower part of the right lung there was crepitus or fine subcrepitus, and at the autopsy blood was found in the right pleura, but both the pleura and lung were healthy. The signs of bronchitis of greatest diagnostic importance are not râles, but raised temperature, quickened pulse, with harsh and sibilant respiration, which masks true respiratory murmur (it does not supplant it as is done in pneumonia), with appropriate rational signs.

When resolution takes place, then true mucous râles are heard in the upper bronchi, distant from the ear, and at longer or shorter intervals, as it is collected or expectorated. Bronchitis may be complicated with pneumonia or pleuritis, in which case the signs will be more or less blended.

Sympathy between the bronchia and the pleura is very intimate. Severe bronchitis is apt to induce plastic exudation between the pleuræ, and plastic exudation is accompanied more or less with bronchorrhœa. Foreign bodies in the bronchia induce plastic exudation between the pleuræ, even sooner than they do pneumonitis.

Capillary bronchitis may or may not be accompanied by râles; when so, they have their origin within the pleural cavity, and when there is no exudation there are no râles. This is a disease peculiar to children, and is really pneumonitis and has the same signs. That which is generally called capillary bronchitis, on account of the sign of small moist râle, is simply an interpleural plastic exudation, to which children are also very liable.

Fine subcrepitus may or may not accompany pulmonary œdema, but only when there is exudation of some kind within the pleuræ.

The only true sign of pulmonary œdema is dulness under percussion. It is not distinguishable from pleuritic effusion, except when there are fine subcrepitant râles as well, showing that the pleural surfaces are in coaptation and covered with lymph.

The diagnostic signs of interpleural pathological processes may be briefly stated thus: Physical signs —râles or rhonchi; large gurgling, soft tearing, harsh, dry, rattling, crackling, small, fine, creaking. Percussion note: flat, parchment-like, wooden, high pitch, dull. Rational signs: quickened pulse, hurried respiration, dyspnœa, asthma, short hacking cough when the adhesions are over the summit and upper part of the lung; spasmodic and strangling when in the lower pleuræ. Bronchorrhœa, hæmoptysis, irritable stomach, dyspepsia, emaciation, loss of strength, frequent perspirations, especially when sleeping; and lastly, when advanced and extensive, all the signs peculiar to fibroid phthisis.

FRACTURE OF THE EIGHTH DORSAL VERTEBRA.

By EDWARD T. CASWELL, M.D.,

PROVIDENCE, R. I.

The following case possesses some interest, from the long interval of time which elapsed prior to the death of the unfortunate sufferer.

C. P. G., aged 31, resident in New York City, went into a mercantile warehouse in the lower part of the city, to see some pictures which a friend had recently purchased. These were, unfortunately, hung up in the passage-way of the third story, around an open hatch. In an unfortunate moment he stepped backward, and fell through the hatchway, from the third story to the first, striking upon his back. The accident occurred February 7, 1876. He was at once taken to the Reception Hospital in Chambers Street, and from thence he was removed, on the following day, to St. Luke's Hospital. By the kindness of Dr. Stedman, of St. Luke's Hospital, I have the following entry from the hospital record: "An examination showed fracture of the arch of the eighth dorsal vertebra. The patient was completely paralyzed below the eighth rib. He had involuntary evacuations from the bowel, and was unable to pass his water, catheterization being necessitated. He suffered almost continually from priapism." He remained at St. Luke's until March 18th, when he was taken home, and placed in the care of Dr. ——, of New York. In the middle of the following June he was removed to his father's farm, in the vicinity of this city, where I first saw him on the 3d of September. Towards the close of the year he was brought into town, and remained in my charge until his death on the 14th of September, 1877. He thus survived his injury nineteen months and ten days.

When first seen by me there was a marked depression in the region of the eighth dorsal vertebra. There was complete paralysis, both of motion and sensation, in the lower part of the body. The legs, crossing each other, were flexed upon the thighs, and the thighs upon the abdomen, and so firmly were the limbs fixed in this position that it was impossible to move them, and it was with difficulty that the urinal could be used. He was rolled from side to side by taking hold of the knees. There were large red sores over each trochanter, and ulcerations at each point of contact of the anchylosed limbs. He had no control over the movements of the bowel or of the bladder. Urine came away at intervals and in quantity, not by dribbling, and without his knowledge. Whatever pain he suffered was referred to the lower and middle portions of the chest.

Such continued to be his condition, with slight variations, while under my care. As one ulceration would heal, another broke out. That over the right trochanter, however, never healed, and extended to the bone, portions of which were exfoliated. His appetite was variable, and he emaciated gradually and constantly. The alvine discharges were regular, although involuntary. The urine was very variable, at times quite clear, and again turbid. There was in general no difficulty in breathing, and he often said that above his stomach he was as well as ever. His mind was clear and active, as evinced by the fact that within the last six weeks of his life he took out a patent for a new method of churning, all the details of which he had worked out while lying in his helpless condition. There was one feature which became more marked in the latter months of his life, and which has been previously noticed in similar cases. There was a reflex spasmodic contraction of the muscles of the affected limbs, when any effort was made to move them. His constitution, naturally strong, at last gave way, and, after nearly twenty months of suffering, death came to his relief.

At an autopsy made on the night of his death, the only points of interest, aside from the fracture, were the extreme emaciation of the body, which was nothing but a skeleton covered with skin, the existence of an amyloid liver weighing eight pounds, and the presence of a large abscess in the anterior wall of the abdomen, low down over the bladder. The abscess had caused no pain, and its presence had not been suspected. The position of the lower limbs would have almost prevented an examination, even if my attention had been turned to it. An examination of the fractured vertebra showed fracture of the body of the eighth dorsal vertebra, and of the left lamella and transverse process. Dr. J. B. S. Jackson, of Boston, to whom the specimen was submitted, states that the intervertebral substance was torn through, except along the anterior edge, where it is more fibrous and resistant; there the upper edge was broken off, and all around the anterior half, and in close connection with the above, it was carried forward and downward.

The patient lived for a year and a half, and yet the spinal canal was so obstructed by the displacement, that a probe could scarcely be passed through.* The

* Boston Med. and Surg. Journal, vol. lxxxvii., No. 25, p. 716.

specimen has been placed in Dr. Jackson's collection, and in looking at it one cannot fail to be amazed at the tenacity of life which was exemplified in this case.

January 28, 1878.

CONGENITAL DEFORMITY OF LOWER EXTREMITY.

REPORTED BY GEORGE E. POST, M.D.,

PROFESSOR OF SURGERY IN SYRIAN PROTESTANT COLLEGE, BEIRÛT, SYRIA.

WARDIN, aged eight months, was brought by her mother to the clinique of the hospital, presenting the appearance delineated in the accompanying wood-cut. The left lower extremity was two inches shorter

than the thigh of its fellow, and presented the appearance of a fleshy protuberance, from the lower and anterior portion of which the foot protruded with the sole directed forward, as seen in the cut. On examination, the motions of the hip and knee were recognized, though limited by the bent positions of the bones. The thigh was bent at nearly a right angle, projecting forward, thus throwing the knee relatively backward, and with it the upper part of the tibia and fibula, which have thus come to be parallel with the nates. The tibia and fibula are bent forward at a right angle, so that the sole of the foot is thrown forward; thus the bones of the extremity are folded on each other like the wing-bones of a bird. The upper part of the thigh is directed nearly horizontally forward, and the lower part nearly horizontally backward. The knee, being slightly flexed, gives the upper part of the tibia and fibula a horizontal position, projecting backward. The bend forward at their middle completes the zigzag of the organ, and presents a type of deformity difficult to explain. Neither mother nor child have any strumous appearance, and the mother is not aware of any violence occurring during her pregnancy which would explain an intra-uterine fracture with resulting deformity. The child being too young to be weaned, and the mother unable to remain at present in the hospital, no operation was undertaken. It is proposed, when the child shall have been weaned, to perform subcutaneous osteotomy, with a view of straightening the extremity and securing a limb on which an artificial member can be advantageously adjusted.

Dec. 20, 1877.

DR. SEVERIN GALEZOWSKI, formerly professor in the Polish University of Wilna, died in Paris on March 31st, at the age of 77 years. He was the uncle of Dr. Xavier Galezowski.

Progress of Medical Science.

STRUCTURAL CHANGES OF THE SYMPATHETIC NERVE IN DIABETES.—During the past year Dr. Poniklo, of the University of Cracow, had the opportunity of making five post-mortem examinations of patients dying of diabetes. Attention was directed to the sympathetic, and the whole tract of this nerve was excised in each case, and submitted to a careful examination. The following were the results obtained:

1. In all the cases an increased amount of connective tissue in the ganglia was found, especially in the upper and lower cervical. This change consisted partly in an hypertrophy of the connective stroma occurring in the sympathetic ganglia, and partly in the accumulation of newly-formed connective tissue between the nervous elements, a change that was beautifully seen in transverse sections of the ganglia. In some sections the amount of connective tissue was very great and only rudiments of nervous tissue could be detected. The capsules of the nerve-cells appeared to be thickened, having numerous granules adhering to them. In some parts numerous cells, partly round, partly fusiform or elongated, were deposited between the fibres of connective tissue, this cellular infiltration being most marked around the blood-vessels.

2. In one case abnormal dilatation of blood-vessels in the solar ganglion was found, the vessels being tortuous and distended with corpuscles. In some of the microscopical preparations, the dilated vessels covered nearly one-half the field. There were also irregular accumulations of red corpuscles in the outer spaces between the nervous elements, the result of small hemorrhages.

3. The most interesting change was that presented by the nervous elements themselves. The nerve-cells, the capsules of which were thickened as above described, appeared to be of smaller size than normal; their protoplasm was more homogeneous, especially in those parts of the ganglion where the cellular infiltration predominated. In one case, that of a young subject, there was an increased amount of dark yellow or brown granular pigment in the nerve-cells. Turning now to the nerve-fibres, it may be mentioned that, in the normal ganglia of the sympathetic, in addition to the bundles of gray non-medullated fibres, there occur a fairly large number of *white medullated* fibres, arranged partly in separate bundles enclosed within a distinct sheath of areolar tissue, and partly intermixed in the bundles of the non-medullated fibres. No bundles of medullated fibres were found in the sections of ganglia from these cases of diabetes; but here and there isolated and extremely atrophied white fibres could be distinguished in the midst of the gray, which were well preserved in the preparations. These last-named fasciculi were even much atrophied, the bundles being small, and the individual fibres wasted, and in parts almost concealed by cellular infiltration. The changes in the connective stroma of the ganglia above described sufficiently account for the atrophy of the nerve-fibres and cells, an effect very frequently observed in the other parts of the nervous system—*e. g.*, the brain and spinal cord—where there is hypertrophy of the connective tissue. It must, however, be reserved for future investigation to ascertain whether this atrophy of the nerve-fibres does not extend higher up in a centripetal direction.

The above-mentioned changes were met with, to a more or less extent, in each of the five cases examined, and they presented an excellent illustration of extreme-

ly advanced degeneration of the cervical sympathetic ganglia. The results of this examination of the sympathetic nerve in diabetes, although based on a small number of cases, are in perfect accordance with physiological experimentation, for Cyon and Aladoff have shown that excision of the cervical ganglia is immediately followed by diabetes. So extensive a degeneration of the ganglia as that above described may be considered as equivalent to their excision.—*The Lancet*, February 23, 1878.

Glycerine in the Treatment of Internal Hæmorrhoids.—As an additional contribution to the therapeutic value of glycerine in the treatment of internal hæmorrhoids, comes the report of Mr. George B. Powell, who has used it in four cases with very gratifying results. In the first two cases cures were effected, and in the others great relief afforded. Its action on the rectum he considers to be of a specific nature, but is unable to explain its *modus operandi*. In the hæmorrhoids of drunkards he believes it will be found perfectly reliable and effective; and administered with citric acid and tinc. cardam co., it forms a pleasant and agreeable mixture.—*The Practitioner*, April, 1878.

Objections to the Use of Carbolic Acid in the Treatment of Piles.—In a paper read before the Kentucky State Medical Society, Dr. Mathews, of Louisville, urges the following objections to the use of carbolic acid in the treatment of piles:

1. It is just as painful as the ligature. 2. It is insufficient. 3. Death is to be feared: (*a*) From peritonitis; (*b*) from embolism; (*c*) from pyæmia. Mr. Allingham, of London, has used the acid in six cases with very unsatisfactory results, and he considers the ligature the most efficient remedy we have. Three cases are cited in which *very violent inflammation* followed the use of the acid, and this coincides with Dr. Mathews' personal experience in many cases. It can only be cured by a process of *inflammation*, *suppuration*, and *sloughing*, and this once started is immediately beyond our control. Without any prescribed rule as to the graduation of the dose, we would be liable to excite too little inflammation and thus fail to cure, or too much and endanger.

Peritonitis may be excited by extension of the inflammation, or by gangrene and perforation of the bowel. Embolism may occur from the detaching of a portion of coagulum, and, owing to the comparatively slow coagulative power of the acid, this is very liable to occur. Death from pyæmia is more likely to occur with this treatment than after the use of the ligature.—*American Medical Biweekly*, April 27, 1878.

Treatment of Vomiting in Pregnancy.—Dr. M. O. Jones, of Chicago, believing that the vomiting of pregnancy is a reflex phenomenon depending on the condition of the uterus, argues that it can be best controlled by local treatment at the seat of irritation. To accomplish this he proposes to excite a superficial inflammation of the os and cervix uteri, hoping by this means to concentrate the nervous phenomena at the point of irritation, and thus save the stomach. He had the opportunity of testing this theory in five cases, in which he cauterized the cervix with the solid nitrate of silver, with surprisingly successful results. These were all extreme cases, in which the ordinary remedies had been faithfully tried, without any benefit whatever in two of them, and with but temporary improvement in the others. Four were cases of first pregnancy; in two there was slight erosion of the mucous lining around the os; the other three were perfectly healthy. In addition to these, Dr. J. Marion Sims reports a case in his practice, in which most brilliant results were obtained by this treatment. The night after the application of the silver the patient had the first night's rest she had had for a week, and the next morning ate a liberal breakfast, something she had not done for a fortnight.—*Richmond and Louisville Medical Journal*, April, 1878.

Diagnostic Signification of the Retardation of the Carotid Impulse.—Doctors Bozzolo and Fiori have made a series of experiments to ascertain the truth of Dr. Trippier's recent assertion that the carotid impulse is retarded only in insufficiency of the aortic valves. In these experiments they used the graphic method, placing a Buisson's tympanum over the apex of the heart, and another on the carotid; both of these made their tracings on a cylinder moved by clock-work with Faucault's regulator. The observations were made on patients having various kinds of functional diseases of the heart, on healthy youths, a young boy, on old people in a good condition of health, but presenting, in addition, a manifest degree of general arterial atheroma. The result of the fifteen observations was as follows: A retardation equal to or greater than that observed in aortic insufficiency occurred in healthy individuals and in patients with cardiac diseases of different natures. There are cases of aortic insufficiency which present much less retardation than that presented by healthy individuals. Hence, Trippier's assertion is not justified, and the retardation of the carotid impulse cannot be considered as a pathognomonic sign of insufficiency of the aortic valves.—*Lo Sperimentale*, March, 1878.

Changes in the Sympathetic Nerve from Pseudo-Muscular Hypertrophy.—Dr. Vincenzo Brigidi communicates (*L'Imparziale*, February, 1878) a case of pseudo-muscular hypertrophy, which is rendered particularly interesting by the discovery, for the first time in this disease, of traces of alterations in the sympathetic nerve.

The patient, a male, thirty years of age, had presented all the signs of the disease, and died of a pulmonary affection. At the autopsy, the voluntary muscles were found to present the changes described by Duchenne—fine capillary injection, hyperplasia of the connective tissue, great quantity of adipose tissue, etc. The peripheral nerves were normal; the cerebrum, pons varolii, medulla oblongata, and spinal cord presented no changes visible to the naked eye. A careful examination of the sympathetic revealed the following: The several ganglia appeared in general normal, though more than usually colored, especially the cervical.

Several of these, together with the cæliac and other adjacent small ganglia, were examined under the microscope. They presented a notable dilatation of the peripheral and central veins; the larger arteries were empty and not dilated. The nerve-cells were less numerous than usual; those situated adjacent to the vessels appeared more or less atrophied and contained pigment granulations of a yellowish red, darker, and even black color. The connective tissue appeared hyperplastic, and at certain points to the extent of true sclerosis. With regard to the nerve-fibres, those containing myeline were rare and manifestly diminished in size, while the fibres of Remak were distinctly diseased, and perhaps in some places were replaced by connective tissue. The author says he makes no pretensions to having demonstrated the pathogenesis of this disease, but is inclined to concur with Duchenne in referring it to a lesion of the vasomotor nerves.—*Lo Sperimentale*, March, 1878.

THE MEDICAL RECORD:

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THE HYDROPHOBIA QUESTION.

DURING the last five years, the medical and lay journals in England and on the continent have been teeming with histories of cases of hydrophobia, and with various views concerning the pathology of this dire malady. In view of the interest which the subject has lately excited in our own community, both among our professional brethren and among the laity, we trust that our readers will not consider the following résumé of the present state of the question inopportune.

We will premise with the assumption, even though it is opposed to the views of so distinguished a pathologist and clinical observer as Mr. Bergh, that hydrophobia does really exist as a distinct affection. The practically unanimous conviction of the medical profession relieves us from the necessity of discussing this point. None but a fanatic, blinded by preconceived theories, can doubt the existence of the disease. We start, then, with the assumption that hydrophobia is an acute, infectious disease, communicated to man from a rabid animal, usually the dog or the cat.

At the very starting-point, however, of our consideration of the question, we are met with a very interesting and important problem, "Can the bite of a healthy dog produce hydrophobia in the human being?" The weight of testimony, in our opinion, decidedly negatives this assumption. Putegnat, an active advocate of this doctrine, mentions a case coming under his own observation in which a child, after having been bitten by a dog, became affected with true hydrophobia (lyssa humana). The offending dog, however, remained well for six months afterwards, at the end of which period it was accidentally killed. Many cases of a similar nature might be quoted from the abundant literature of the subject, but this one will suffice to show the general drift of the argument. But there is a fatal objection, to our minds, which can be advanced against this as well as all other similar cases. According to Bollinger and Fleming, the period of incubation in the dog may extend to eight months. May not the animals in question have been in the incubation stage of the disease, at the time that their bites were attended with such fatal results? Thamhayn, who wrote as far back as 1859, has collected the histories of eighteen cases, in which hydrophobia was produced in the human subject from the bites of dogs in the incubation stage of rabies.

Another question of still greater practical importance is that of the spontaneous origin of the disease in the lower animals. Is rabies generated in the dog *de novo* in consequence of exposure to extremes of heat and cold, ungratified sexual excitement, maltreatment, insufficient food, etc., or is it only produced by inoculation with the virus of another rabietic animal? On this question, again, we are assailed by adverse statements. All analogy protests against this doctrine. There is no infectious disease in the nosology which the most advanced pathologists consider capable of being generated *de novo*. Furthermore, it is entirely beyond our powers of conception that a specific disease should be produced otherwise than by inoculation with an equally specific virus. But, opposed to these theoretical considerations, are the positive statements of numerous authorities in veterinary medicine.

Fleming, one of the most distinguished living veterinary surgeons, although formerly opposed to the doctrine of the generation of the disease *de novo*, is now a strong advocate of it. Roucher, another eminent authority, adduces the following case as proof of spontaneous origin induced by solitary confinement: a pug dog, while apparently well, was kept tied up in a cellar for fifteen to twenty days; at the end of this time he became rabid and bit his mistress, who soon after developed hydrophobia. In this case it is more than probable that the animal was infected previous to his confinement. An oft-quoted case of spontaneous rabies is that of M. Leblanc. The animal, a cross-bred spaniel nearly six months old, had never left its mother, nor gone away from its home. When the mother became in rut, the young dog was roused to a state of intense venereal excitement by the odor of the menstrual discharge, and became very irritable and savage in his disposition. A few days later the animal attacked an attendant, whereupon the dog was taken to M. Leblanc, who diagnosed rabies; five days later the dog died. But M. Decroix, after an inquiry into the facts of this case, announces that M. Leblanc had not been told the correct version, and thus invalidates it as an argument for the spontaneous generation theory. It is quite certain that most of the so-called spontaneous cases would prove as unreliable as the above-mentioned ones, if a careful and painstaking examination were made into

the particulars of each. This is, of course, difficult of performance in very many instances. Even the advocates of this doctrine admit it to be of rare occurrence. Among its supporters, however, are such veterinary authorities as Bouley, Roucher, Fleming, Lindsay, and Brueckmueller. But with the adverse testimony of the best medical pathologists who have investigated the subject (Magendie, Dupuytren, Breschet, Gull, Bollinger, Virchow) we think that, until more positive and conclusive evidence is offered, we are justified in asserting that rabies does not originate in the dog other than by inoculation with the virus of a rabietic animal.

When we turn to the pathological anatomy of this disease, we find ourselves again involved in a mass of contradictions. We shall chiefly consider, in this connection, the lesions discovered in the central nervous system, since these have, almost exclusively, been the subject of investigation by pathologists. As long ago as 1850, Drs. Sidey and Bennet made a careful microscopical examination of the brain and spinal cord with entirely negative results.

Bastian made an autopsic examination in 1866, paying especial attention to the specific gravity of the brain. He found the brain congested and the pia mater adherent; the specific gravity of the gray matter of the convolutions was markedly increased above the normal; there was no change in this respect in the basal ganglia or in the medulla oblongata.

Meynert, in 1869, made two investigations with the following results: The blood-vessels of the cord were distended and their walls were undergoing amyloid degeneration in spots. There was some cell-proliferation in the adventitia, with traces of colloid masses in the perivascular sheaths. Meynert thinks these appearances were due to œdema consequent on excessive congestion.

Allbutt reported two cases, in 1872, in which the following lesions of the medulla were noted: Great vascular congestion; thickening and incipient nuclear proliferation scattered here and there in the walls of the vessels; in many places, a highly refracting material outside the vessels, probably coagulated fibrinous exudation; a slight grade of granular degeneration in the nerve-cells of the convolutions and of the medulla oblongata.

In June, 1874, Benedict found the following lesions in two cases: In the convolutions of the brain were miliary depots of small, round cells arranged in clusters around the vessels; in the neighborhood of the vessels, there were transitions from the red blood-globules to pigment granules and masses; there were, also, hyaloid masses outside of the vessels probably originating from blood-globules. Benedikt considered the lesions indicative of a hemorrhagic cerebritis.

In July, 1874, Dr. Hammond published a case in which fatty degeneration of the nerve-cells in the cerebral convolutions and in the nuclei of origin of the pneumogastric, hypoglossal, and spinal accessory nerves was the principal lesion. The extremely imperfect method employed for the preservation of the nervous tissue in this case, however, renders the results of the examination practically valueless.

Leyden made a post-mortem examination, in 1875, with entirely negative results.

In 1876 Freidrich Schultze made one microscopic examination, and, with the exception of vascular congestion, found the nerve structures entirely normal. This observer considers the appearances in Benedikt's cases as chiefly due to changes brought about by long-continued preservation in Mueller's fluid.

Wassilieff, likewise, found congestion of the vessels; in some places, the nerve-cells of the medulla oblongata were cloudy; there was an aggregation of cells, and hyaloid substance in the perivascular spaces.

In February, 1877, Dr. Coats investigated a case which presented the following lesions: An accumulation of round cells in the perivascular spaces, especially in the upper part of the cord, medulla oblongata, and pons varolii, and, to a minor degree, in the convolutions; there were similar accumulations of round cells in the spaces around the ganglion-cells.

Dr. Gowers submitted the results of four examinations to the London Pathological Society, in May, 1877. In one case, the only lesion discoverable was congestion of the vessels. In two of the other cases there were thrombi, probably ante-mortem, in the larger blood-vessels.

In three cases there was a collection of cells in the perivascular sheaths and miliary abscesses in and around the hypoglossal nuclei; the nerve-cells were somewhat swollen and granular, especially around the hypoglossal, pneumogastric, and glosso-pharyngeal nuclei of origin.

It is very evident from a review of the investigations we have quoted above, that there is no lesion of the nervous system peculiar to hydrophobia. In some cases nothing abnormal was found except congestion of the vessels; the remaining lesions are probably in great part due to the continuance of this congestion.

The lesions are not, at least, a specific effect of the hydrophobic virus, since similar conditions are found in other diseased processes, notably in progressive paralysis of the insane and in chorea. There is very little doubt that, until our processes of investigation are more refined and accurate than they are at present, the microscopical examination of the central nervous system will do very little towards clearing up the pathology of the affection.

In 1843 Prof. Ragsky made a chemical examination of the blood of a hydrophobic patient with the following results: The reaction was neutral; in 1,000 parts were contained 769.6 water; 133.0 hæmatoglo-

bulin; 80.2 albumen; 12.4 extractive matters and salts; and 4.8 fibrin.

It appears to us that this line of inquiry, with the improved methods now at our command, promises more fruitful results than microscopical examination of the nervous system. The chemical and microscopical examination of the saliva of the rabid animal has been hitherto sorely neglected, and in this direction, perhaps, lies the key to the whole morbid process.

The treatment of the affection may be dismissed in a very few words. According to the report of the French Minister of the Interior, there has not been a single well-authenticated case of recovery out of one hundred and fifty cases of hydrophobia which have occurred in France within the last twenty-five years. We are forced to the sad conclusion that, with the present means at our command, every case of hydrophobia is necessarily fatal. A reported cure is always open to the suspicion of an error in diagnosis. Until further research gives us a better clue to the pathology of the affection than we now possess, we can hope to effect very little in the treatment of the disease except by the grossest empiricism.

Let us turn from this humiliating topic to the more promising one of prophylaxis. In the first place, what should be done in case a man is bitten by an animal suspected of being rabid? Without doubt, the best practice is to excise the wounded part immediately with an unsparing hand. Dr. Fayrer recommends placing a piece of wood in the wound and then cutting around and beneath it. Sir William Gull and Dr. Fayrer believe that the virus remains localized, for a time, in the cicatrix and think that cutting out the cicatrix, even after the original wound has healed, may serve to avert the disease.

The final question which we shall consider is, "What measures shall we adopt to diminish the production of rabies in the dog?" Some authorities advise that all dogs should be secluded for a certain period, ranging from six to eight months, and that thus the disease would naturally die out of itself. But they forget, that even if this plan were practicable, the dogs might be again inoculated by the virus of some of the other domestic animals. The following measures have been recommended by Mr. Fleming, and appear to us to be entirely practicable:

1. All vagrant dogs should be killed.

2. Dogs should not be muzzled except in times when the disease is epidemic.

3. They should be placed under good hygienic conditions (food, drink, cleanliness, etc.).

4. The number of useless dogs should be diminished as much as possible by imposing a heavy tax upon every animal.

5. The owner of every dog which is acting in a suspicious manner should be compelled, under penalty of criminal punishment, to report the case to the police.

THE RELATIONS OF SYPHILIS TO PUBLIC HEALTH.

Dr. Frederick R. Sturgis, of this city, has published a pamphlet upon the above subject, and opens afresh a discussion in which every medical man is interested. Although he confines himself for the most part to those phases of the question which relate rather to medical practice than directly to public policy, his remarks are extremely suggestive, and the facts which he presents are very significant. The first of these refers to the common occurrence of syphilis. In regard to this point we observe with regret, that although statistics have been collected from some of the largest cities of the old and new world, the author has been baffled in his attempt to gather sufficient official and reliable data to offer a definite reply to the question. This may be gathered by his own conclusions, as follows: "Syphilis is *probably* widely spread, and *possibly* increasing in extent," but "this opinion, from the imperfect means at our disposal, must, for the present at least, remain more or less conjectural."

It is important to notice the apologetic and doubtful nature of the response, from one who has clearly devoted great energy and perseverance to arrive at the truth. Dr. Sturgis admits that he has failed in his attempt to collect the necessary statistics, and had to rely upon the records of hospitals and other medical institutions where the treatment is gratuitous, and the official returns of the army and navy; but this takes no cognizance of private cases, a considerable element in arriving at a final result. He has, however, skilfully drawn upon his own resources to remedy the difficulty. Taking New York, he finds that, for the year 1873, 250,536 persons received gratuitous medical aid. The venereal cases were 12,841, and of these 5,045 were syphilitic. Then taking the statistics for the mercantile marine, he found the percentage of venereal to total number of cases ranged from 16 to 24 per cent. Call it, he says, as an average 20. That is five times as much as he gives the percentage for New York venereal poor. In the same report he found that the percentage of syphilis to the total number of sick was over 16, that was about ten times as much as his estimate, leaving nine-tenths to be accounted for. If we adopt this view we have a total of 49,364 persons treated privately for venereal diseases in New York, of which 45,405 would be syphilitic. In other words, out of a population of 942,292 persons, 61,705 would be suffering from venereal diseases in some form, and of these 50,450 would be due to syphilis. In London an official report, which covers one week's medical relief at hospitals, dispensaries and workhouses, supports the view that during the year (1868), 7 per cent., or about one in fourteen, of the applicants were afflicted with venereal disease. Considerable interest is attached to the returns of Paris, where stringent sanitary regulations are in force to combat this form of disease, and we are surprised

to find a total of 48,980 cases—a formidable array, when it is confessed that the actual amount is really much higher. These figures confirm us in our views, previously expressed in the RECORD, that little reliance can be placed on any system of surveillance which is not more radical and thorough than has yet been devised.

The second point raised by Dr. Sturgis is, "Can syphilis be considered a disease fatal to life?" On this question of fatality Dr. Sturgis answers in the *negative*, so far as the acquired form goes; "but its excessive mortality in the congenital variety renders it serious and alarming."

In our opinion this question of the fatality of syphilis can barely be considered alone, as the issue involves the discussion of a secondary point, which Dr. Sturgis reserves for a distinct examination, and really forms his third problem, which is, "Does *it* favor the development or fatally influence the cause of other disease?"

We apprehend these two questions are inseparable, and that we must arrive at a decision on the latter before a logical and definite reply can be given to the former. It is true that the path of Dr. Sturgis to his final results is considerably shortened by his belief that "acquired syphilis is comparatively harmless in its influence over the course and development of other diseases;" and as he decisively puts it, "Syphilis can only produce syphilis." This opinion we receive with respect, but it is difficult to ignore esteemed authorities who have shown that the future of the syphilitic patient is far from assured.

Scrofula and cancer *may* not owe their origin to syphilis, but very many other diseases of equal importance nevertheless do. It is but the too common experience of the hospital surgeon to find his attention drawn to varied instances of the lingering virulence of the syphilitic poison, and the reports of operations for morbid growths and diseased joints or bones usually open with a reference to the previous record of the patient in regard to syphilitic taint. Thus, while we admit that the majority of patients survive the first attack of syphilis, it appears difficult to pronounce upon the issue of a disease that is oftener relieved than radically cured. The relieved syphilitic patient may leave the hospital apparently recovered and never return to its walls, but who would guarantee his future? In these remarks we have followed the plan of Dr. Sturgis, and refer to syphilis *proper* when we speak of that disease.

This subject is, of course, too wide to be followed out in detail within the present compass, and we appreciate the difficulty Dr. Sturgis must have encountered in condensing within the limits of a small pamphlet matter that might have formed material for a volume.

ALEXANDER VOLTA.—On April 28th, the statue of this celebrated physician was unveiled in the University of Pavia.

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

SECTION OF THEORY AND PRACTICE OF MEDICINE.

Stated Meeting, April 16, 1878.

DR. E. F. WARD, CHAIRMAN.

THE INFANTILE DIARRHŒA OF SUMMER.

DR. J. LEWIS SMITH was announced to read a paper on the above subject, but apologized for not having written one, and made the following remarks:

This summer diarrhœa, as an epidemic, he said, is confined to the cities, being scarcely at all known in the country. In New York it makes its appearance about the middle of May, or earlier, if the season is unusually warm. From that time the cases increase in number and severity until the maximum heat of the year is reached, during July and August. After the latter month it begins to decline, and it at length ceases to be an epidemic about the first of November. Its prevalence and severity is found to correspond with the degree of heat; yet hot weather is not the main cause of it. In the rural districts the temperature may be just as high as in the city, but this summer diarrhœa does not occur as an epidemic there. It is, therefore, pre-eminently a disease of cities, and we must look for some other source for it than simple high temperature. Undoubtedly one of the most important causes is to be found in the very free exhalations arising from decomposing animal and vegetable matter during the heated term; and the disease is always most frequently met with in those localities where the accumulation of filth is the greatest. Dr. Smith stated that some years ago, while making an inspection of certain portions of New York for the Citizens' Association, he had become fully satisfied in regard to this point. He remembered one block of tenement-houses particularly, in which there was little or no drainage, and the noxious exhalations were peculiarly abundant and offensive; and here there was scarcely a young child in the whole block that escaped the affection. Of course, we do not know exactly in what way these noxious exhalations, due to the effect of intense solar heat upon filthy streets and domiciles, produce the results noted.

But such atmospheric conditions are not the only source of the trouble. Another very potent cause is found in the diet given to children in our cities. Hence it is that mothers are always so anxious about their infants during their second summer, and it is well known that bottle-fed children are far more severely affected than those which are not. Indeed, it is very rare that an infant under six months, which is artificially nourished, escapes the disease in the city during July and August. The two main causes may be set down, then, as atmospheric and dietetic.

Dr. Smith then went on to speak of the pathology of the disease, making the preliminary remark that he thought he had had as good opportunities for observation in this connection as any one in this country. In looking over his notes he found that he had the records of over eighty autopsies, all made in warm weather, during the prevalence of the epidemic. There could be no doubt, he said, that it is essentially an inflammatory disease, especially after it has continued a short time. For the first few days there

may be no evidence of inflammatory action; but at the end of a week or so, lesions of this character are well marked in the intestines, and particularly the colon. Ordinarily, the surface of the stomach is quite pale, and consequently presenting no indications of gastritis. Yet, notwithstanding this fact, vomiting is a very frequent symptom of the disorder. Occasionally there is some hyperæmia of the stomach (more frequently observed in infants of about three months than any others), but, as a general rule, it is entirely absent. The duodenum also generally presents no lesions. On entering the jejunum, however, we find vascular streaks and patches, and these are still more marked in the ileum. The ileo-cæcal valve is frequently the seat of severe inflammation, and sometimes it is materially thickened. In the large intestine the evidences of inflammatory action are yet more prominent, and there is apt to be a vascular and tumefied state of the entire mucous membrane. The sigmoid flexure is usually the most profoundly affected of all, and this seems to be due, in great part, to the irritation produced by food, which remains longer in contact with it than with the other parts. At the same time we find, along the whole course of the large intestine, the solitary glands or follicles standing out prominently.

In the more protracted cases additional lesions are observed, such as ulcerations, which are more marked in the descending colon, and correspond in position with the follicles, in which the inflammatory action has thus gone on to the point of ulceration. Besides the intestinal lesions there are still others which are more properly complications. As long as the disease lasts, there is always progressive wasting of the whole body. In this some wasting of the brain is involved, and therefore, after the disease has continued for some time, we are very apt to have developed that condition of the encephalon which Marshall Hall and Gooch denominated spurious hydrocephalus. These physicians thought that it was not accompanied by any pathological changes, but late observers have shown that this is not really the case. Its occurrence is noted by the drowsiness of the child, the rolling of the head about, and the depression of the anterior fontanelle, the latter being an important point in the diagnosis between this condition and meningitis. It is characterized by passive congestion, capillary and venous, and also of the sinuses, and transudation of serum sufficient to make up for the wasting of the brain. When the cranial cavity is opened at the autopsy, one or two ounces of this serum sometimes escape. Spurious meningitis is a better name than spurious hydrocephalus for this hydrocephaloid disease in connection with entero-colitis; and it is rarely or never met with except when associated with, or resulting from, the latter affection.

Another complication not infrequently seen is congestion of the posterior portions of the lungs. Where the child's strength has become greatly reduced, the heart also grows feeble, and, in consequence, hypostatic congestion results in the lungs. As such patients usually lie on the back, the posterior part of the lungs is the most dependent, and this hyperæmia, extending for a depth of almost half an inch, is seen at the autopsy all over the posterior portion of both lungs. It is this, doubtless, which gives rise to the dry, hacking cough met with in a large number of such children. If the patient survives long enough, hypostatic pneumonia is apt to ensue, and this is frequently noticed in post-mortem examinations. In such instances it is sometimes possible to inflate the lungs, and sometimes it is not. The above are the most important anatomical characters of entero-colitis.

The symptoms of the disease are sufficiently familiar to all. In the majority of cases it begins very gradually, and the mother is exceedingly apt to attribute the looseness of the bowels to dentition. The child may have six, eight, or ten passages a day, and yet nothing whatever is done to check the diarrhœa, because it is supposed to be salutary during dentition. Dr. Smith said that even physicians formerly coincided in this opinion; but he himself believed that dentition had very little to do with the causation of summer diarrhœa. Indeed, the younger the child, the more apt is it to be attacked; so that infants are more likely to have the disease before dentition than they are after this has commenced.

Vomiting in such cases is not one of the initial symptoms, but sometimes it is, as when, for instance, the attack is directly attributable to some indigestible article of food. In such a case there is both vomiting and purging from the commencement. Ordinarily, however, there is gradually increasing diarrhœa for one or two weeks, and then vomiting also sets in. The most severe form of the disease is that known as cholera infantum, which resembles Asiatic cholera very markedly in its symptoms, but has, of course, no connection with that affection. Cholera infantum is to be regarded as simply an aggravated form of entero-colitis, because it is undoubtedly inflammatory in its nature. To look at or feel the skin of a child suffering from it, one could scarcely think that there was much fever present, and yet the thermometer in such cases almost always shows a temperature of 105, 106, or even 107 degrees. Cases of cholera infantum frequently run on into ordinary entero-colitis, when the urgent symptoms are relieved, and so, on the other hand, cases of ordinary entero-colitis are sometimes charged to cholera infantum, in consequence of some imprudence of diet or other source of aggravation.

The stools vary greatly in character, sometimes being yellowish, sometimes brown, and sometimes green; and there is one point of interest in connection with the green color frequently observed. Formerly it was supposed that this resulted from the liver being at fault, and calomel was almost always administered freely in consequence. Dr. Smith states that for years he had not given a particle of calomel in such cases, though sometimes he met in consultation physicians who thought it indicated from the vitiated condition of the bile, as they inferred simply from the green-colored stool. In order to determine this matter satisfactorily, Dr. Smith some time ago made a special examination of the liver in thirty or forty cases where death resulted from entero-colitis, and not in a single one of them could anything abnormal be detected about it, either with the microscope or otherwise. Moreover, he never observed this green discoloration at the point where the bile is poured out into the intestine (as would naturally be expected if it were due to the action of the latter); nor did it make its appearance until he got down to the ileum, several feet below that point. He concluded, therefore, that the bile had nothing to do with the green color observed. It is well known, also, that the stools may present a yellowish appearance when passed, but become green on standing, and especially if in contact with urine. The green color seems in reality to be due (as, indeed, is now generally accepted) simply to acidity. It is a fact that the kidneys are more apt to be affected in entero-colitis than the liver; and Dr. Smith thought it highly probable that the persistent vomiting in some cases was attributable to uræmia, in consequence of trouble in the kidneys.

Dr. Smith now proceeded to take up the subject of

treatment, which, he said, was one of the greatest importance to every general practitioner. He believed that there were but very few remedies from which it was necessary to select, and for his own part he scarcely ever employed more than two, viz.: opium and bismuth, before the hydrocephaloid stage was reached, and these he considered better than all others. The administration of the large doses of bismuth now employed is of but recent origin, but has been followed by the best results. In ordinary cases it should be given in doses of ten or twelve grains, and it may be advantageously combined with the compound powder of chalk with opium (which contains one grain of opium in forty), or else with ordinary Dover's powder. For general use, however, it is perhaps better to give the bismuth in suspension, and the following prescription will be found a very admirable one:

℞. Tinct. opii deodoratæ .....gtt. xvj.
Bismuth. subnitratis..... ʒ ij.
Syrupi..... ....f ʒ ss.
Aquæ .....f ʒ iss.
M.
Dose, a teaspoonful for a child of one year.

Dr. Smith said that he had been much more successful since he had employed opium and bismuth in this way than before, when he would often try a long list of remedies in succession, and not find good results from any. Such a combination as the above is retained on the stomach, and has the effect of both an antiseptic and an astringent. No preparatory treatment is necessary, unless it is found that some irritating article of food has been taken; but most of the cases are considerably advanced when the physician is called in, and any such source of trouble has long since been gotten rid of.

Almost all cases of entero-colitis need stimulus, and brandy is the best form in which it can be given. Of course, the amount should vary according to the age, and Dr. Smith is in the habit of giving three drops for every month of the child's age (when under one year) every two or three hours.

When the hydrocephaloid stage of the disease is reached, the opium should be withdrawn or given very cautiously; but the bismuth may be continued as before. At this period, however, we must depend principally on tonics and astringents, and one of the most useful agents that can be employed is the liquor ferri nitratis. The following prescription will prove of great service:

℞. Tinct. calumbæ..... f ʒ ij.
Liq. ferri nitratis..... gtt. xviij.
Syrupi ..... f ʒ ij.
M.
Dose, a teaspoonful.

At the same time the stimulus should be kept up as before.

Finally, the kind of diet used is of the utmost importance. If the child is under one year old it should at once be removed to the country, or a wet-nurse should be provided for it, as no artificial food is reliable. If both of these are impossible, the best cow's milk should be prepared in such a way as to resemble healthy human milk as much as possible. The milk should be allowed to stand for some time, and then only the upper third of it employed. In this way the larger part of the sugar and butter will be obtained, while the indigestible casein (which settles to the bottom) will be avoided. As regards farinaceous preparations for children under six months old, Dr. Smith prefers Mellin's Liebig's food, which also has the endorsement of such authorities as Eustace Smith and Tanner. Its taste is quite sweet from the dextrine and glucose which it contains, while it is almost entirely free from starch. When added to cow's milk, it makes as good a substitute for mother's milk as has as yet been obtained. After the age of six months infants can digest a certain amount of starchy food, and then Robinson's prepared barley may be used with advantage, if it is sufficiently boiled. As a rule, however, Dr. Smith prefers Ridge's food, which is highly recommended by Steiner, of Germany. Dr. Smith formerly used to employ Nestle's food, but has been obliged to give it up, when the bowels are affected, on account of its laxative effect. In cases of habitual constipation in young infants, which is often a very perplexing condition to the practitioner, he has found it of very great service.

Dr. A. A. Smith considered it of great importance to control the high temperature which is so frequently met with in the early stage of entero-colitis, and said that he had observed quite wonderful results from the application of cold. When the temperature rose to 103 degrees or more, he was in the habit of employing sponging or the wet-pack; but he did not approve of cold baths, because he thought they entailed too much muscular exertion on the part of the child. This application of cold, he thought, allayed nervous excitement and tended to produce sleep.

Although the disease might not be decidedly inflammatory in its early stage, yet the influences affecting children in the city during hot weather were such as to beget a high temperature. He considered external applications more beneficial than internal medication, but did not hesitate to employ both. For the last three or four years he had employed the bromides with great satisfaction, and did not know until quite recently that Dr. Salvatore Caro had read a paper, some six or eight years ago, in which he advocated their use in this affection. Later on (say after four or five weeks), when the child was suffering more from the results of the affection than the disease proper, he had found the external application of animal oils very beneficial. Of these, cod-liver oil was probably the best, and he did not employ the vegetable oils at all. Internally he had been in the habit of using salicin, which seemed to act not only as an antiseptic and tonic, but also to have a favorable effect in allaying nervous excitement. He usually gave it in simple syrup and cinnamon-water, and it always seemed to be tolerated by the stomach and well digested. The dose for a young infant was about half a grain; for a child of one year a grain and a half; and after that he increased the dose one grain for every year of the child's age.

Dr. P. Brynberg Porter spoke of the great importance of early treatment in the summer diarrhœas of children, and the great risk which mothers incurred in allowing them to run on without medical attendance. This, he thought, was well shown in the special service which had been instituted by the Board of Health in this city during the past two summers. It might possibly be only a coincidence, but it was certainly a noteworthy fact, that in both years the death-rate steadily diminished while this service was kept up. During the summer of 1877 it was especially significant that the weather was actually much warmer during this period of house-to-house inspection than it was either before or after it, and also that the death-rate immediately began to increase again about the middle of August, when the service was discontinued on account of the lack of the necessary funds for its maintenance. This happy result, he

thought, was due mainly to the fact that so many cases of entero-colitis were seen in the incipient stage and put promptly upon appropriate medicinal and dietetic treatment; and, judging from this experience, he was of the opinion that there would be a great saving of human life in this city if the service could be maintained uninterruptedly for at least the entire months of July and August.

In regard to the use of the bromides and salicin in this affection, he had employed the former, at the suggestion of Dr. Caro, some time ago, and the latter more recently, at that of Dr. A. A. Smith, but had to confess that he had been somewhat disappointed in regard to their action. It is true that in a certain proportion of cases they did seem to have a beneficial effect, but he thought that, as a rule, he could obtain the desired results more promptly and surely by other remedies. It seemed to him that no one agent fulfilled so many of the indications met with in this disease as opium, and that it could be relied upon more confidently than any other, with the exception, perhaps, of bismuth.

Dr. E. H. M. Sell said that he had treated a number of cases successfully with bromide of potassium combined with ergot, and others still with the tincture of cinchona alone. There was a certain class of cases which were due entirely to over-nursing, and these required nothing but the regulation of the time when the child should be put to the breast. Others, again, are characterized by sprue, the mucous membrane of the entire alimentary tract from the mouth to the anus being affected, and these could be set down always as due to improper food, either in addition to the mother's milk or as a substitute for it. Even when the mother said that the child always got "one cow's milk," it would usually be found that the "one cow" was stall-fed and slop-fed; and this was quite sufficient to account for the condition observed. In such cases the hyposulphite of soda acted almost as a specific for the sprue, if the diet was properly regulated.

In regard to the use of opiates, he said he never employed them under the age of one year, and very sparingly after that, for fear of the danger of narcotic poisoning, as he had twice rescued young infants from death on account of the opium which had been prescribed for them by other physicians. On the other hand, he believed that gelseminum could be employed with much greater safety, and he had found that it had the effect of lowering the temperature, diminishing the rapidity of the pulse, controlling nervous excitability, and, in fact, fulfilling every indication for which opium was employed. He was in the habit of ordering from two to eight drops of the concentrated tincture of gelseminum to be placed in a teacupful of water, and of this the child was to have a teaspoonful every half hour or every hour, according to the urgency of the symptoms.

Dr. J. H. Comfort spoke of the good results which he had obtained from pepsin. He also spoke highly of the use of bismuth, which he said he usually employed in combination with it, though he had not been in the habit of giving such large doses as Dr. Smith had recommended this evening.

Dr. J. Lewis Smith, in conclusion, said that he thought nothing could really take the place of opium. Every medicine, he said, could be given in overdoses. He considered it just as safe, if given with proper caution, under the age of one year as at any other period of life, and had never seen any bad results from its use. He had frequently given doses of half a drop of laudanum to a child of six months for a long period without observing any difficulty. In regard to the action of bismuth, it was the impression of a great many that it had merely a local effect, but he thought that it had something more than this. One medical friend told him that he had frequently noticed a peculiar odor, resembling that of garlic, in the breath of patients who were taking bismuth, but personally he had never observed it. It was well known that the stools usually became black when bismuth was being taken, and the black discoloration he had also seen in the stomach at post-mortem examinations. He believed it to be due to the action of sulphurous acid in the stomach and intestines, as the sulphide of bismuth is of this black color. In addition to its other good qualities, he considered bismuth an excellent disinfectant, and said that all observers agreed that the stools at once became much less offensive under its administration.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from May 12 to May 18, 1878.

Campbell, Jno., Lieut.-Colonel and Surgeon. Announced as Medical Director of the Department. G. O. 4, Dept. of the South, May 15, 1878.

Town, F. L., Major and Surgeon. Relieved from duty in Dept. of the Missouri, to proceed to New York City and report arrival, by letter, to Surgeon-General. S. O. 101, A. G. O., May 10, 1878.

Frantz, J. H., Major and Surgeon. Relieved from duty in Dept. of the East, and authorized to remain at his home on usual monthly certificate of disability until his health is sufficiently restored to resume duty. S. O. 101, C. S., A. G. O.

Storrow, S. A., Major and Surgeon. Assigned to duty as Chief Medical Officer of the command of Lieut.-Colonel L. P. Bradley, 9th Infy. S. O. 41, Dept. of the Platte, May 10, 1878.

Tilton, H. R., Major and Surgeon. Relieved from duty in Dept. of Dakota, to proceed to New York City, and report arrival, by letter, to Surgeon-General. S. O. 101, C. S., A. G. O.

Williams, J. W., Major and Surgeon. Relieved from temporary duty with troops at Washington Arsenal, D. C., and ordered to Dept. of the Missouri. S. O. 101, C. S., A. G. O.

Brown, H. E., Capt. and Asst. Surgeon. Relieved from duty in the Dept. of the East, and ordered to Dept. of Texas. S. O. 101, C. S., A. G. O.

Middleton, P., Capt. and Asst. Surgeon. Granted leave of absence for four months. S. O. 104, A. G. O., May 14, 1878.

O'Reilly, R. M., Capt. and Asst. Surgeon. Relieved from duty in Dept. of the East, and ordered to Dept. of the South. S. O. 101, C. S., A. G. O.

Heizmann, C. L., Capt. and Asst. Surgeon. Relieved from duty in Dept. of the East, and ordered to Dept. of the Columbia. S. O. 101, C. S., A. G. O.

Campbell, A. B., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Texas, to proceed to New York City, and report arrival, by letter, to Surgeon-General. S. O. 101, C. S., A. G. O.

Corson, J. K., Capt. and Asst. Surgeon. Relieved from duty in Dept. of the East, and ordered to Dept. of Arizona. S. O. 101, C. S., A. G. O.

WILSON, W. J., Capt. and Asst. Surgeon. Relieved from duty in Dept. of the Missouri, ordered before the Army Medical Board, New York City, for examination for promotion, and after examination report by letter to the Surgeon-General. S. O. 101, C. S., A. G. O.

HALL, J. D., Capt. and Asst. Surgeon. Relieved from duty in Dept. of the East, and ordered to Dept. of Texas. S. O. 101, C. S., A. G. O.

MOSELEY, E. B., 1st Lieut. and Asst. Surgeon. To report in person to Lieut.-Col. L. P. Bradley, 9th Infy. S. O. 41, C. S., Dept. of the Platte.

SKINNER, J. O., 1st Lieut. and Asst. Surgeon. Relieved from duty in Dept. of the South, and ordered to Dept. of Arizona. S. O. 101, C. S., A. G. O.

BARNETT, R., 1st Lieut. and Asst. Surgeon. Relieved from duty in Dept. of the Gulf, and ordered to Dept. of the Platte. S. O. 101, C. S., A. G. O.

CRAMPTON, L. W., 1st Lieut. and Asst. Surgeon. Relieved from duty in Dept. of the Gulf, and ordered to Dept. of Dakota. S. O. 101, C. S., A. G. O.

TAYLOR, M. E., 1st Lieut. and Asst. Surgeon. Relieved from duty in Dept. of the Gulf, and ordered to Dept. of the Missouri. S. O. 101, C. S., A. G. O.

SHUFELDT, R. W., 1st Lieut. and Asst. Surgeon. To accompany Co. D, 4th Infy., from Omaha Barracks to Ft. Laramie, Wyo., and on arrival report to the com'd'g officer for duty at that post. S. O. 41, C. S., Dept. of the Platte.

WRIGHT, J. J. B., Colonel (retired). Died at Carlisle, Pa, on May 14, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending May 18, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
May 11, 1878....	0	5	70	0	58	45	1
May 18, 1878....	1	7	62	8	68	37	1

ON OXALATE OF CERIUM IN CHRONIC COUGH.—"I have for some time used the oxalate of cerium in cases of chronic cough with shortness of breathing, with very marked success. One case under observation is a proof of its good effects as a sedative. A lady has suffered for some years with cough and difficulty of breathing, on the least exertion 'the outcome of an acute attack of pneumonia,' the cough being most troublesome in the morning on getting up—so bad as to cause sickness. I prescribed 5 gr. half an hour before rising. The physical signs observed in her case have been loud bronchial breathing, with great abdominal action, impaired resonance over lungs, with a slight dulness at the apex of left lung. The most marked physical changes since taking the ox. cerium are less noise in breathing, less abdominal action, no cough in the morning, and increased strength. I could relate other cases, but will only mention one other, it being under my care in our village hospital: a case of consolidation of the right lung. The rest given to the lung by the ox. cerium in gr. 5 doses is observable in the comfort in breathing, and the cessation of cough for twenty-four hours after each dose. The medicinal properties of ox. cerium I believe to be purely sedative, a great desideratum in the treatment of lung diseases, the difficulty being to find a drug that will not upset the digestive organs. In all cases wherein I have used the ox. cerium the only symptom observable from its use is a slight dryness of mouth."—*By Thomas Clark, L.R.C.P. and S.E., in Practitioner.*

METRIC SYSTEM IN THE MARINE HOSPITAL SERVICE.—The metric system has been adopted by the Marine Hospital Service. The *Louisville Medical News* alludes thus pleasantly to the fact: "Since the publication in the *News* of the article upon the metric system the Government has ordered its adoption by the Marine Hospital Service." We congratulate our friend Cowling on his success, which is probably due to the fact that his journal is regularly read in Cabinet meetings.

THE EASIEST WAY TO DROWN.—For those who may desire to test it we quote the following from Dr. Tracy (*Pop. Sci. Monthly*): "If death by drowning be inevitable, as in a shipwreck, the easiest way to die would be to suck water into the lungs by a powerful inspiration, as soon as one went beneath the surface. A person who had the courage to do this would probably become almost immediately unconscious, and never rise to the surface. As soon as the fluid fills his lungs, all feelings of chilliness and pain would cease, the indescribable semi-delirium that accompanies anæsthesia would come on, with ringing in the ears and delightful visions of color and light, while he would seem to himself to be gently sinking to rest on the softest of beds, and with the most delightful of dreams."

TREATMENT OF BOILS.—As the result of physiological experiments, Dr. Planat (*Lyon Médical*) has been led to the use of arnica in all cases of superficial acute inflammation, as furuncles, anginas, erysipelas, etc. He states that arnica aborts all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness. For external use he employs: *Recipe.*—Extract of fresh arnica flowers, 10 parts; honey, 20 parts. If this is too liquid, he adds lycopodium. The mixture is applied to the inflamed part, and covered with oil-silk. Equally good results will be obtained in the same way by the internal administration of tincture of arnica in doses of twenty-five to thirty drops every two hours. M. Planat adds that the extinction of the furuncular eruption is so rapid that it seems impossible to deny a specific elective action.—*Med. Press and Circular.*

THE MEDICAL SOCIETY OF VICTORIA (Australia) have by a committee made a report on the prevalence of phthisis in Victoria. A comparison is made between the rate of mortality from this disease in England and Victoria. In England the rate for 10,000 persons was 25.66 in five years (from 1860 to 1864), and 22.83 in five years (1870 to 1874); while in Victoria it was only 13.08 and 12.60 for the same periods. It recognizes the fact that most cases of phthisis represent really the final stage of some acute inflammatory affection, generally pneumonia. It admits that climate has much to do with the origin of the complaint, as dampness of the air and soil contributes to all inflammatory affections of the lungs; but it alleges too much stress is usually laid on the density of population as determining the amount of phthisis in any district, which is shown very clearly by statistics.

It is claimed that the general death-rate over the

whole colony (Melbourne excepted) has been reduced about one-third in the ten years between 1861 and 1871, the exception being due to insanitary conditions operating against that city.

A Model Boarding-school Principal.—The Baroness Marie S——, a young lady of sixteen, was until recently a pupil at the female seminary of Mme. Durivage, a fashionable establishment in Berlin. Strange as it may seem, beautiful young baronesses are, apparently, no more proof against the evil designs of unprincipled individuals of the opposite sex, than some of their sisters of less distinguished rank, and, notwithstanding the extreme seclusion in which the inmates of such an institution are supposed to be kept, this wayward miss managed in some way or other to get the opportunity of forming a *liaison* with a certain gay Lothario about town by the name of Von Derffling. As a result of this keeping company with a young man, the unfortunate girl found to her consternation that she was likely to become a mother; and when the fact of her *grossesse* could no longer be concealed from those about her, what should the high-principled matron of this select institute dedicated to the cultivation of the arts of the chaste Pallas Athene do but herself take her to an establishment known as "The American Lying-in Asylum," in order to have an abortion produced on her, at the expense of her gallant admirer.

This last-named institution, it would seem from the account given of it by the prosecuting attorney, on the occasion of the trial last month of the originators and proprietors of it, was a most extraordinary and infamous place. It appears that in April, 1875, four Americans, under assumed and high-sounding names, rented a small house on Louise Street in Berlin, and applied to the medical authorities for permission to open what they called an "American lying-in asylum." All of them professed to be experienced obstetricians, and they exhibited diplomas from various American medical colleges, apparently made out in proper form. These diplomas the superintendent of the city medical department examined with gross carelessness, and he did not hesitate to grant the application of the so-called physicians.

At first they did but a very small business, but in the course of a few months, by a system of extensive advertising, and by employing the most crafty agents, and by resorting to the most disreputable contrivances, they succeeded in acquiring quite a large clientelle. When a patient applied for admission at the "asylum," in order that she might await her natural confinement, she was told that the house was full just then, and a box of pills was furnished her, which, if she should commence taking at once, would render parturition perfectly painless. These pills contained noxious substances, compounded for the express purpose of producing pain and nausea, and when the unfortunate woman had been made ill by them, she would naturally return to the institution to find out what was the matter with her. She would then be coolly informed that on the payment of a fee of twenty-five dollars an examination of her case would be made. In her anxiety about her condition the patient generally consented to this, and then, after a mock-explanation the "physician," to her astonishment and consternation, announced that she was afflicted with an ovarian tumor. For the removal of this the sum of one hundred dollars was demanded, and the poor creature was so terrified by this information that it was usually forthcoming. When the money had been paid, a most revolting scene was enacted. While two of the four worthies held the miserable victim upon the table, a third would perform an abortion in the most brutal and bungling manner. No anæsthetic was employed, it would seem, and, in order to drown the poor creature's shrieks of agony, the fourth "learned professor" evoked the shrillest strains from a bugle kept on hand for the purpose. Such a thing would seem incredible had it not been solemnly sworn to in a court of justice.

Most of the women who came to the institute, however, did so for the express purpose of having abortion produced, and up to the time that the "asylum" was closed by the interference of the law, more than three hundred such operations were performed. It is said to be a fact that the patients were almost invariably ladies belonging to the higher classes of society, and that among them were many school-girls, like the Baroness Marie S——, whom their confiding parents had sent to aristocratic seminaries in Berlin.

The manner in which the doings of this vile establishment were at last exposed was as follows: It seems that a young gentleman of the same proclivities as Herr Von Derffling, and also an intimate friend of that elegant captivator of the fair sex, had sent two girls whom he had seduced to the "asylum" to be operated upon, and that the father of one of them, a nobleman of quite high rank, accidentally discovered what his daughter had done. He then disowned her, and at once gave information against the "American doctors" to the police. One of them was absent from the city, but the other three, together with a number of accomplices, the three young ladies, Von Derffling and his friend, and Mme. Durivage, the high-toned principal of the aristocratic seminary, were all arrested. When the premises were searched a large number of papers and the instruments used by the quacks in the perpetration of their crimes were found. In the garden back of the house there was a sort of furnace, which, according to the confession of one of their assistants, was used for the burning of the fœtuses, and hidden under a large dunghill were the charred remains of quite a number of them.

It is gratifying to know that these infamous miscreants, with the exception of the one who was absent from the city at the time of the arrest, and has not yet been captured, received the punishment which they so richly deserved. One of the "professors" was sentenced to death, and the other two to penal servitude for life; the agents and midwives in their employ to terms of solitary confinement varying from ten to fifteen years, and Von Derffling and his friend each to five years' solitary confinement; while Mme. Durivage was condemned to the same punishment for a term of eight years. It is stated that when the madame received her sentence she gave a loud shriek, foamed at the mouth, tore her hair, and acted like a lunatic generally. It is to be hoped that her eight years of incarceration will have a salutary effect, and teach her a lesson which she will not be likely to forget in case she ever resumes her former calling, and also that if there are any other principals of female seminaries in Berlin or elsewhere of the same exalted morality, they will not neglect to take warning by the melancholy example thus afforded them.

Treatment of Chronic Ulcers of the Vulva and Cervix Uteri.—Dr. Guillaumet, of Paris, recommends very highly the employment of sulphuret of carbon in the treatment of these and other chronic ulcers. The disagreeable smell of the liquid can be overcome to a great extent by the addition of the essence of bitter almonds, or of mint, in the proportion

of ten or fifteen drops to ten grammes (ʒ ijss.) of the sulphuret of carbon. Iodine, which is very soluble in the sulphuret, diminishes its odor considerably, and at the same time increases its reparative and stimulating properties. Dr. Guillaumet employs the following combinations: Sulphuret of carbon, 12 grammes (ʒ iij.), and iodine 1 gramme (gr. 15); or sulphuret of carbon 16 grammes (ʒ iv.), tincture of iodine 1 gramme (m. 15), and essence of mint four drops. The bottle containing the fluid should be held close to the sore to be dressed, and far from the light. A wick of charpie should be dipped lightly into the liquid, and the surface of the sore lightly brushed with it. The sore should then be covered with a powder of subnitrate of bismuth and a layer of dry charpie. Care must be taken not to apply too much of the liquid. In treating ulcers of the neck and womb the *modus faciendi* is the same, except that more powder should be used, which should be kept in place by a tampon of cotton-wool. The tampon should be left *in situ* for about twelve hours.

Scrofulous ulcerations of the vulva, chancres, syphilitic erosions about the anus and genitals, and mucous patches have been cured in a few days by this treatment. The sulphuret of carbon acts as an irritant, a refrigerant, and an anæsthetic. Its action is entirely local, and limited to the diseased tissues. In spite of the irritation it causes, the granulations rarely become so exuberant as to require repression. The frequency of the dressings should depend on the age and the condition of the sore, but they should never be repeated oftener than once a day.

Congrès International d'Hygiène.—An International Congress of Hygiene, to which all medical men are invited, will meet in Paris during the first fortnight of the month of August.

Treatment of Puerperal Metrorrhagia. In cases of post-partum hemorrhage, Dr. Donovan has employed successfully the tincture of cannabis indica in doses of 18 minims. The action of the drug is rapid and certain, even when ergot has failed. The tincture of cannabis indica is also efficacious against the other forms of metrorrhagia, and especially against a too abundant menstrual flux.

Treatment of Atony of the Bladder.—Prof. Langenbeck has recently employed hypodermic injections of ergotine with remarkable results, in three cases of atony of the bladder due to enlarged prostate. The treatment was followed by a rapid increase in the contractility of the bladder, which enabled the patient to evacuate larger quantities of water at a time. One of the cases was that of a man sixty-two years of age, who urinated three or four times a day, but only passed about 7½ ounces of urine at each micturition, while over a pint could be evacuated by the catheter. On the first day of the treatment, a solution containing 12 cgr. (gr. ij.) of the ergotine of Bonjean was injected under the skin. On the same day the patient could pass his water more freely, and a few days later it was found that the hypertrophy of the prostate had greatly diminished. After four injections the atony of the bladder was completely overcome. An ointment of the iodide of potassium was used in the rectum at the same time, and Vichy water was taken internally, but Prof. Langenbeck thinks that he is justified in ascribing the cure mainly, if not solely, to the injections of ergotine.

Pills for Amenorrhœa.—In cases of idiopathic amenorrhœa without much reaction in the economy, when there is reason to believe that the suppression of the menses is due, either to an insufficient fluxion to the genital organs, or to a failure of evacuation in consequence of inertia of the uterus, M. Courty recommends the following:

℞. Pulv. rutæ,
Pulv. sabinæ,
Pulv. ergotæ..... ää gr. i.
Pulv. aloes..... gr. ½.
M.

Three of these pills are administered on the first day, six on the second, and nine on the third.

Large Against Small Doses.—The Dublin *Medical Press*, in an elaborate leader upon the "Fiction of Small Doses," says: "In all those cases in which the therapeutic efficacy of certain drugs cannot be questioned by any one, however sceptical he may be, or to whatever medical persuasion he may belong, the largeness of the dose seems to be an important factor in its therapeutic action on the system, and the influence it has upon the disease for which it is prescribed. Hence the unquestionable efficacy of large doses of iodide of potassium in secondary syphilis; of large doses of quinine in arresting the progress of intermittent fever; of comparatively large doses of mercury, in some form or other, in the treatment of syphilitic iritis, and certain syphilitic affections of the skin; of large doses of bromide of potassium in some cases of epilepsy; of comparatively large and long-continued doses of arsenic in certain skin diseases; and of large doses of the hydrated peroxide of iron in the treatment of certain neuralgias. It is the same with other and less potent remedies. Large and frequently repeated doses of the liquor ammoniæ acetatis, or a full dose of Dover's powder, will act upon the skin and excite diaphoresis, when a grain or two of the one, or a few drops of the other, would have no effect whatever. Give a small dose of morphia to a patient in the agonies of a severe attack of colic, or in a paroxysm of mania, and you might as well try to soothe him with the mesmeric pass. Administer a mild aperient to a man suffering from constipation and biliary obstruction, and ten to one you will rather aggravate than remove his complaint."

Measles has been very prevalent in some parts of Ireland.

Wooden Street Pavement for Hospitals.—An effort is being made in Dublin to obtain wooden instead of stone pavement in streets upon which hospitals are situated.

Hydrophobia from a Cat.—A case of death from hydrophobia, the result of bite of a cat, is reported as having occurred in Manchester, Eng.

Medical Night-Service.—A system of medical night-service has been established in Algiers, on the same basis as the one which was already in operation in Paris. An additional feature, however, is that the physician, who is called during the night, is obliged to fill out a blank, stating the age, sex, and profession of the patient, and the affection from which he or she appeared to be suffering. These bulletins will be collected every three months, and they will furnish a means of determining the utility of the night-service system.

Wood-Oil.—A wood-oil obtained from the roots of trees, and especially resinous trees, such as the pine and the fir, is used in Sweden for illuminating purposes. The roots left in the ground after the levelling of forests are utilized in the production of this oil. These roots are distilled dry, that is to say, they are

superheated in large, hermetically-sealed retorts, when they give off a certain quantity of oil, turpentine, creosote, tar, acetic acid, vegetable charcoal, resinous oils, etc. On account of the large quantity of carbon which it contains, the oil burns with a great deal of smoke, and hence specially constructed lamps are required for its consumption. In its natural state, without admixture, the wood-oil is the cheapest illuminating substance known; it costs about two rs. (ten cents) a quart. It cannot explode, and it burns longer (about thirty-five per cent.) than photogene.

Death of a Medical Student from Small-Pox.—Mr. Arthur Ogier, a medical student in Marseilles, France, died recently of small-pox, which he contracted during his attendance at the hospital. Several of the French journals take advantage of the stir caused by the death of this young man, to urge the compulsory re-vaccination of all medical students as soon as they begin to attend the hospitals. A similar rule would, perhaps, not be amiss in this country, although, in this city at least, in consequence of the isolation of variola patients, the students are but little exposed to danger.

The Mutual Autopsy Society.—Louis Asseline, one of the members of this society, died recently, and the autopsy was performed by Prof. Broca. It was found that death, which had been sudden, had resulted from rupture of the left auricle of the heart. The rupture was due to fatty degeneration of the organ; the muscular fibres had almost disappeared, and it was a matter of surprise that life had been prolonged so long under such conditions. The brain weighed 1,460 grammes. It was noticed that the fronto-parietal sutures were not ossified, although M. Asseline was forty-nine years of age, and the theory was mooted that this delay in the closure of the anterior sutures might have been due to the cerebral activity.

Chloroform Narcosis Cured by Nitrite of Amyl.—An English journal reports a case of threatened death from chloroform, in which the patient was resuscitated by the inhalation of a few drops of nitrite of amyl. The indication for the use of amyl is furnished by the sudden failure of the pulse.

Another means of treating a threatening narcosis caused by chloroform is recommended by M. Baillée, of Belgium. It consists in the introduction of a small piece of ice into the rectum. A moderate degree of pressure suffices to overcome the resistance of the sphincter. The ice melts in the intestine, and immediately excites a deep inspiration, which is followed by the re-establishment of natural respiration and of the cardiac functions.

This treatment might also prove serviceable to excite respiration in the new-born child.

Rapid Expulsion of Tapeworms.—The following case, which is reported by Dr. Paulini, presents some points of interest: A female prisoner, who was under treatment for an ulcer in the prison hospital, passed a long piece of tapeworm on the 24th of February. At eight o'clock on the succeeding morning the half of the following powder was administered in water: ℞. Flor. kousso, 3 vj., kamela 3 jv. M. At nine o'clock the patient was given a dose of Carlsbad salts, and an hour later the other half of the powder was administered. There was no vomiting. About half-past twelve the patient went to stool, and a coil of tapeworms was found in the passage. On examining this coil, Dr. Paulini found four heads of the tænia solium attached to pieces of the worms, from half a yard to a yard in length, and two pieces without heads. The combined length of the pieces passed was forty-one yards.

Case of Hydrophobia Cured by Oxygen.—This case is reported by Drs. Schmidt and Zebeden, from Russia. The first symptoms of rabies appeared seventeen days after the injury. The patient was made to inhale three cubic feet of oxygen, and two hours afterwards he was in a state of perfect calm. Two days afterwards the symptoms of rabies reappeared, and another inhalation of oxygen was administered with the same success. This time the inhalation was continued for forty-five minutes. A slight dyspnœa which persisted after the disappearance of the graver symptoms, was treated for three weeks by the monobromide of camphor.—*Lyon Médical*, April 28th.

Means of Preventing Pitting in Variola.—This consists simply in puncturing the vesicles with a needle as soon as they have attained a moderate development, and in frequent washing with lukewarm water. The punctures must be repeated often enough to keep the little wounds open, or as often as the vesicles show signs of refilling. The work is one which requires time and patience, but this is of small moment, as the task can be entrusted safely to a mother or nurse. A Dr. Bernard states that he has employed this method with gratifying success in a severe epidemic of variola.

The Telegraphic Disease.—Onimus (*Courrier Médical*) calls attention to this disease, somewhat analogous to, but much more severe than, writers' cramp. Morse's instrument is blamed for causing the greatest number of cases, probably because of the extremely close attention required in using it to avoid errors. The symptoms are chiefly palpitation, over-excitement, vertigo, insomnia, sometimes weakening of the sight, and a sensation of constriction at the nape of the neck. The over-excitement is succeeded by depression, sadness, and entire loss of tone. The patient loses memory, and insanity even may follow. The symptoms are more readily produced in women than in men.

Rhode Island has organized a State Board of Health. Strange to say, Dr. Snow is not a member. This is certainly not a very strong argument in favor of the good intentions of the framers of the law.

Conduct of the Surgeon in Cases of Mutilation of the Hand.—Prof. Verneuil (*Courrier Médical*) says, when you have to treat a patient suffering from a hand crushed in any way whatever, take as an absolute rule to cut away nothing, to regulate nothing with the bistoury. He gives the reasons for this, first, that parts which it would appear necessary to cut away at first regain their shape and usefulness; and secondly, that operations performed two or three months after, when the parts are in a state of absolute calm, give much better results.

Chlorate of Potash in Catarrh of the Bladder.—Prof. G. Edlefsen, of Kiel, publishes in the *Deutsch. Archiv klin. Med.*, xix., 1, 1877, an essay on the treatment of catarrh of the bladder by chlorate of potash. The view lately advanced that the best method of treating cystitis, even acute cases of it, consists in the introduction into the bladder, through the urethra, of water or medicated fluids, is not in accordance with his observation. The remedy he recommends is chlorate of potash internally, which never damages the stomach or any other organ, and substitutes turpentine perfectly in cases where turpentine cannot be given.

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We can also furnish, to those who prefer it, **Humanized Virus**, from healthy children, procured for us by physicians of undoubted reliability.

All our Virus is put up in strong, *air-tight, sealed packages*, for safe conveyance by mail or express, and will be sent (postpaid if by mail) upon the following terms:—

From the Heifer, 10 large Ivory Points, well charged on both sides			$1.50
5 large Ivory Points,	"	"	.80
Large Ivory Points, less than 5,	"	" each	.25
1 Crust, new method, in air-tight Glass Capsule			2.00
From Healthy Infants, 10 small Ivory Points			1.50
1 Crust from Unruptured Vesicles			2.00

Directions for vaccinating with either form of Virus, derived from methods successfully employed, will be furnished with Virus, if requested.

We will warrant every package of Points and every Crust, giving a fresh supply in case of failure reported within fifteen days for Points, thirty days for Human, and ninety days for Kine Crusts. We can usually furnish Crusts one remove from the heifer, if preferred.

On account of their unreliability, we have hitherto furnished the usual form of Kine Crust unwillingly. Under our new method of taking and preserving them, however, after careful tests and an experience extending over several months, the results obtained have been so satisfactory that we now offer them as not less active and reliable than other forms of Virus, while less liable to become inert with lapse of time. We now offer them on very favorable terms, and recommend them for transmission to a distance, and in all cases where it is desired to preserve Virus for some weeks or months, or to keep a supply at hand for emergencies.

We also furnish **Uncharged Ivory Points**, for physicians' use, at the following rates:—

Small	per 100, 25 cents; per 1,000, $2.00
Large	per 100, 50 cents; per 1,000, 4.00

Orders by mail or telegraph answered by return train.

Liberal discounts upon large supplies for Cities, Towns, and Institutions.

Scarifying Vaccinator, Steel Nickel-Plated. See Cut. Each 25 Cents.

☞ *New Illustrated Catalogue of Surgical Instruments postpaid on request.*

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TO THE MEDICAL PROFESSION.

MALTINE.

(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION CONTAINS FROM THREE TO FIVE TIMES THE MEDICINAL AND NUTRITIVE ELEMENTS FOUND IN EXTRACT OF MALT.

MALTINE is a highly concentrated extract of malted *Barley*, *Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three* to *five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of ***MALTINE*** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity possessing little virtue aside from the saccharine matter which it contains.

SECOND: Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium and *Potassium* are essential elements in the food of man; and it is only in ***MALTINE,*** containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: Gluten is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. ***MALTINE*** contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of ***MALTINE*** is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of ***MALTINE,*** *and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, Imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE:

MALTINE WITH HOPS.

MALTINE, FERRATED:
This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

MALTINE WITH PHOS. IRON AND QUINIA:
A powerful general and nutritive tonic.

MALTINE WITH PHOS. IRON, QUINIA AND STRYCH.:
A powerful nutritive, general and nervous tonic.

MALTINE WITH HYPOPHOSPHITES:
This preparation is specially indicated in Phthisis, Rickets and deficient Ossification.

MALTINE WITH PEPSIN AND PANCREATINE:
One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the ***MALTINE.*** We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

MALTINE WITH BEEF AND IRON:
One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

MALTINE WITH COD LIVER OIL:
The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

MALTINE WITH COD LIVER OIL AND PHOSPHORUS:
In this combination the Phosphorus has no irritant effect upon the stomach.

MALTINE WITH COD LIVER OIL AND IODIDE OF IRON:
This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

MALTINE WITH ALTERATIVES:
In this preparation ***MALTINE*** is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.
Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, ¼ grain. DOSE, One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only.*

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

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(FERRUM DIALYSATUM.)

A Pure Neutral Solution of Peroxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.

PREPARED SOLELY BY

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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering **IRON** in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron are due to the absence of free acid, which is dependent upon the perfect dialysation of the solution. The samples of German, French, and American Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto the best remedy known in such cases), and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store to supply such an emergency.

FULL DIRECTIONS ACCOMPANY EACH BOTTLE.

Physicians will find our DIALYSED IRON in all the leading drug stores in the United States and Canada.

It is put up in bottles retailing for ONE DOLLAR, containing sufficient for four months' treatment. Large size is intended for hospitals and dispensing. Retail at $1.50. Price Lists, etc., etc., sent on application.

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For Hoarseness, Bronchial Irritation, Sore Throat, Diphtheria, Croup, etc., etc.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum, or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Pills contains simply five grains of the Chlorate, all of which, dissolved in the saliva, acts on the effected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

FOR SORE THROAT, HOARSENESS.

DIRECTIONS.—Adults should take one every hour or two until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

For Offensive Breath, no remedy will give more certain relief; use one, two, or three times a day.

For Diphtheria, Croup, and the more serious ailments, the physician should direct.

PEPTONIC PILLS.

Pepsin, Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds—in this form the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident that further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure PEPSIN, and one of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or Saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration. The increased benefit to the dyspeptic being due to a full and effective dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS.—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children, reduce the pill to powder and give a fourth or half, according to age,

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JOHNSTON'S FLUID BEEF.

The subscribers solicit the special attention of Physicians to the exceptional merits of the above reparation as a resuscitating stimulant, in a form capable of digestion and assimilation by the feeblest invalid or infant.

It is well known in the profession that Meat Extracts are simply "the soluble salts of flesh," and, as such, have desirable stimulative qualities, but that *the elements of nutrition are wanting.*

Baron Liebig, in the *Lancet* of November 11, 1865, says:—

"Were it possible to furnish the market at a reasonable price with a preparation of Meat combining in itself the albuminous together with the extractive principles, such a preparation would have to be preferred to the "Extractum Carnis," for it would contain ALL the nutritive constituents of Meat." Again: "I have before stated that in preparing the Extracts of Meat the Albuminous principles remain in the residue; they are lost to nutrition; and this is certainly a great disadvantage."

JOHNSTON'S FLUID BEEF is a combination of the extractive and proteine principles which will at once recommend itself to all capable of judging. In its manufacture, the Beef is first treated so as to obtain the Albumen and Fibrine in a separate and highly concentrated form: then, with the view of securing easy digestion by presenting a greatly increased surface to the action of the gastric juice, these nitrogenous compounds are reduced to a powder capable of suspension in water, which, added to Extract of Meat, procured upon the most approved principles, furnishes the entire constituents of Beef in a condition which the most feeble stomach can readily digest and assimilate, thus, with the least possible expenditure of vital force, *supplying to the blood all that is necessary to impart tone to the nerves and substantial food for brain, bone and muscle.*

From the "modus operandi" it will be seen that the preparation is no untried chemical compound, but simply animal food so treated as to secure a facility of digestion and assimilation hitherto unattainable, and this in combination with all the stimulating properties of the most approved extracts and a more acceptable flavor, The preparation is in use in the leading hospitals (being generally prescribed by the British Medical Faculty), and has been popularly accepted wherever it has been introduced.

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It is one of the most perfect foods I have ever examined.—W. HARKNESS, F.C.S.L., *Analyst to the British Government.*

This is a highly nutritious article of diet, contains all the elements of Flesh Food in a concentrated form, is very palatable and easily digested, and is eminently suited for dietetic purposes, especially for invalids.—STEVENSON MACADAM, Ph.D., F.R.C.S., F.C.S., Edinburgh.

It is a great boon both to the invalid and to the public.—Professor MILLAR, Edinburgh.

I can very strongly recommend Johnston's Fluid Beef.—Professor CHARLES CAMERON, Dublin.

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As a stimulative and recuperative agent "Johnston's Fluid Beef" has a very general adaptation, and there are few bodily ailments where it could not be prescribed with advantage. We may, however, specialize all affections of the Alimentary Canal, notably "Cholera Infantum," and general lack of vitality. It is also invaluable in convalescence, lactation, and as a substitute for alcohol.

Physicians will be furnished with samples, gratis, on application to

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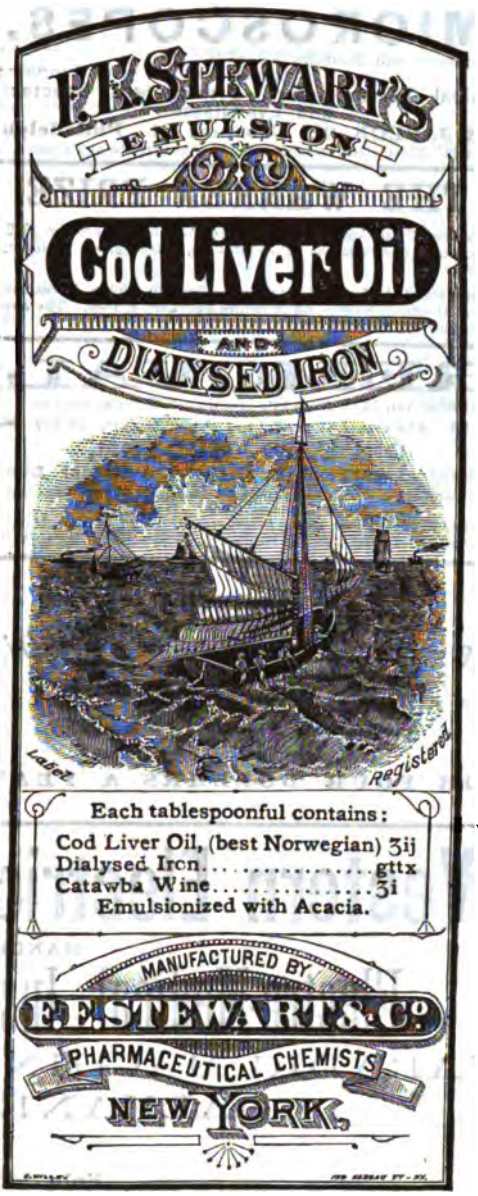

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JUJUBE PASTE (EMPTY) CAPSULES.

Five Sizes: No. 0, largest; No. 4, smallest.

Especially adapted and recommended for administering concentrated or nauseous medicines; free from taste or smell. Preventing irritation of mouth or throat, and injury to the teeth.

Our Capsules are not patented nor **FILLED** with any **SECRET PREPARATION,** but made strictly in accordance with official formulas, and contain **NONE** but authorized medicines of the U. S. Dispensatory; are entirely reliable and soluble, free from all **TASTE** or **SMELL;** remain perfect in any climate.

N.B.—Particular attention given to Capsuling **SPECIAL FORMULAS.**

DETAILED PRICE LISTS AND SAMPLES SENT ON APPLICATION.

Sole Agents in America for Blair's Gout and Rheumatic Pills.

Importers of Superior Norway Cod Liver Oil—put up in Pint Bottles; also by Barrel or Gallon, at the lowest market rates

QUINA LAROCHE

A Vinous Elixir of

The three Cinchona Barks—a most powerful Restorer in all cases where Cinchona is indicated, as GENERAL DEBILITY, EXHAUSTION, SLOW CONVALESCENCE, etc.

PREPARED ALSO WITH IRON. It is recommended in Chlorosis, Anæmia, etc.

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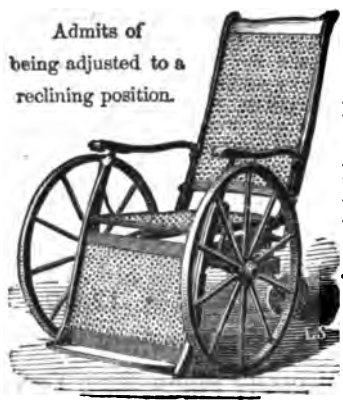

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With latest improvements,
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Trommer's Extract of Malt.

The rapidly increasing demand for our **IMPROVED EXTRACT OF MALT**, during the four years that it has been manufactured and offered to the medical profession in America, justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made, is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The Extract is prepared by an *improved process*, which prevents injury to its properties or flavor by excess of heat. **It represents the soluble constituents of Malt and Hops**, viz.: Malt Sugar, Dextrine, Diastase, Resin and Bitter of Hops, Phosphates of Lime and Magnesia, and Alkaline Salts.

Attention is invited to the following analysis of this Extract, as given by S. H. Douglas, Professor of Chemistry, University of Michigan, Ann Arbor.

TROMMER EXTRACT OF MALT CO:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœia, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article. Yours truly, SILAS H. DOUGLAS,

Prof. of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession, as a most effective therapeutic agent, for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat-producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt, contains a larger quantity of the active properties of Malt, than a pint of the best ale or porter; and not having undergone fermentation, is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ lbs. of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,			**With Hops (Plain),**	**$1 00**
"	"	"	**Pyrophosphate of Iron (Ferrated),**	**1 00**
"	"	"	**Cod Liver Oil,**	**1 00**
"	"	"	**Cod Liver Oil and Iodide of Iron,**	**1 00**
"	"	"	**Cod Liver Oil and Phosphorus,**	**1 00**
"	"	"	**Hypophosphites,**	**1 50**
"	"	"	**Iodides,**	**1 50**
"	"	"	**Alteratives,**	**1 50**
"	"	"	**Citrate of Iron and Quinia,**	**1 50**
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TROMMER EXTRACT OF MALT CO.,

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Put up in
1 Pound Cans.
5 " "
10 " "
25 " "
50 " "
100 " "

COSMOLINE

[Unguentum Petrolei]

Sample Furnished on application.

The Post-Office Laws forbid anything of an oleagenous nature being sent through the mails.

THEOPILUS REDWOOD, Ph.D., F.C.S., Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain, says in reference to this preparation:—

"UNGUENTUM PETROLEI appears to be obtained from crude Petroleum by fractional distillation and subsequent purification. Products of a similar description have been introduced in pharmacy, and recommended as substitutes for animal or vegetable fats in the preparation of ointments or liniments.

"Among these, the UNGUENTUM PETROLEI is distinguished by its having a firmer consistence and a higher melting point, and in these respects it resembles pure lard, from which it differs in that it is entirely free from liability to become rancid or to undergo any chemical change. It has an amber color and a smooth, jelly-like appearance, and is almost wholly free from odour or taste. It is free from, and insoluble in water. It is very slightly soluble in rectified spirit, but very soluble in ether, in fixed oils and fats. I am of opinion that its characters and properties are such as to render it a valuable adjunct to our *Materia Medica*."

Dr. TILBURY FOX, London, writes:—"I like the UNGUENTUM PETROLEI very much indeed, and shall not fail to prescribe it."

THE LANCET ANALYTICAL REPORT ON UNGUENTUM PETROLEI.

From the LANCET, London. October 20th, 1877.—UNGUENTUM PETROLEI.—Simi-transparent, pale yellow in colour, and perfectly free from offensive smell. We consider it a valuable preparation, and hope its use will become as common in England as it is said to be in America."

From the MEDICAL TIMES AND GAZETTE, London, October 20th. 1877.—"The substance introduced under the name of UNGUENTUM PETROLEI is of about the consistence of good lard, has no smell, keeps any length of time, apparently, without becoming rancid, and may be exposed to any kind of atmosphere without undergoing chemical change. It has long been, we understand, in use in America, where it enjoys a wide-spread popularity; and it will, we doubt not, come into extensive use here also as a vehicle for making ointments, as a demulsent in various deseases of the skin, and as a lubricant."

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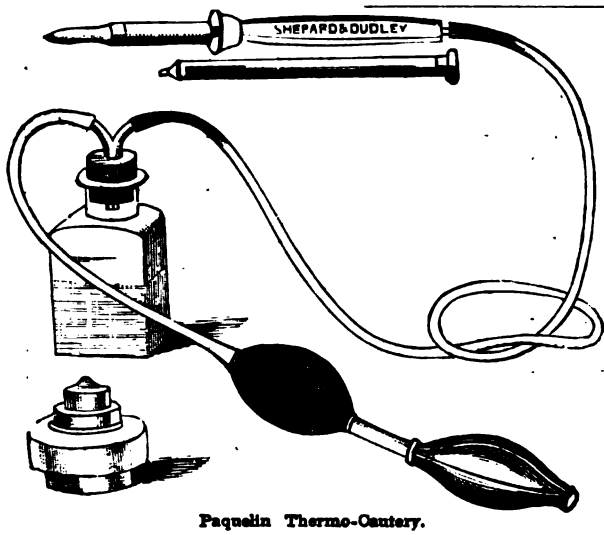

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Seasoned Engine-Pointed Fever Thermometers,

Warranted Absolutely Correct.

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NELATON'S CATHETERS,

Sometimes called Jacques', but really the invention of Dr. Nélaton, Surgeon to the late Emperor Napoleon III., have, by their decided advantages over every other kind, become a necessity in the practice of the leading Physicians and Surgeons of Paris, London, and other European Cities.

Their introduction here has been so successful that imitations are already in the market, much inferior in quality. Having secured a large stock from the original manufacturers during my stay in Paris, I am enabled to offer the genuine at a reasonable price.

These are made of *pure brown rubber*, with a smooth, soft surface, delicately flexible; and if the simple directions on the box are followed, their introduction will cause little or no pain, and effect their purpose much more easily and effectively than any other kind.

Sets of nine sizes, numbered and with wire, the whole neatly boxed, will be sent by mail on receipt of $6.00. THEO. RICKSECKER, 146 & 148 WILLIAM ST., NEW YORK.

PERFECTION SPONGE TENTS.

These Tents are the *very best in market;* in *quality of sponge, method of manufacture, strength, utility,* and *medication.*

The many complaints by the Profession against those commonly sold have encouraged the sale of the "Perfection," which will be sent in boxes of one dozen, assorted, by mail, on receipt of $2.50.

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Quote MEDICAL RECORD.

The attention of the medical profession is invited to this instrument as the most perfect ever invented for treating Prolapsus Uteri, or falling of the Womb. It is an Abdominal and Uterine Supporter combined.

The Abdominal Support is a broad morocco leather belt with elastic straps to buckle around the hips, with concave front, so shaped as to hold up the abdomen.

The Uterine Support is a cup and stem made of very highly polished hard rubber, very light and durable, shaped

to fit the mouth of the womb with openings for the secretions to pass out, and which can be sent to any curve desired, by heating in very hot water.

The cup and stem is suspended to the belt by two soft elastic Rubber Tubes, which are fastened to the front of the belt by simple loops, pass down through the stem of the cup and up to the back of the belt. These soft rubber tubes being elastic, adapt themselves to all the varying positions of the body, and perform the service of the ligaments of the womb.

The instrument is very comfortable to the patient, can be removed or replaced by her at will, can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of Anteversion, Retroversion, or any Flexion of the Womb, and is used by the leading Physicians with never-failing success, even in the most difficult cases.

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Instruments sent by mail, at our risk, on receipt of price, with 16 cents added for postage; or by express C. O. D.

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NEW YORK DISPENSARY.

The New York Dispensary Virus is as well-known if not better than any other Vaccine Virus in the United States, and it still continues to keep up its reputation.

Dr. N. A. Robbins succeeds Dr. Foster as Vaccine Director. Dr. Robbins is well known as a Vaccine Producer, and will maintain the standard of the Virus to its highest point. Liberal terms made with Druggists, Health Boards, and Public Institutions, etc.

Quill Slips (¼ quill charged at square cut end convex surface).....**$0.25.**
Capillary Tubes,..... **1.00.**

We would recommend Quill Slips as preferable, and in all cases of primary vaccination will fully guarantee.

Fresh supplies of Vaccine, every three days, can be obtained of New York Dispensary, Centre and White Streets.; at Laboratory, 94 Pineapple Street, Brooklyn; New York Hospital, West 15th Street, and of all the leading Druggists in the City.

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Drs. ROBBINS & LEWIS, 94 Pineapple Street, Brooklyn. *Quote* MEDICAL RECORD

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A dry preparation of blood, which, while being perfectly soluble, will contain in a natural state all the constituents by which it differs from other fluids and tissues, has long been a desideratum among physicians.

The drinking of blood at the Abbatoirs, although the best mode of administration, is, except to a few persons, impracticable—the distance, the expense (always something), the interference of bad weather, and at times the uncertainty of obtaining the blood itself—all render this mode of treatment unsatisfactory to the patient.

Desirous of using the blood-cure for a patient some miles away from an Abbatoir, Dr. J. T. O'Connor, of this city, devised means of making from blood a *dry powder* which is *soluble*, which contains all the constituents of blood, except the serum and fibrin, and especially all the Hæmoglobin in its natural state. The success attending some months' use of this preparation has made a demand for it on the part of his professional friends; and to supply them and others who may desire to test this mode of administering blood, he has given to us the results of his investigation, and is now preparing an article for publication on this subject.

In the mean time, it is offered to the profession as a *nutrient* in simple Anæmia;—in states of exhaustion;—in all cases where Iron seemingly indicated has failed;—and as a means of presenting Iron to the organism in an *organic* state of combination;—*i. e., physiological iron.* A *true* pabulum should be, in his opinion, the result of organic process, and not merely an inorganic substance.

That this preparation is what it is stated to be, is shown by the Spectroscope—*the well-known bands of Hæmoglobin appearing in a solution of the powder so weak that it is barely tinted.*

Where liquid blood in its natural condition is preferred, we have succeeded in preserving it unchanged, and can supply it in any quantity. Yours respectfully,

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DRUGGISTS AND CHEMISTS,
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NATURAL
Mineral Water,
THE QUEEN OF TABLE WATERS,
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DR. FORDYCE BARKER. "By far the most agreeable, alone or mixed with wine; useful in Catarrhs of Stomach or Bladder and in Gout."
DR. J. MARION SIMS. "Not only a luxury, but a necessity."

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THE GREAT EUROPEAN NOVELTY.

HUNYADI JANOS.
NEW APERIENT WATER.

Specially recommended for richness in aperient salts, and its efficacy in Bilious attacks, prevention of Gout, Piles, etc., and as an ordinary aperient, by **LIEBIG, VIRCHOWS, CANZONI,** and **SIR HENRY THOMPSON,** and the entire medical profession in England and Germany.

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INDISPENSABLE TO THE TRAVELING PUBLIC.

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FOR SALE BY DEALERS, GROCERS AND DRUGGISTS.

The Label on every genuine bottle is printed on BLUE paper.

See Advertisement of John Wyeth & Bro., Page 9.

P. SCHERER & CO.,

Successors to JOHN SATTIG. *(Established 1841.)*

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LÖBEL SCHOTTLÄNDER, MATTONI & WILLIE, Carlsbad, Bohemia,

Recommend to the Profession and Trade especially

CARLSBADER SPRING WATER,

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According to our latest contracts with the proprietors of the different Carlsbad Spring, we get fresh shipments with every steamer, so as to be able to supply this water in a quality not to be had formerly. Carlsbad Water, and especially the,

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Are to-day relied on by the Medical Profession in Germany, as the surest remedy in Diabetes, Diabetes Melitus, and Diseases of the Kidneys.

They are likewise used as a specific almost **for reducing Obesity.**

They are a mixed alkaline, saline water of reliable healing quality in Liver and Bowel Complaints, and Diseases of the Prostate Gland.

Sold, **ALWAYS FRESH,** only by us. For price and other information, please send for Pamphlet on Mineral Waters. Special Quotations on quantities.

Carlsbad Sprudel Salt may be used either to assist the effects of the Carlsbad Water or as a remedy by itself. In the latter case the dose is one or two teaspoonfuls, either in a dry state or dissolved in water.

It dissolves rapidly and completely in warm water, and in this form a curative effect may be expected with more certainty. It is advisable to use water at a temperature of 30° to 40° R. This, however, does not exclude its being taken with cold water. The best time for taking the salt is in the morning, shortly before breakfast, fasting.

CARLSBAD SPRUDEL SOAP, for Psoriasis, Eczema, and Chronic Dermatoses, always on hand.

CARLSBAD SPRUDEL LOZENGES, representing in a light degree the qualities of the water, always on hand, FRESH IMPORTED.

MY PREPARATION OF FLUID EXTRACT OF DAMIANA has now been before the profession for a term of about eighteen months. Its introduction has been retarded and injuriously affected from the fact, that several large houses in New York, not counting other concerns outside of it, have sold during all this time, so-called Damiana Extract, which is not made from the true plant, and that many physicians, who have heard favorable reports from my preparation have failed to obtain like results from other makes. I have therefore offered, and repeat it here, that I am willing to give or send (expressage unpaid) to any physician asking for it, a one ounce sample of this Fluid Extract for the sole purpose of showing at the first glance that my preparation is different from that of other makers. This is not intended to be sufficient for a physiological test, but simply as a specimen.

According to the reports, so far gathered by me, Fluid Extract of Damiana has a most decided *tonic action* on the urinary and uterine organs, and in its intensity of action, is superior to any other known remedy.

It acts with almost specific effect in *prostatitis and spermatorrhœa.* Cases of gleet that yielded to no other treatment have been cured by it. Cystitis has been very successfully treated with Damiana, and there is no drug equal to it in allaying weakness of the bladder and the frequent desire to urinate. In *nervous exhaustion* especially produced by brain labor and over work, it is superior to Quinine, and many patients who have habitually used the former derive greater and more lasting benefit from the Damiana. Several physicians have thought it incongruous that an aphrodisiac should be likewise a remedy for spermatorrhœa; but experience has shown that the tonic action of the drug is employed in curing the debility very much like the effect of morphia, which, when used where there is great pain, first subdues the pain before producing sleep, and if its powerful and lasting tonic action is considered, the effect of the Damiana as an aphrodisiac is physiologically explained. It has been given with very good effect by some of the best known Gynecologists in *Dysmenorrhœa and Leucorrhœa* although no reports have been published as yet, and it appears to be of great value in atonic ovarian diseases.

NITRITE OF AMYL PEARLS,

of 2, 3, 5, 8 and 10 drops, exactly dosed, *warranted not to burst,* made according to a new process, and largely used in *sea sickness.*

WARBURG'S TINCTURE,

pronounced by all the members of the profession as the most reliable made, and used in all cases of *Malaria, Intermittent Fevers, Ague,* and the complications arising from such cases where Quinia does not act.

1 oz. Bottles, $5 per doz., or $5 per lb.

IODOFORM CRAYONS, for ulceration of the cervix.

ERGOT CRAYONS, for uterine diseases, $1 per doz.

POWDERS OR PILLS, made by compression.

SUPPOSITORIES, made cold by compression.

BOUGIES of Tanin, Sulphate of Zinc, or any combinations made cold by compression while the *patient waits.*

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TASTELESS QUININE,

Neutral Tannate. 2½ grains equal to 1 grain of Sulphate of Quinine.

TASTELESS QUININE LOZENGES,

24 in a box. Each contains 2½ grains Tannate—equal to 1 grain Sulphate. $1.00 per box; $9.00 per doz.

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DRAGEES and GRANULES,

The most reliable made.

Protoiodide of Mercury, 1-5 gr.; Sulph. Quinine, 1, 2 and 5 grs.; Valerianate of Ammonia, 2 grs.; Ferrum Pomatum, Pil Meglin, Cynoglosse, Caféine, Blancard, Vallet, &c., &c.

Frederick Witte, Rostock, Germany,

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EXTRACT OF MALT,

Superior to any other make, foreign or domestic. 1-lb. Jars, 50c.

Please send for pamphlets for all the above. The quality of all the goods mentioned is superior to most articles sold, and excelled by none.

Importations of Goods, Drugs, Chemicals and Apparatus for Colleges or Private Parties a Specialty. The *lowest* rates charged, and orders executed with dispatch.

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FOOD for INFANTS and INVALIDS

ANTILLANA.

An unmixed product from a tropical species of Canna. A light and nourishing food for Children and Invalids. Particularly adapted to Infants artificially fed, to dyspeptics and persons of weak digestion.

Pleasant to the eye and agreeable to the taste. For nursing mothers with a deficiency of milk, a bowlful taken before retiring at night will so effectually increase the secretion of milk as to save from the exhaustion consequent on the child's night nursing.

DIRECTIONS FOR USE.—As a plain food for Children and for Nursing Mothers, take a teaspoonful of the Antillana, mix into a paste with cold water, then pour over it a cupful of boiling water or boiling milk (or half milk and half water), allow it to boil for a few seconds only, and sweeten to taste. This will produce a cupful of thick, nourishing and palatable food. *See wrappers for further directions.*

Proprietor, JAMES ELMSLIE, 137 Duane Street, New York City.

PRIZE MEDAL, PARIS MARITIME EXHIBITION, 1875.

NEAVE'S FOOD

FOR

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Is pre-eminently rich in albumenoids and phosphates, and the starch which it contains is in a state readily assimilated by the infantile digestion.

NEAVE'S FOOD has received the high and unqualified approval of eminent medical men for many years past. It usually commands a ready sale, both in Great Britain and in the States, for it is strongly recommended by mothers to the notice of their lady friends; and infants often give it a preference, refusing other foods. As a natural result, the sale has extended rapidly, especially during the past four years, necessitating the erection of extensive premises, again enlarged in December, 1876, where the preparation is carried on under the personal supervision of Mr. Neave.

NEAVE'S FOOD is sent in large quantities to the Colonies and to the United States. It is prepared with special reference to exportation.

NEAVE'S FOOD is sold in tins and tinfoil packets by chemists and storekeepers at home and abroad.

For terms, apply to any wholesale or export house, or to manufacturers,

JOSIAH R. NEAVE & CO., Fordingbridge, England.

☞ Doctors and Medical Practitioners wishing to try Neave's Food are requested to apply for a Sample Packet (gratis) at the undermentioned Agency.

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A SYSTEM OF SURGERY,

THEORETICAL AND PRACTICAL,

IN TREATISES BY VARIOUS AUTHORS.

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With numerous Woodcuts, Lithographs, and Chromo-Lithographs—in all four hundred and seventy-two illustrations—in five volumes octavo.

Price, in muslin binding, $45; or, in half turkey morocco, gilt top, $50.

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SHEDDEN'S FOODS FOR THE DIABETIC AND DYSPEPTIC.

The prepared Flour of Bran, freed from Starch by Camplin's process, in 10 lb. cases, $5.00. Gluten Flour, rich in nitrogenous matter and the phosphates, in 10 lb. cases, at $3.00.

SHEDDEN & CO., Broadway, cor. 34th St., New York.

HORLICK'S FOOD FOR INFANTS.

This article, as shown by analysis, is the only true substitute for Mother's Milk, and, unlike the other foods, **does not contain starch.** Infants cannot digest **starchy foods** until they have their teeth. This preparation also contains the **Phosphates** so essential for the production of bone and brain. It will **sustain life single-handed.** Requires no cooking.

We also Manufacture

HORLICK'S FOOD FOR DYSPEPTICS.

HORLICK'S FOOD FOR CONSUMPTIVES.

Price $1.00 per bottle. Trial size, 50 cents.

J. & W. HORLICK & CO., Chicago, Ills.

SUPERIOR NUTRITION THE LIFE.

IMPERIAL GRANUM.

THE INVENTION OF AN EMINENT FRENCH CHEMIST.

To Physicians and the Public:

This preparation is, in composition, as advertised, principally the Gluten derived, by chemical process, from *very superior growths of wheat*, and should not be confounded with burnt or boiled Flour, in which the Gluten or sanative qualities are destroyed or made medicinally inert, nor with Crushed Wheat, or finely ground Wheaten Grits, styled "Medicinal Food," and sold under various names, in which the starch and impurities contained in wheat are retained in larger quantity.

By Dubisson's formula, the starch, impurities and soluble matter found in the Wheat Cereal are effectually excluded; the Gluten only retained, which is condensed, granulated and prepared to keep in all climates, and justly entitled

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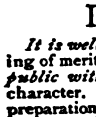

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After long experimentation, in which I have sought to avoid this serious defect, I now offer an article which I believe will meet the necessity of the case, inasmuch as it contains **less starch and sugar and more milk.**

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For children up to three months old, one part of the "Food" to eight or ten parts **cold water.** The quantity of water may be reduced for older children to four or five parts to one of "Food." After mixing well, boil it five minutes, taking care to stir it well.

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The Nitrogenous matter includes 1.88 per cent of Nitrogen, and the Mineral matter 0.51 per cent of Phosphoric Acid.

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Author of "Food; its Adulterations, and the Method for their Detection."

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HYGIENIC PHYSIOLOGICAL INSTITUTE,
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Water,	4.31 per cent.
Mineral Salts,	2.03 "
Fats,	5.23 "
Albuminates,	15.51 "
Hydro-Carbons, soluble,	48.41 "
" " insoluble,	24.46 "
	99.95 "

This preparation is highly recommended by:

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Dr. PIO MORI, Medico Primario, Phy. to Hospital for Children, Rome, Italy.

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J. WILLISTON WRIGHT, M.D.,
Professor of Obstetrics and Diseases of Women and Children.

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Professor of Medical Jurisprudence.

JOSEPH W. HOWE, M.D.,
Clinical Professor of Surgery.

THE COLLEGIATE YEAR is divided into three Sessions: A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 18, 1878, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the Second of October, 1878, and end about the 1st of March, 1879.

The location of the new College edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to *all the Clinics* given therein, *free of charge*.

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College building. Five Didactic Lectures will be given daily in the College building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

THE DISSECTING ROOM is open throughout the entire Collegiate year; material is abundant, and it is furnished free of charge.

STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy and Physiology, and if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES.

For Course of Lectures	$140 00
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Practical Anatomy Fee, including material for dissection	10 00
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Post-Graduate Certificate	30 00

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SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

FACULTY:

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.
FORDYCE BARKER, M.D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.
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ALEXANDER B. MOTT, M.D., Professor of clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
WILLIAM M. POLK, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

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ERSKINE MASON, M.D., Clinical Professor of Surgery.
EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consist chiefly of Recitations from Text-Books. This term continues from the first of March until the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
Graduation fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	25 00
Dissection (Ticket good for the following Winter)	10 00

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Preliminary Term begins.....Oct. 2.
Regular Term " .....Nov. 6.

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Annual Announcement and Circular, 1877-78.

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The REGULAR TERM will open March 5, 1878, and close the last week in June following.

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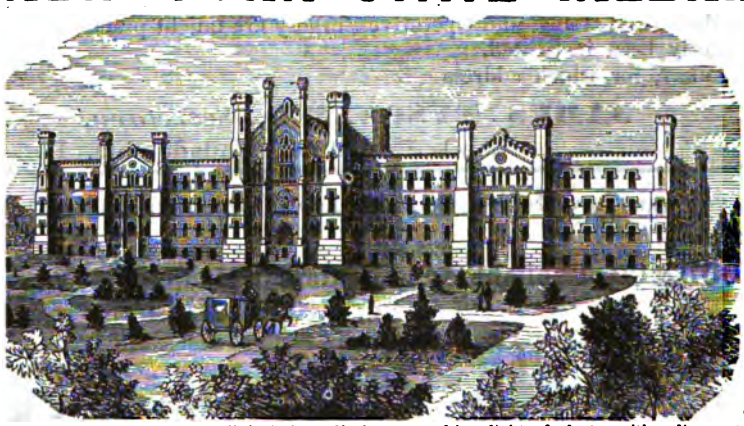

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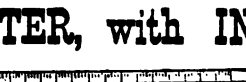

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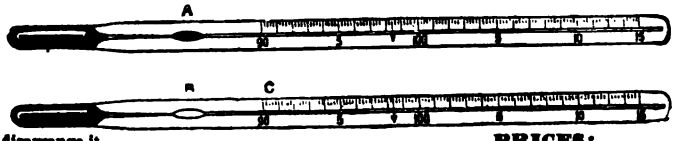

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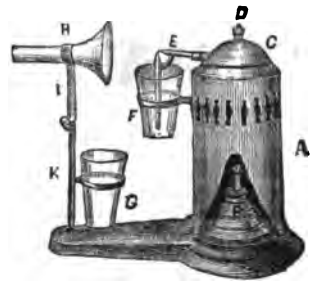

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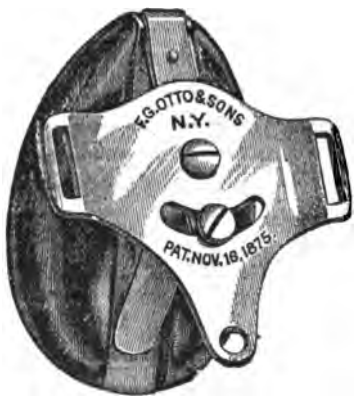

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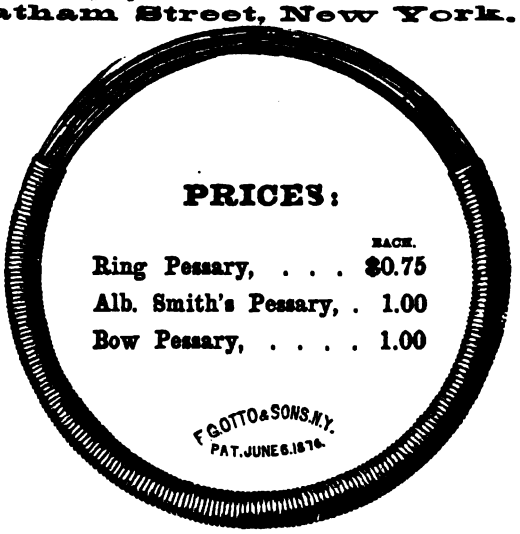

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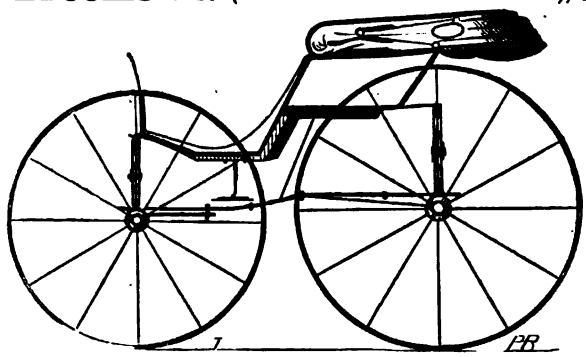

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CLINICAL PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

LECTURE III.

1. SYSTEMATIC DISEASES OF THE SPINAL CORD, CONTINUED; LESIONS IN THE KINESODIC SYSTEM. 2. NON-SYSTEMATIC OR FOCAL LESIONS OF THE SPINAL CORD; LESIONS AT DIFFERENT HEIGHTS IN THE ORGAN.

GENTLEMEN:—There remain for consideration a few of the systematic lesions of the spinal cord.

4. Myelitis of the anterior horns, or poliomyelitis anterior. Like all affections of the kinesodic tract, this affection is characterized by the predominance of motor symptoms and the absence of sensory ones. But we also meet with great trophic changes—muscular atrophy—in this disease.

The lesion consists, as we know from the autopsies by Gombault, by Cornil and Lépine, and by Déjérine, in an inflammation of the anterior gray horns of the spinal cord, leading to atrophy, and even destruction of the motor (and trophic?) ganglion-cells. The change in the cells is acute pigmentary degeneration.

In those regions of anterior gray matter corresponding to the paralyzed parts, hardly any motor ganglion-cells remain. Other lesions are degenerative changes in the motor nerves, as far as their termination, and muscular atrophy, usually without fatty metamorphosis.

The symptoms of the affection vary in the three varieties: acute, sub-acute, and chronic.

a. In acute febrile poliomyelitis anterior we observe a sharp, remittent or continued fever, lasting one or several days, accompanied in many cases by pains in the limbs, and sometimes by slight numbness. This is followed, suddenly, as a rule, by extensive paralysis, the fever ceasing. The paralysis may affect all the limbs, or two of them, or one only; it tends to diminish spontaneously to a marked extent. No anæsthesia is present, and but little numbness. Reflex movements are reduced or abolished, the bladder and rectum act normally, and there is no tendency to bedsore. But other, even more characteristic symptoms, soon follow. In a few days the nerve-trunks in the severely palsied limbs lose their galvanic and faradic excitability, and the muscles, while ceasing to respond to the faradic current, contract slowly, and with abnormal formula, to the galvanic current—we have the degeneration-reaction. A little later, after two or three weeks, the palsied muscles undergo rapid atrophy, an atrophy which is progressive if no recovery is to take place. Ultimately only one muscular group may remain paralyzed and atrophied.

b. There is a non-febrile acute myelitis anterior. The patient, usually a child, is put to bed well, and awakes in the morning with one or more paralyzed limbs, with the subsequent symptoms as above.

In these two forms are to be ranged nearly all cases of infantile spinal paralysis so-called, and many cases of the same disease occurring in the adult.

c, d. Febrile and non-febrile subacute myelitis of the anterior horns differ from the above only in degree of acuteness and in rapidity of development, and need no detailed description.

e. Chronic myelitis of the anterior horns is often mistaken for progressive muscular atrophy; yet a diagnosis, is, I think, frequently possible. Often in this variety of poliomyelitis there occur severe neuralgic pains in the limbs which are to undergo palsy and wasting. These phenomena, when they appear, weeks or months after the first symptoms, attack whole muscular groups at once, and we do not observe the fibrillary or fascicular wasting of progressive muscular atrophy. The reactions are like those found in the acute and subacute form. No anæsthesia appears. This rare form has been observed in children and in adults.

It is only very recently that we have had a correct knowledge, clinical and pathological, of myelitis anterior. Prior to 1865, infantile spinal paralysis, though well known clinically (Heine, 1840), was thought to be due to congestion of the spinal cord, etc.; but in that year Prévost, working with Charcot, discovered the lesions in the anterior horns, and since numerous autopsies have yielded the same results. As regards the disease in the adult, it was correctly observed and classified as far back as 1847 (Duchenne), and in subsequent years by Charcot and others. Its pathological anatomy was not discovered until 1873 (Gombault) and 1875 (Cornil and Lépine). Although we need more light upon the intimate nature of the pathological changes occurring in this disease, I believe it to be now quite firmly established in nosology. Its diagnosis should be readily made by all practitioners.

5. Degeneration of the ganglion-cells of the anterior horns. As indicated by the name, the lesion in this affection is degenerative rather than inflammatory. This is true in the sense that changes in the neuroglia are wanting as a rule, and that the molecular death of the ganglion-cells takes place very slowly. This is in marked contrast to the suddenness and extent of the lesion in No. 4. Ganglion-cells are found in every stage of transition from simple increase of normal granular contents to mere roundish masses of granules—granular bodies; in some parts of the anterior horns not even vestiges of cells remain.

The symptoms of this lesion are fibrillary contractions followed by atrophy. Sensory symptoms are wholly wanting as a rule, and in a few cases the wasting limbs are the seat of some neuralgic pains. There is at no time a true paralytic condition, since the loss of power is precisely in proportion to the destruction of muscular tissue.

The mode of occurrence of the atrophy deserves a remark. Whole muscles or muscular groups do not waste away rapidly as in No. 4, but the muscular tissue undergoes change, bundle by bundle, very slowly. It thus happens that we see one or two large fasciculi in a muscle quite atrophied, while the adjacent fasciculi of the same muscle are normal, or only show fibrillary contraction. Several months may elapse before a muscle be wholly atrophied. Another feature of the atrophy is that it attacks by preference certain muscular groups, as those of the hand, chest, thighs, etc. It also affects simultaneously, or nearly so, parts which are symmetrical and homologous. If we examine the wasting muscles with the faradic current, we obtain yet another diagnostic sign: in this affection reaction to the faradic current is lost only in the absolutely atrophied muscles or parts of muscles. This loss of reaction is in direct proportion to the atrophy, whereas, in myelitis of the anterior horns

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whole muscles and muscular groups lose their faradic reaction *en masse*, and this, too, often before any marked degree of wasting has appeared. By the latter test, by the distribution of paralysis and atrophy, and by the predominance of neuralgic pains in chronic myelitis of the anterior horns, we may nearly always distinguish it from progressive muscular atrophy. Of course, the two diseases are congeners, and their pathological relationship may even be closer than we now suspect.

Cruveilhier, Aran, Duchenne, and Roberts admirably described the clinical aspects of this disease, and its naked-eye pathological anatomy. But it is to the very recent labors of Lockhart Clarke (1861–2), and of Charcot and his pupils, that we owe the exact determination of the lesion in the anterior horns of the spinal cord. It is also only within the last ten years that we have clearly distinguished pure muscular atrophy from the various forms of symptomatic atrophy.

6. Central myelitis. An inflammation of the central parts of the spinal gray matter, involving the æsthodic and kinesodic tracts, extending in some cases throughout the whole length of the organ. The proliferative changes and exudations result either in the formation of a central plug, or the development of a cavity, which is filled with clear fluid. The anterior horns and the various columns of the spinal cord are more or less involved through extension of inflammatory action, or by compression. As might be inferred from the above, the symptomatology of the affection is obscure and complex. Early in the disease, disorders of sensibility—as numbness, formication, and pain, followed by anæsthesia—are prominent. Irregularly distributed paralysis, with or without atrophy, is also present. The diagnosis in this early stage, which may last years, is next to impossible. When the disease is fully formed, we have quite a distinct symptom-group. The arms alone are sometimes paralyzed, atrophied, and anæsthetic, while the legs are the seat of abnormal reflex, even to the degree of tetanoid walk. In other cases we see a general paralysis and universal anæsthesia, with contracture of some muscular groups, paralysis of the bladder, and the appearance of bed-sores. If the cervical enlargement be the seat of diffused central myelitis, pupillary symptoms are seldom wanting, and the pulse is accelerated. The disease is eminently a chronic one, years being required for its full development.

Historical considerations.—Ollivier (1836) observed and described central myelitis with formation of cavities, but not much was learned of the disease and its semeiology until Schüppel published his paper (Ueber Hydromyelus) in 1865. Hallopeau, in 1871–2, contributed a series of elaborate articles upon the subject to the *Archives Générales de Médecine*, and in the last few years Westphal and Leyden have paid considerable attention to this rather rare form of disease.

2.—NON-SYSTEMATIC OR FOCAL LESIONS OF THE SPINAL CORD; LESIONS AT DIFFERENT HEIGHTS IN THE ORGAN.

A variety of lesions may involve the whole or a large part of the spinal cord at a given level, extending transversely through its various columns. These are focal lesions, and chief among them we find: injuries of all kinds; compression by bone or by a tumor; transverse sclerosis; transverse softening; hemorrhage in cord; tumor in the cord, etc.

The nature of the lesion is sometimes such (fracture of vertebræ) as to indicate at once the seat of injury to the spinal cord; but in many cases the peculiarity in the symptoms is not due to the nature of the lesion, but to its location high up or low down. The diagnosis of this location is possible only by the aid of anatomical and physiological knowledge.

The following diagram, made from data furnished by Malgaigne, may assist in estimating the height of a lesion. It indicates the point of origin of the important nerves and plexuses, and the seat of so-called centres relatively to the spinous processes of the vertebræ.

In general terms, we may say, that these focal lesions give rise to paralysis, numbness and anæsthesia, to modifications of the reflex function, usually an increase; that they cause paresis or paralysis of the bladder and the sphincter ani, and that they set up a great liability to bed-sores. This general sketch varies greatly from that of the symptoms of any of the systematic spinal lesions, except No. 6, central myelitis. This great dissemblance is a necessary result of the difference in the location of lesions; focal lesions involving kinesodic, æsthesodic, and trophic parts of the cord, and cutting off the inhibitory action of the encephalon (Setschenow), upon the spinal cord.

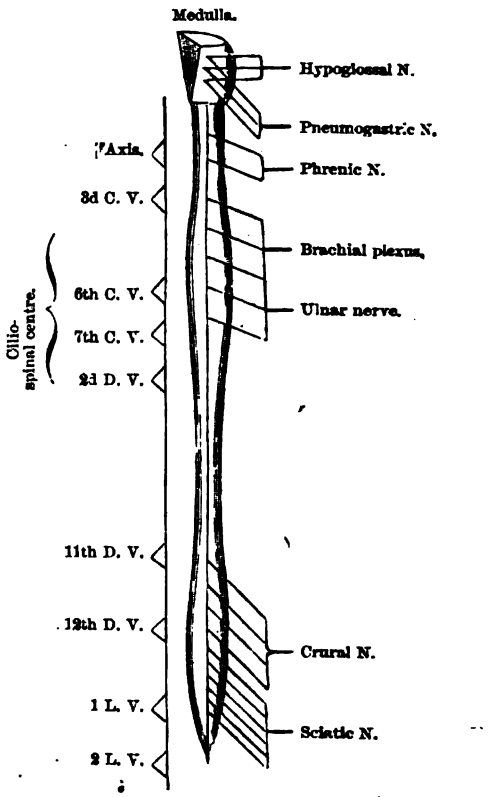

FIG. 4.

Relation of spinous processes of vertebræ to spinal nerves. After Malgaigne, *Traité d'Anatomie Chirurgicale*, vol. ii., pp. 82–3.

I shall attempt to make clear to you the diagnosis of lesions placed (1) in the lower lumbar enlargement; (2) just above the lumbar enlargement; (3) in the mid-dorsal region; (4) in the cervical enlargement, and (5) in the upper cervical region.

1. Focal, transverse lesions in the lower part of the lumbar enlargement. The motor symptoms produced by such a lesion are paralysis of the muscles innervated by the sciatic nerve—those of the feet, legs, posterior aspect of the thigh and the nates. The sphincter ani will be weak or paralyzed; the bladder unaffected. The reflex movements of the paralyzed

muscles are reduced in force, or absolutely wanting; wanting if the whole of the gray matter in the lower end of the cord is diseased in such a way as to destroy its functions. Dependent also upon this extent of lesion downward, is the state of muscular irritability. If the condition be as just described, the paralyzed muscles undergo atrophy, and lose their faradic contractility. The sensory symptoms are various; at the beginning of the disease (often before paresis) there is numbness in the soles of the feet, without anæsthesia. Later the numbness may appear in the whole foot, the calf, the posterior aspect of the thigh, and actual anæsthesia may supervene. If the soles of the feet lose their sensibility, the patient is no longer able to maintain his equilibrium when his eyes are closed. Another sensory symptom of importance is the cincture or band feeling, which, whether like a cord or like a belt round about the palsied parts, indicates (in accordance with the distribution of sensory nerves) the upper limit of the spinal lesion. Thus, in the condition we now study, the cincture feeling will not be about the waist or groin, but around the ankle, leg, or thigh. The above symptoms make up an incomplete paraplegia.

2. Focal, transverse lesions, situated just above the lumbar enlargement. Conduction to and from the brain is interfered with, but the gray matter of the lumbar enlargement retains its functional activity in great measure; hence we have a very different semeiology from that described above. In addition to weakness in the feet, there is developed a more or less complete paralysis of the whole of the lower extremities, from the pubis down. The rectum and bladder are paralyzed, the latter showing defective action by slow, interrupted micturition, or by retention, while constipation expresses the rectal paresis. The reflex movements of the paralyzed limbs are usually exaggerated, sometimes enormously so. This increase in reflex movements gives rise to the combined tonic and clonic movements of the paralyzed limbs, which Brown-Séquard years ago designated spinal epilepsy. This often seems spontaneous, when the patient is in bed for example, but it is certain that peripheral irritations, whether from the contact of the bed-clothing or from fæces in the rectum, urine in the bladder, etc., always precede and cause it. The preservation and increase of reflex is owing to the continued (increased) activity of the lumbar gray matter below the lesion, and the cessation of cerebral inhibitory action. Dependent upon the former fact also, we observe that the paralyzed muscles do not undergo positive atrophy, and that their electrical reactions are normal or exaggerated. Erections occur, and coition may be accomplished in these cases and in those to be described in the next paragraph.

As regards sensory symptoms we have, as in No. 1, numbness and anæsthesia in the paralyzed parts, extending as high upward as the groins or waist. The cincture feeling is nearly always present, and is placed by the patients round about the body at the level of the hips, or waist just below the umbilicus. In some cases the cincture is incomplete, and the feeling is likened to a firm grip in the patient's side or hip. The above description is a picture of common, complete paraplegia.

3. Focal, transverse lesions in the middle or upper dorsal region. The motor and sensory symptoms produced by a lesion so placed are very similar to those just described, with the following additions. The abnormal reflex movements are often more marked than in No 2, and the cincture feeling, index of the upper limit of the lesion, is placed at or above the umbilicus, around the lower ribs, or even just under the arms. In this condition the rectum and bladder may after a while partly regain their functions; *i. e.*, their contents are involuntarily expelled from time to time by reflex action.

If the urine dribbles away it is not because the "sphincter" (?) of the bladder is paralyzed, but because there is retention and overflow—a state demanding the daily use of absolutely perfect and carbolized soft catheters. In the earlier stages of the affection, the occurrence of increased reflex action in the paretic limbs gives rise to a tetanoid state during attempts at standing or walking, and too hasty, quasi-involuntarily micturition and defecation. Later in the disease the paralyzed limbs may become contractured, by reason of secondary changes in the lateral columns.

4. Focal, transverse lesions in the cervical enlargement. According as the lesion suddenly or gradually affects the whole of the cord transversely, or according as it is placed on the lower or upper portions of the enlargement, somewhat different symptoms are obtained. They always, however, bear a general resemblance to those in Nos. 2 and 3.

a. A partial lesion may for a time produce symptoms, numbness and paresis, in the arms and hands alone, the lower limbs being only weak and showing increased reflex. Later, as the lesion extends, the legs as well as the arms are paralyzed, and the cincture feeling exists high up.

b. A lesion involving the cord at the level of the eighth cervical and first dorsal nerves (see sketch) will give rise to paralysis, often with atrophy and loss of faradic reaction in those muscles of the upper extremities which are animated by the ulnar nerves, *i. e.*, nearly all the small muscles of the hands, and some of the flexors of the wrist and fingers. There will be sensory symptoms in the same district; and the cincture feeling, if present, will be across the upper part of the chest. The lower extremities are paretic or wholly paralyzed, numb or anæsthetic, according to the completeness of the destruction of the spinal tissue. In severe cases nearly all the intercostal muscles will also be paralyzed, and thus life will be much more jeopardized than by lesions placed lower down. The danger is all the greater because the expiratory muscles (intercostals, triangularis sterni, abdominal muscles) are paralyzed also.

c. If the lesion be situated in the upper part of the enlargement, the motor and sensory symptoms will be apparent in nearly the whole of the upper extremities, as well as below them. The reflex capacity, the state of bladder and rectum, the faradic reactions of muscles remain substantially as in Nos. 2 and 3. The cincture feeling is referred to the level of the clavicles, or a little lower, across the chest and the arms below the deltoid. The difficulty of breathing is even greater than in *b*. The symptom-groups produced by lesion No. 4 are often designated by the names of cervical paraplegia, or general paralysis.

In case of lesion in any part of this region (from the level of the fourth dorsal to that of the fourth cervical nerves) there may be pupillary and facial vaso-motor symptoms. If the lesion be of such a nature as to cause irritation of the cilio-spinal centre, the symptoms are dilatation of the pupils and pallor of the face, while if there be a loss of the activity of the cilio-spinal centre, the pupils are small and the face and ears flushed and hot. It must be added that these vaso-motor and ciliary symptoms are not by any means as frequently observed as theory and experimentation would lead us to expect.

The same may be said with reference to some pecu-

liarities in the action of the heart and variations in the bodily temperature which have been observed. In severe traumatic lesions in this region, we often find retardation of the pulse, and great elevation of the temperature of paralyzed parts.

5. Focal, transverse lesions in the upper cervical region. These, like No. 4, produce cervical paraplegia, but a much more complete one. The patient is wholly paralyzed below the head, and the entire body may be anæsthetic. Of necessity the phrenic nerves are paretic or paralyzed, according to the completeness of the injury to the cord, and life is almost immediately terminated by asphyxia. Cases of this category are nearly always of a surgical character; non-traumatic lesions of this region being exceedingly rare. There may be ciliary and facial vaso-motor symptoms here as in No. 4, and the bodily temperature and pulse-rate are variable, Life is preserved too short a time to allow of much study of these symptoms. In slowly developed lesions we may have phenomena of irritation, as hiccough, dyspnœa, acceleration of the pulse, together with paretic symptoms in the arms and chest, later in the legs.

THE SYMPTOMS AND TREATMENT OF IRREDUCIBLE HERNIAS.

A Lecture

Delivered before the Medical Class of the University of Pennsylvania.

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The cause which renders a hernia irreducible differs in different cases. It may be (1) an adhesion between the sac and its contents, or (2) an adhesion between the omentum and intestine in the sac, or (3) the irreducibility may depend upon changes which have taken place at the neck of the sac, it being thrown into folds which become glued together, and cannot be straightened out. In omental hernias the sac becomes indurated and altered, so as not to resemble a serous membrane.

In the general treatment of irreducible hernias, you must adjust yourselves to the conditions of the case. Give general directions and apply some kind of restraining apparatus to keep more intestine from coming down. Particular attention should be paid to three points. 1. No articles of food causing flatulence should be allowed. 2. Fæces must not be permitted to accumulate. 3. The patient should not attempt to lift any heavy weights.

Of course the hernial mass tends to increase rapidly in size. 1. If it is large, use a suspensatory bag, and buckle it up tight. 2. If the hernia is small, it will be best to have a concave pad made, or to take a hard rubber pad and mould it into the proper shape by warming it. The pad should always be a little larger than the tumor. In every case be careful to put some cotton between the pad and the skin. If the adhesions are very recent you may be able to break them up by gradual pressure. So much for general treatment. Let us now consider the treatment of special forms. Irreducible hernias may be divided into those which are *temporarily*, and those which are *permanently* irreducible.

THE SYMPTOMS AND TREATMENT OF TEMPORARILY IRREDUCIBLE HERNIAS.

There are a variety of causes which may render a hernia temporarily irreducible. The patient may have left off his truss for a time, or he may never have found any difficulty in restoring the hernia, and so never have been obliged to use a truss. Upon some occasion he finds that he is suddenly seized with a feeling of great discomfort. He tries to reduce the hernia and fails. The tumor is swollen and enlarged. There is some nausea and tympanitic distention of the bowels. He sends for the physician, who finds that the hernia has become irreducible, by reason of the entrance of air, or of fæces into the sac.

Nothing being more grave than a strangulated hernia, what is the physician to do in such a case? If the tumor be large and tender, be very careful how you manipulate it. The first thing to be done, of course, is to find out the cause. If the irreducibility is due to the distention of the sac by air, or fæces, try to dislodge the sac's contents. Place the patient on his back, elevate the shoulders, flex the thighs on the abdomen, and institute gentle compression over the region of the tumor. Make this pressure with a great deal of care and very gradually. By the end of fifteen minutes or so, you may feel a little yielding, and hear a slight gurgling sound. That is always a presage of ultimate success.

If this gentle compression is followed by no good results, stop it and try something else. If it is an inguinal hernia, place some leeches over the course of the spermatic cord; if femoral, put them above the saphenous opening, and apply a cold-water dressing. Very often a large injection of flaxseed tea and turpentine will work wonders. The belly will subside and the tumor disappear. But you cannot cure all cases quite so readily. What then shall you do? Let the patient remain quiet on his back, and give the following prescription:

℞.

Pulv. opii	gr. j.
Ext. belladonnæ	gr. ss.
Ext. aloës,	
Pulv. rhei	ää gr. ij.

M. Et in pil. No. IV. divide.
Signe. One pill every hour.

Keep the cold-water dressing over the parts. In the course of eight hours give an injection, and the hernia will probably disappear. Sometimes a hernia will disappear spontaneously. In cases where the stomach will retain anything, castor oil in doses of two teaspoonfuls should be given every two or three hours as a cathartic.

THE SYMPTOMS AND TREATMENT OF STRANGULATED HERNIAS.

Strangulated hernia, as I have already remarked, is a much more serious affection. In strangulated hernia the intestine is fixed in a constricted position. The constriction may be due to changes at the neck of the sac, to venous engorgement, or to various other causes. A person who has long been in the habit of wearing a truss, leaves it off upon some occasion, and the hernia slips down and becomes congested and strangulated. A hernia which has long been held in position by a truss is very likely to slip down if the truss be left off. In instances where the hernia is of recent origin it may be forced down by a heavy strain.

The symptoms of strangulated hernia are: (1) a sense of pain in the umbilical region; (2) some slight local tenderness; (3) restlessness; (4) singular weakness; (5) more or less nausea and vomiting of (*a*) the last meal, (*b*) mucous and (*c*) bilious matter, (*d*)

intestinal contents; (6) obstinate constipation of bowels; (7) frequent pulse, dry tongue, delirium.

This brings us to the consideration of the treatment of strangulated hernia. The first thing to be done is, of course, to attempt reduction. Place the patient in the recumbent position, flex his body, raise the shoulders, and flex the thighs. Then give enough ether to relax all the muscles before attempting taxis. The old-fashioned plan of producing entire muscular relaxation was to place the patient in a hot bath and to administer large doses of laudanum. Of course, etherization is greatly to be preferred to this method.

What is meant by *taxis*, you will perhaps ask me? I will try to make the matter plain to you all. If it be a case of inguinal hernia, put your finger and thumb upon either side of the ring just where the sac comes out. Then with the other hand take hold of the sac and elongate it. The object in doing this is to straighten the folds out as much as possible. When you have straightened the sac well out, you may then begin to subject it to nicely graduated and uniform pressure throughout its whole mass. In this way you may, perchance, at length succeed in dislodging the contents. Be very careful in applying this pressure, and do not apply it for more than ten minutes. There is more danger in a prolonged and badly managed attempt at taxis than in an operation. Of course you may prolong your efforts at taxis over ten minutes, if the hernia be large and old. As soon as you hear a little gurgling sound, from that moment you may take courage. If it turns out to be largely an omental hernia, and you find that it cannot be reduced entire, you must endeavor to put it back by instalments.

In a case of femoral hernia, the manipulation is, of course, entirely different. Here it is very hard to reduce in some cases, as the hernia may turn completely over Poupart's ligament. If you are uncertain as to whether the hernia has turned over or not, put your finger on one of the bony insertions of the ligament, and by pushing it along you can feel the ligament throughout its whole length, provided, of course, that the hernia has not turned over it. If it is turned over, first pull it down, then place the patient on his back, raise his shoulder, turn his knee (right or left, as the hernia may be) up and in, and then begin the gradual compression of the mass between your fingers. After it has been sufficiently compressed, the hernia should be first pushed into the saphenous opening and then directed upwards.

THE OPERATION FOR STRANGULATED INGUINAL HERNIAS.

Suppose you are foiled in all your efforts at taxis. Then you must proceed at once to operate. The first step in the operation for the relief of strangulated inguinal hernia is to shave the hair carefully off that side of the pubis and scrotum. The patient must then, after being etherized, be brought to the side of the bed and his legs allowed to hang over, his feet resting on chairs placed conveniently. The hips should come just to the edge of the bed, or table. In all cases before attempting taxis, you should make a full statement of the dangers of the case to the friends of the patient, so that failing in your manipulations you may proceed at once to operate.

The incision should be made over the most prominent part of the tumor, and ought to be from two and a half to three inches long. The overlying layers should be very carefully lifted. If you cut hard you may drive your knife right into the contents of the sac. There are two ways of cutting through the skin. (1) You may take up a fold of skin between your fingers and cut through its base from within outwards, or (2), as I prefer to do, you may cut from without inwards. I begin my incision at a point over the external abdominal ring. After severing the skin, I am accustomed to make a little nick in the superficial fascia and put in my director. There may very possibly be a little bleeding from the superficial pudic when cut. Separate the sides of the wound with your fingers. Lift up with the director any of the superficial fascia that may remain after the first cutting and divide it.

This brings us to muscular fibres and connective tissue. Lift up the loops of connective tissue and cut them on your director, pushing the muscular striæ aside. These striæ will usually turn out to be fibres of the cremaster muscle. After dividing the connective tissue you reach the sac itself, which is composed of a fold of peritoneum. It is very hard to distinguish between this sac, or peritoneal covering of the hernia, and the walls of the intestines themselves. Let me point out to you some good ways of distinguishing between them. 1. Take up the presenting surface and see if you can slide the layers over one another. This, of course, cannot be done in the case of intestine. 2. When the sac contains fluid, if a light be placed on one side of it, you can discover a translucent layer above, with intestine below. 3. There are not generally any muscular fibres upon the surface of the sac, whereas, on the surface of the intestines, there may be seen regular muscular fibres running uniformly in two directions. If there are any fibres on the surface of the sac they will be found to interlace. 4. Take the finest needle in your pocket-case, and hazard an exploratory puncture. If you get fluid, it is the sac; if air, it is intestine.

How are you to act when you get down to the sac? (1) Reduce the hernia without opening the sac, or (2), if necessary, open the sac and then reduce the hernia. If you do not find it necessary to open the sac, try to find where the stricture is by running your fingers up outside of the sac. You will generally find the stricture to be situated either at the neck of the sac, or at the internal ring. It is always best to reduce the hernia without opening the sac, and for the following reasons: You wound the peritoneum by opening the sac. Wounds of the peritoneum are necessarily serious, and the inflammation may extend to the whole peritoneal cavity. The advantage claimed for the opening of the sac is that it is often impossible to discover otherwise the exact position of the intestine.

The whole question of opening or not opening turns upon the condition of the contents of the sac. In hernias of long standing the strangulation is very rarely acute in its character. If there are no very active symptoms present, the contents are presumably in a condition to be returned. Where the hernia is more recent, and the symptoms of strangulation more severe, it is dangerous to attempt reduction without opening the sac; some structural change has no doubt been going on. Where the symptoms are not very severe, it is far better to divide the stricture and restore without opening the sac. It is only in very rare instances that you will find the intestine mortified. To divide the stricture, introduce your finger until you reach the stricture, and then, using your finger as a director, divide it at once with a Cooper's hernial bistoury.

How are you to get the point of the knife under the stricture? Slip the knife flat on its side along your finger as a guide. When it slips under the stricture turn the edge up and press the knife up by means of the finger which was used to direct it to the spot. In cutting a constriction, you should always cut in a cer-

tain way. The edge of the knife should be turned directly upwards and should cut parallel to the line of the inguinal canal, *i.e.*, in the line of Poupart's ligament. As soon as you feel the stricture give way, put the knife flatwise again and remove it. After cutting the stricture, the parts should be returned by means of the fingers.

How are you to proceed when you find it necessary to incise the sac? Make a little nick in the neck of the sac, and, after introducing the director, cut the sac with a pair of scissors. After thus exposing the intestine, examine it carefully with your fingers. If it is of a chocolate color, it is a sign that it has become highly congested. After incising the sac, introduce your finger between the sac and its contents. Then run the knife flatwise along your finger as director, turn the blade up, cut the stricture, and withdraw the knife. Now that the stricture is cut, you must wait and see whether the bowel regains its normal color or not. If it does, you may restore it at once. Sometimes it does not. The congestion remains, and rubbing it between your fingers reminds you of the sensation produced by a piece of leather. Suppose there is just one small point of complete mortification; how are you to act? Tie a silk or animal ligature directly round the part, then cut off both ends of the ligature and return the bowel. Of course you could not treat a very large point of mortification in this way. How are you to act in the case of omental hernia? If the vitality of the part is gone, and it is small, put a ligature round it and return the bowel. If the mortified portion is large, after ligating it, return the sound part and keep that which has mortified at the external abdominal ring.

Suppose the loop of intestine is all sound, but greatly distended with gas, how are you to restore it? Try to press out the gas by gradual compression; then replace the bowel. When a hernia is exclusively omental, there is sometimes a good deal of difficulty experienced in restoring it. When the hernia contains both omentum and intestine, which are you to restore first? You may restore either part first, but never try to put back both at once. Find out which will go back most readily. When the intestine is so full of air that it will not go back, even after the stricture is divided, introduce your finger into the ring, dilate it, and slowly and patiently press out the air. Some surgeons are accustomed to tap the bowel in such cases with an exploring needle, but I do not advise this procedure.

All being restored, close up the wound with a few silver sutures, put a roller round the thigh, flex the limb, and administer opium in repeated small doses for four or five days, beginning with two grains during the course of the first day. On the sixth or seventh day castor oil may be given in very small doses as a gentle aperient, say a teaspoonful every six hours.

Suppose that you cannot by any means return the hernia, what are you to do then? Allow the hernial mass to remain in the wound, taking care to place over the opening of the incision a disinfecting lotion. Why do I say to leave the wound open? So that all the bloody serum and other discharges may find a free outlet, so that the sides of the bowel may become glued to the sides of the abdominal ring, and thus form an artificial anus. As the bowel mortifies, you should, of course, clip it away piecemeal.

(As regards the operation for strangulated femoral hernia, although the location of the incision is of course different, the same general directions should be followed as those which I have sketched out above in the case of strangulated inguinal hernias.)

Original Communications.

CASE OF OVER-DISTENTION OF BLADDER UNSUSPECTED — PERMANENT ATONY RESULTING.

By ALEX. W. STEIN, M.D.,
SURGEON TO CHARITY HOSPITAL, ETC., NEW YORK.

Mr. G., æt. 48, widower; wife died five and a half months ago; wine merchant. Always been a free drinker, not, however, to intoxication. Up to the age of fifteen was subject to nocturnal incontinence of urine. Family all consumptive. Had repeated and profuse pulmonary hemorrhages in early life, and has coughed more or less ever since. Is rather feeble and emaciated. Twenty-five years ago he was advised to put a cantharides plaster over the sternum, which gave him so much relief from coughing that he has *kept the issue open ever since by applications of cantharidal ointment.* Insists that, if he allowed the issue to close, he would die. His urinary apparatus has always been in a good working condition until about ten days ago, when he noticed an unusual frequency in micturition, which became more and more marked from day to day, and now (June 20, 1874, his first visit) he is obliged to pass water, or at least make the effort, every fifteen to thirty minutes. There is much strangury, a "smarting, burning pain" along under surface of penis, midway between meatus and scrotum, which lasts about a minute. The desire to urinate comes suddenly, and is urgent, and, although he responds to the call at once, he often makes the effort without passing a drop. When he does succeed, the quantity varies from a few drops to an ounce. The strangury lasts about a minute, and subsides, *whether any water passes or not*, to recur in fifteen to thirty minutes. Has no pain elsewhere. (Believes this attack to be due to stopping the use of whiskey, to which he is accustomed, because about two months and a half ago, after stopping whiskey, he had a similar though slight attack, which entirely subsided after resuming the use of the stimulant.) Had intercourse once, about two weeks ago, and again ten days ago, since which time has noticed a slight gleety discharge. Is to take tablespoonful of the following mixture every three hours: ℞. Potass. citrat., ʒij.; ext. hyosciam., grs. xviij.; aqua camph., ʒiij. M.

June 22, 1874.—No improvement since last visit. Always obliged to stand for a moment before he succeeds in passing water, and then only after considerable effort. The stream is small; comes without force. Thinks he passes less water than usual. Urine high-colored, albuminous, and contains pus. Prepuce quite edematous, and a slight discharge appears at meatus. No additional pain along urethra during flow of urine. Size and feel of prostate, per rectum, normal.

Declines to have any exploration of urethra; attends daily to business, and will not stay at home. Continues alkalies with hyosciamus.

June 27, 1874.—(Written communication.) Getting worse. Quantity of urine voided becoming less and less, while the desire to micturate is more frequent and painful. Thinks he has not passed half-pint of urine in twenty-four hours. Directed hot hip-baths morning and evening, with following suppository at night: ℞. Ext. bellad., gr. ¼; ext. opii, gr. 1½; ol. theobrom, ʒj. M.

June 30, 1874.—Called at his house (voluntary visit). Says he feels perfectly comfortable. Has the same

frequency and smarting pain in passing water; but when the pain subsides, "there is nothing the matter with him." In evidence of his good condition, he says he has been down town all day, hard at work, and has been playing billiards all the evening. In the course of conversation, however, he stated that his abdomen "seemed swollen." This prompted an examination, and the bladder was found distended to the umbilicus. Urging upon him the necessity, he consented to the introduction of a No. 8 E. flexible catheter, and was relieved of four pints three ounces of stale urine. The flow was characteristic, slow, without force, falling perpendicularly from orifice of instrument, stopping now and then, and recurring in spasmodic spirts with each voluntary contraction of diaphragm and abdominal muscles. The evacuation of the bladder was purposely prolonged, and not completed, as was shown by the escape of urine from the catheter when pressure was made over the hypogastrium. Patient cannot say that he feels any special relief now that his bladder is empty, since *he did not feel any pain or discomfort when it was full.* All that he notices is a sense of weakness over the hypogastrium.

July 1*st*, 11 A.M.—Has had no inclination to urinate since catheterization last evening, nine o'clock. Feels very comfortable; slept all night, which he has not done in a long time. Has tried to pass water several times, but without success. Separating lips of meatus, which were agglutinated, a little thick, creamy discharge escaped. No. 8 E. flexible catheter removed *eleven* ounces of urine. After which No. 14 E. bougie à boule passed into the bladder freely and without obstruction. Patient would not remain at home, and went to his business.

As the bladder had become so thoroughly distended and insensible to the presence of urine, he was directed not to wait for a natural impulse to micturate, but depend entirely upon the catheter, which he is to employ at least four times a day.

July 3, 1874.—Has no power to empty bladder. Uses catheter but twice daily, morning and evening, although he has been made to understand the importance of using it more frequently.

May 24, 1875.—No perceptible change in the power of his bladder since last report. Has never been able to empty his bladder, and although he may now and then pass a very small quantity of urine, he is obliged to have recourse to the catheter for the evacuation of his bladder. Has continued to attend daily to business. Passes catheter morning, evening, and once during the night—each time drawing from "one-half to over a pint." In response to the question, why he allows the urine to accumulate in such quantities, says he *never feels any inconvenience whatever in holding his water when sitting or moving about; but at night, when in the recumbent posture, and after a certain quantity of water has accumulated, tenesmus occurs*, and he is obliged to have recourse to the catheter.

April 30, 1878.—Patient says his bladder seems almost insensible to the presence of urine, even when it contains considerable, and he resorts to the catheter more as a matter of necessity than inclination. When the hydrostatic pressure is great, as after drinking ale or beer, he can with some effort pass a very small quantity of water in the natural way, but he has learned to depend entirely upon the catheter, which he introduces three or four times a day. The almost appalling manner in which he thrusts the instrument into his bladder shows a perfect familiarity with its use, and an entire absence of any fear of pain. Last December an abscess formed in connection with the right epididymis, which opened, a fistula remaining (tubercular testes). Coughs and expectorates profusely. Appetite poor, but otherwise feels well enough.

In summing up the foregoing case, the following are some of the points of interest which present themselves:

1st. The question as to the length of time that elapsed from the occurrence of retention to the withdrawal of the urine is doubtful; but we may infer that retention existed, at least to a degree, on his first visit, ten days previous to passing the catheter.

2d. The remarkable immunity from pain or inconvenience, while the bladder was in a condition of over-distention, points to the fact that the accumulation must have been very gradual. The patient never suspected his real condition: and, though he realized that the quantity of urine voided was less than usual, he regarded his trouble as one of incontinence, and was firm in his conviction until the catheter demonstrated to the contrary. If hypogastrium had been examined earlier, the true nature of the case would have been revealed sooner.

3d. The quantity of urine removed, though large (four pints three ounces), was not all the bladder contained. Believing it injudicious to abstract at once all the water contained in a bladder which has been long distended, I should not have removed as much as I did, but my patient was reckless and uncontrollable, and I hoped, by magnifying the gravity of his case, to make him submit to advice and treatment. How well I succeeded, is shown by the fact that he went to his business the same day, in spite of my injunctions to the contrary.

4th. The original cause of the retention may be a question. There was no apparent hypertrophy of prostate and no obstruction to the passage of a No. 14 E. bougie or a steel sound of same size. He does not remember voluntarily holding his water, or that his bladder became at any time over-full. The first and only symptom that attracted his attention, was frequent and painful micturition. The fact that no appreciable enlargement of the prostate was discovered by rectal examination, or any difficulty experienced in the introduction of the catheter, does not preclude the possibility of the existence of such an enlargement. We occasionally see cases where considerable prostatic enlargement, as recognized by rectal examination, does not cause any material obstruction to the outflow of urine, while a comparatively small projection into the bladder and no enlargement towards rectum will constitute an effectual barrier to the complete evacuation of the bladder. But aside from prostatic enlargement, there occur other and sufficient changes in the physical condition and structure of the bladder to account for the bladder weaknesses so common in old men. The position and general physiognomy, so to speak, of the bladder is much changed in the aged; the basfond is lower, the vesical region, especially at its base, is characterized by varicose dilatation of the venous plexus there found, and by a marked accumulation of fat around the vesicular seminales, vas deferens and prostate, and fatty degeneration of its muscular walls, is not a rare occurrence. The thin, pale, and flaccid detrusor, so often associated with old age and with phthisis, or other chronic and exhausting disease in earlier life, only requires to be overstretched once to lose its expulsive power. A single neglect to empty the bladder, when called to do so, will suffice to produce permanent atony. If the muscular fibres have undergone no change other than stretching, they will of course regain their tone more

readily than when fatty changes have involved their texture. Now, as to Mr. G.'s case, it is quite possible that he may have some slight centric projection of the prostate; indeed the gradual development of the retention would point that way; but as hypertrophy is not commonly manifested by symptoms before the fifty-seventh year, his age militates against the existence of such an hypertrophy, while his feeble health and badly nourished body make it probable that his bladder is simply in a condition of atony or fatty atrophy.

I might cite instances in which the bladder has not been emptied, except by catheter, for a much longer period; but the absolute comfort and ease with which this patient has employed the catheter, and depended wholly upon it during the past four years, is another example indicating the propriety of its *early* and *continued* use in all suspected cases of prostatic hypertrophy or vesical atony.

POTASSIUM BROMIDE IN PUERPERAL CONVULSIONS.

By HENRY M. FIELD, M.D.,

PROFESSOR OF THERAPEUTICS, DARTMOUTH MEDICAL COLLEGE.

WHAT is the value of potassium bromide in puerperal convulsions? How much may we hope for from its use? Its frequently acknowledged efficacy in epilepsy would prepare us to expect something from it at least; and reports of its action in the former application, scattered through the journals of the last two or three years, certainly commend it to our attention for further investigation.

One thing I believe we should assume at the start: that the remedy must be applied with a free hand and in large doses. In epilepsy we have learned to look for nothing except from liberal medication; and in puerperal eclampsia the emergency is great, and we must act with corresponding promptness and decision. I suspect the necessity of massive doses has been too often overlooked. In a paper by Dr. Hutchison in the English *Practitioner* of last September, a case is reported in which 15 gr. of bromide was ordered every hour in convulsions of violent character; while in another equally severe, a scruple was given every two hours. "In both," we are told, "the exhibition of bromide of potassium was followed by an early diminution in the severity of the convulsions, by a longer interval between them, and by steady general improvement." Both were cases of eclampsia following on parturition.

A case of my own of the past winter, in which potassium bromide, as applied to the convulsions preceding the birth, seemed to be the chief weapon of relief and safety, I have thought of sufficient interest to report.

A lady of 26, confined with her third child. Nothing in previous history of the case of interest; nothing in its previous observation had led me to anticipate the complication with which I had to contend. Was summoned from my bed early in the morning by the husband, who reported that his wife, without any previous symptom of labor, had risen from sleep for micturition, and had passed at once into violent convulsions. Unavoidable delay caused an hour to elapse from the beginning of the seizure till I was by her side, and the convulsions still continued with unabated severity. I at once resorted to inhalation of sulph. æther, and when convulsive action had ceased and the patient could be roused sufficiently from the coma following it, gave my first dose of bromide. I had ordered one ounce in powder, and this I divided into eight equal portions, thus giving sixty grains freely diluted at once. Examination showed vertex presentation, and a relaxed state of the uterine os.

Returned in one hour to find labor progressing satisfactorily; but also symptoms of an approaching convulsion. Gave the second drachm of bromide, and remained with the patient henceforth till completion of labor, repeating the remedy at intervals. Kept her in a condition of semi-anæsthesia, according to my usual method, *i. e.*, giving chloroform on a handkerchief with each pain throughout its continuance. There being no contra-indication, administered an occasional dose of fifteen to thirty drops of fluid extract of ergot. This I did to meet three indications: to antagonize the retarding influence of the chloroform on the labor, to give impetus to the parturition while the patient was in a favorable condition for it (fearing the return of the convulsions at any minute), and, third, to act as a probable adjunct to the principal remedy.

Labor was completed in seven hours after the occurrence of the first convulsion, and without return of this complication after the first dose of bromide had been taken, although I was kept in constant apprehension of it. On leaving I took what remained of the powder with me to the druggist, where, on its being weighed, it was found my patient had received 3 vss. during the brief period of my attendance upon her.

A few remarks. There was not evidence at any time that the subject was injured by the free administration of the drug. I accomplished more than I had expected. Meeting a medical friend on leaving my patient after the first dose of bromide had been given, I arranged with him to assist me with the forceps, if at any time I should need to resort to them, and should send for him. I believe my large doses kept off convulsions, and enabled the uterus to complete the labor without further complication. Several hours after confinement there appeared suddenly another convulsive seizure of diminished severity. Return to the bromide in 3 ss. doses three or four times a day, kept the patient comfortable for forty-eight hours. Again was the remedy suspended, and again was there occasion to resort to it; and this happened several times in the fortnight following parturition, until the family learned when and how to apply the medicine without recourse to the physician. Thereafter the patient made a good recovery.

Reports of Hospitals.

CHAMBERS STREET HOSPITAL, N. Y.

DR. W. T. BULL, ATTENDING SURGEON.

(Reported by Geo. D. Clift, M.D., House Surgeon.)

INCISED WOUND OF ABDOMEN, PENETRATING—PROTRUSION OF OMENTUM, WITH HEMORRHAGE—REDUCTION AND SUTURE—PERITONITIS AND SECONDARY HEMORRHAGE FROM DEEP EPIGASTRIC ARTERY—RECOVERY.

A LABORER, æt. 42, during the night of February 4th, received several stabs from a penknife in the hands of a bedfellow, with whom he was quarrelling about the possession of a fifteen-cent bed. On admission to the hospital about an hour later, he was much prostrated from loss of blood. A wound 2¼ inches long, transverse in direction, was found 3 inches above the middle of Poupart's ligament, and a mass of omentum, as large as a man's fist, and in natural condition, protruded from it. Some of the outer fibres of the

rectus muscle were divided, and the peritoneum cut through to the extent of ¾ inch. Omentum replaced. Compress and bandage. Opium and whiskey internally. Fifteen hours later Dr. Bull examined the wound. A portion of the omentum was lying between the peritoneum and integument, and a small artery in it bled freely. Efforts to reduce it were very painful. Ether was given, the wound of the peritoneum enlarged, a catgut ligature applied to the artery, the omentum reduced, and three silver sutures inserted, the middle one including the peritoneum. The deep epigastric artery was cut accidentally, and tied with catgut. Two drainage-tubes. Spray and Lister dressing. Ordered morph. acetat. hypodermically, at sufficient intervals to relieve pain, and fluid food. On the third day there was great swelling of whole abdomen, with tenderness, nausea. Pulse, 120, and evening temperature, 101¼°. In the two previous days gr. vi. morphiæ acetatis had been given subcutaneously, and respiration had averaged 20. Edges of wound were red and puffy. Upper and lower sutures removed, and wound surface found sloughy. Wound syringed with 1 to 80 sol. of acid. carbolic. Edges allowed to gape. Compress of lot. phl. et opii. over whole abdomen. Opium increased in quantity. Patient anxious, but takes food at intervals of three hours. In the following three days 12½ grains of acetate of morphia were given hypodermically. Respiration averaged 16, evening temperature 100½°, and pulse 106. General improvement. Sloughing of a portion of integument. Wound granulating. On the seventh day sharp bleeding from deep epigastric; arrested at once by pressure, and silk ligature subsequently applied. Large natural movement of bowels. From this on there was gradual improvement. No opium after the ninth day. Diarrhœa, with watery stools, on the ninth, tenth, eleventh, and twelfth days. On the nineteenth day wound reduced to small granulating sore. Patient out of bed on the twenty-eighth day, and discharged a week later.

DISLOCATION UPWARDS OF THE ACROMIAL END OF THE CLAVICLE SATISFACTORILY TREATED BY MEANS OF A SIMPLE METHOD OF APPLICATION OF THE ELASTIC BANDAGE.

This dislocation is justly considered very intractable. Two cases recently treated in the Out-Patient Department, in accordance with the suggestions of Dr. Bull, have given such good results that a description of the apparatus may prove interesting.

R. C., æt. 26, while at work, fell from a step-ladder 2½ feet high, and struck the left shoulder against the floor. There was much pain about the shoulder, with inability to raise the arm. At the hospital next day the above form of dislocation was well marked. The end of the clavicle projected one-half inch above the acromion process, without overlapping it, and the shoulder was shortened inwards one-quarter inch. Reduction was easily effected by raising the elbow and depressing the clavicle. The arm being held in this way, a compress of two layers of paper-lint was placed over the articulation, and retained by two strips of adhesive plaster (as in Fig. 1), the edges being glued to the skin with collodion. The hand and forearm were then bandaged with a flannel roller, a loop of a bandage of elastic webbing, 5 feet long and 1½ in. wide (such as is used in Esmarch's bloodless method) passed under the elbow, the ends drawn snugly over the compress, and the anterior one carried around the axilla of the sound side (as in a spica of the shoulder), to join the other between the clavicles (Fig. 2). The ends were secured with strong pins, and the loop about the elbow was fastened to the bandage in the same way. One or two circular turns around the arm and chest (dotted line, Fig. 2), and a large sling to support the forearm and hand, completed the dressing. Collodion was painted on the skin in the axilla. The patient complained of no pain on completion of the dressing. The three following nights he was obliged to take morphine, gr. ⅛, but there was no further discomfort. The webbing stretched considerably, and had to be readjusted three times before its removal at

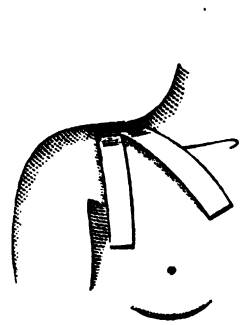

Fig. 1.

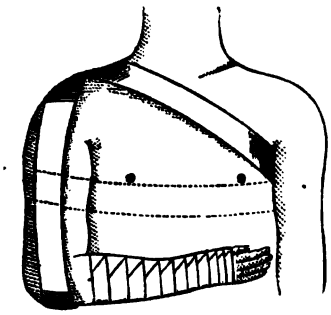

Fig. 2.

the end of three weeks. Slight excoriations were produced on either axillary fold. Collodion was painted on repeatedly, and folds of lint inserted under the bandage, and no annoyance was caused. The final result was perfectly satisfactory. There was no difference in the outline of the two shoulders, either to the eye or the touch; no stiffness of shoulder or elbow, and the lameness of the muscles from confinement disappeared in a week. The dressing was worn three weeks, and the forearm carried in a sling for a week more. One month from the injury the cure was perfect.

The second case was that of a shoemaker, 32 years old, who fell down the steps of a basement while intoxicated. The clavicle projected upwards three-quarters of an inch, but was easily reduced. Twelve hours after the injury the dressing was applied, as in the preceding. At the end of two weeks one of the "strong elastic bandages," * introduced by Dr. Martin in a paper before the Am. Med. Association in 1877, was substituted for the webbing, and proved in every way satisfactory. As the bandages were in use for ulcers of the leg, and were expensive, it was deemed undesirable to cut one. Hence, the length was sufficient to cover the surface traversed by the webbing twice over, and it was found convenient to begin its application on the posterior surface of the arm, at its middle, and to pass downwards under the elbow, thence over the shoulder, under the opposite axilla, and over the shoulder to the starting-point. A second turn was made in this way, and the ends of the bandage tied round the arm. A number of papules, with few pustules of acne, formed under the rubber in the neighborhood of the shoulder, but caused no great inconvenience. There were no excoriations. The rubber bandage, with sling, etc., was worn for two weeks, making four weeks in all that the patient was under treatment. The result was perfect. A week later the man resumed his occupation. It should be mentioned that in the latter case some pain was caused by pressure of the bandage on the ulna. This was remedied by shifting the loop forwards or backwards, so as not to bear on one spot more than two or three days in succession.

* For a description of these bandages, see the Transactions of the Am. Med. Assoc. for 1877; or The Record, March 9, 1878, page 189.

Progress of Medical Science.

Derangement of the Glycogenic Function of the Liver as a cause of Bright's Disease.— In an article bearing the above title, taken from the *American Journal of the Medical Sciences*, Dr. Gouverneur M. Smith, comes to the following conclusions:

1. Among the causes giving rise to one form of the disorder known as Bright's disease, climate is recognized as a potential one—climatic influence being chiefly operative in those sections of the earth where the vicissitudes of the weather are sharp and abrupt, as in localities of the temperate zone.

2. One of the uses of the glycogenic function of the liver is to maintain animal temperature. The function in question may be deranged in various ways. Sugar may not be formed at all or may be formed in unduly large quantities, or may be generated so sparsely as to be insufficient to subserve the wants of the economy. In a case where the sugar is suppressed, or is prepared in very moderate quantities, animal temperature is diminished, the person suffers as one exposed to harsh atmospherical conditions, and is liable to chronic congestion and organic lesions of the kidneys; and if such an individual is resident of a region in which the mean annual temperature is about 50° F., he is peculiarly prone to injuries of the renal textures.

3. Lessons in the prophylaxis of Bright's disease and the treatment of the disorder are derived from the above considerations. As means of prevention, care must be bestowed upon the nervous system, resort must be had to dietetic measures, extreme attention being paid towards promoting the healthy performance of the various functions, while the artificial temperature of the apartments and personal protection by clothing when exposed to inclement vicissitudes are important measures of defence.

Membranous Laryngitis as a result of a Definite Exposure to Cold.—The sub-committee of the Royal Medical and Chirurgical Society on the relations of diphtheria and croup, published in *The Lancet* of Jan. 26th, a request for notes of cases in which the formation of false membranes in the air-passages followed a definite exposure to cold. Dr. Johnson, of King's College Hospital, in commenting upon this, urges the necessity of careful search for the existence of any morbid influence, other than exposure to cold, which may have co-operated in any given case, illustrating the importance of this by reference to two cases, in which the appearance of the false membrane was traceable to the escape of sewer-gas. The result of his own investigations has been the conclusion that, in the absence of direct contagion, the occurrence of membranous pharyngitis or laryngitis affords conclusive evidence of infection by sewage-poison, conveyed through either air or water.—*The Lancet*, February 16, 1878.

Treatment of Tetanus.—Dr. Eben. Watson reports two cases of acute traumatic tetanus in the treatment of which nerve-stretching was performed in conjunction with the use of calabar bean, a drug in which he has not lost confidence. Death followed in both cases, yet in both the progress of the disease was apparently mitigated by the operation. Dr. Watson is not an advocate for any avoidable operation after the inception of an attack of tetanus, considering the ill-effects of the anæsthetic greater than in other patients, and its administration almost certain to excite a severe and perhaps fatal paroxysm. Unless, therefore, he were convinced that nerve-stretching exercised a beneficial influence over the disease he would neither recommend nor practise it; at present, however, he can only say that it is an operation from which we may hope for some assistance in the treatment of these very desperate cases.

Mr. Boon, of the West Indies, reports five cases of tetanus with four recoveries. Of these, the first, second and eighth were traumatic; the fourth and fifth idiopathic. The first, second and fifth were acute; third, while not very severe, had at times intense spasm; fourth was chronic. His treatment is to keep the room dark and quiet, carefully excluding draughts; to give nourishment freely, in a liquid form, at frequent intervals, and always warm; stimulants in small quantities from the first; never give purgatives; chloral hydrate together with extract canabis indica should be given in rapidly increasing doses until the frequency and severity of the spasms are controlled.

Mr. Watson Paul relates a case of idiopathic tetanus treated with atropia and chloral hydrate, in which the patient was convalescent on the sixteenth day.

The case of Dr. Samuels, of San Francisco, was one of acute traumatic tetanus, treated by chloral hydrate and potassium bromide, and the galvanic battery. During the application of the battery and for a short time afterwards the muscles were relaxed, but soon returned to their former condition. Death on the third day.

Mr. Lawson, of Halifax, reports an acute traumatic case, of a severe type, treated by chloral hydrate; no stimulants or nourishment except milk, and very little of that from August 9th to August 23d. Recovery in five weeks.

Of late years the surgical treatment of tetanus has assumed especial importance, since experiment has shown the harmlessness of manipulating or even cutting nerve trunks. For a careful study of the operation of nerve-stretching we are indebted to Dr. Eben. Watson. There are certain objections to this procedure which at first sight seem serious, apart from the want of success which has been met with. The necessity for the use of chloroform, the size of the wound, the near relations to important vessels, and the severity of the operatian in some cases, would deter many surgeons from attempting it. The process certainly deserves to merit further trial, and, at any rate, for the present, should replace amputation.—*The Lancet*, February 16, 1878.

Insane in Connecticut Poor-houses.—Dr. Abram Marvin Shew, Superintendent of the Connecticut Hospital for the Insane, reports that there are still about 400 lunatics in that State who are provided with no better accommodations than the town poor-houses are able to furnish, and advocates the erection of small asylums capable of accommodating 250 patients each, as probably the best method of making provision for pauper lunatics. Possibly a resolution of this question may be found by and by in the erection of small county hospitals, which need not be costly in structure or expensively furnished, and would not, on the average, be required to make provision for more than 25 to 30 patients. Dr. Shew finds that there is some immediate pecuniary advantage in having large hospitals, but that this advantage is more than counterbalanced by the decreased percentage of recoveries that results from lack of personal attention to each patient on the part of the medical staff.

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THE AMERICAN MEDICAL ASSOCIATION.

On the occasion of the meeting of the American Medical Association it is usual with journalists to offer some original suggestions for improvement. In times gone by we were proud to number ourselves with the would-be reformers, and cried as loud as any for such changes in the plan of organization as would make the Association a truly representative body. Since then many important changes have been made for the better, and although there is a striking relation, as far as we are concerned, between cause and effect; we do not venture to go further than refer to the fact. However, we are scarcely glad that there are now no more flagrant abuses to attack and no more suggestions to offer for increasing the usefulness of this body. It is true, there are some propositions to be offered at the coming meeting, which may tend to simplify and systematize the work of the sections, but in a general way these will not effect the harmonious plan of government of the Association as a whole. The Association is probably to-day as near perfection, in its general working arrangement, as it can be made to be, considering the number of interests which have to be consulted and the wide range of jurisdiction which it at present enjoys. The trouble is in reality to keep it where it is. In fact, any radical change is more apt to be for the worse than the better. The profession throughout the whole country respect it for its decisions, is proud of its influence, and is in hearty sympathy with its purposes. The foundations are broadly and firmly laid, and must not be meddled with if we ever expect to build a substantial and representative superstructure. In view of this conviction we are pleased to know that no radical changes are contemplated, and that consequently the next meeting promises to be a success. The Committee of Arrangements at Buffalo have worked faithfully, and we have reason to believe successfully, to such an end, and we have the promise of papers before the sections of even more than ordinary interest. It is, of course, expected that some of the old questions which have been presented to the Association will be discussed. Many of these may be tolerated, but there are a few which can be ignored, without harming any but those who may wish to bring them up. Of course, we expect to hear of the plaster-Paris splint, of salicylic acid in rheumatism, of climate cure for consumption, of a new treatment of diphtheria, of the real origin of bacteria, of the influence of drinking water on typhoid, because these are subjects which are comparatively new and need more ventilation: but the gentleman who attempts to prove the value of Lister's antiseptic spray, should be looked upon with becoming suspicion, while the one who invents a new speculum or a new fracture apparatus should be fined with an extra volume of the Transactions.

OUR FILTHY STREETS.

Now that the Legislature has adjourned without making any provision for the proper cleaning of the streets of New York, thereby leaving the city still at the mercy of the wretchedly inefficient Street-cleaning Bureau of the Police Department, it certainly seems to be a very *à propos* suggestion which one of the morning papers makes, that Recorder Hackett should ask the Grand Jury to consider the propriety of indicting the latter, in the same manner as he has done in regard to the Aldermen and the Health-board. It is perhaps too much to expect that our streets should be as well cleaned as those of any city in the world, on account of the miserable manner in which most of them are paved; but the enormous sum of money that is annually expended for the purpose, and the facilities offered by the situation and water-supply of the city, ought to ensure their being kept in at least a tolerably decent condition. There is no reason why they should not compare favorably with those of most other cities; but their filthy state is, and has been for a long time notorious. It is true that Broadway and Fifth Avenue, with the first blocks on either side of the latter (which are swept regularly every day at private expense), strike the stranger as being rather tidy thoroughfares; but let him follow these side streets a little further to the east or west, or go into some of the other avenues, and he will have his eyes opened to the real condition of the great mass of the city in this respect. Such a vile state of the streets is unwholesome enough at all times, but during the summer it becomes a matter of infinitely greater importance to the health of the community.

It is acknowledged by all authorities that one of the chief causes of the enormous mortality from diarrhœal diseases among the children of large cities is the effect of high temperature upon refuse animal and vegetable matter, and while this is left to decay about the streets and domiciles only the most serious con-

sequences are to be apprehended. It is very well to establish a service of house to house visitation by physicians, and equip floating-hospitals, on which the children can be taken out on the water from day to day; but as long as the streets are allowed to remain in their present disgraceful condition, almost all the good which might otherwise result from these agencies is really neutralized. The cleansing of the stables of Augeas, where three thousand oxen had been confined for many years, which has furnished the text for such an infinite amount of moralizing, satire, and exhortation, ever since the remarkable feat was accomplished, was only one of the twelve labors of Alcides, and, therefore, when we consider this fact, we may perhaps be encouraged to hope that something might be done towards this not less herculean task, and before the hot weather finally sets in, if somebody in authority would only take it in hand to compel the derelict bureau to perform its duty in a moderately satisfactory manner.

THE SUPPRESSION OF APPLE-SHOOTING.

To the individual of a statistical turn of mind it must now be a question of considerable interest as to how many persons must be killed in this country before a stop will be put to the exciting sport of shooting apples off of peoples' heads with rifles and other like innocent little weapons in the variety shows, which are at present doing so much to elevate the taste and improve the morals of the community, in different parts of the land.

A recent issue of the *Louisville Courier Journal* gives an account of the latest of these "accidental" shootings, which occurred at Rockfort, Indiana. The show was being held in a tent, and a considerable crowd had naturally congregated around outside. When the act came in which "Harry Wallace" was to shoot the apple from his wife's head, two men were sent out to clear the people away in the direction towards which he was to fire; but there were so many persons present that the attempt was only partially successful. Two or three shots were fired, all of them coming through the canvas, and in the last one the bullet entered the brain of a lad outside, killing him instantly.

FEMALE RIGHTS BEFORE THE LAW.

THE *Hartford Courant* states, that the Supreme Court of Pennsylvania has lately been called upon, in an indirect way, to decide the important question as to whether a woman has any legal right to wear stays, and that it gallantly says she has. The circumstances of the case were as follows:

A lady was riding in a horse-car so crowded that she was obliged to stand up, when the car stopping in a very sudden manner, she lost her balance and fell over, thereby fracturing her patella. She sued for damages, and the railway company claimed contributory negligence on her part in that she did not take hold of the strap that is provided for standing passengers. On the other hand, she maintained that she was unable to reach or hold the strap, owing to the stays which she wore, and that with the present fashions no lady could do so, or at least not without inconvenience and possible injury. The lower court, before which the case was tried, decided that the lady, in taking hold of a fellow passenger's hand (which, it was shown, she did), had done all that was necessary and that, under the circumstances, she was not called upon to stretch up to the strap. It awarded her about $5,000 damages, and the Supreme Court of the State, having reviewed the case, declined to interfere.

It would, therefore, seem that the fair sex are protected by the law in wearing any sort of stays they please, no matter how much they may interfere with health, comfort, and freedom of action; which, indeed, are matters of secondary consideration to the ordinary female mind, as long as fashion declares in favor of any special model.

THE HEALTH BOARD AND THE NUISANCES.

WE are not surprised, in view of the great outcry against the Health Board, that the latter has been indicted by the Grand Jury. There is no denying the fact that the board granted permits to many rendering establishments in the city, that it tolerated many occupations which are, generally speaking, looked upon as nuisances, but the question which must now be decided by trial is, whether these actions were justified under the circumstances. The Hunter's Point nuisance admits of no apology, and if its long existence can be proved to be due directly or indirectly to any countenance by the board, then the latter is clearly culpable. The conviction of the proprietors of one of the most notorious establishments at that place was very proper, and more will doubtless follow. It is scarcely fair to deprive the Board of the credit of bringing about this result, at least until the contrary shall have been proved. At all events, pending an investigation, we willingly suspend judgment.

THE OUT-PATIENT DEPARTMENT OF THE NEW YORK HOSPITAL AND ABUSES OF MEDICAL CHARITY.

To such as have taken an interest in the discussion of the abuses of medical charity, connected with the Out-patient Department of the New York Hospital, it will be a matter of congratulation to learn that the obnoxious regulations, admitting all patients to the privileges of the institution, have been abolished. By such a course the governors of the hospital have shown their respect for professional opinion. Hereafter, then, "the physicians will not be expected to treat such patients as have the means to avail themselves of adequate medical advice outside," and patients from the country will be furnished with a written diagnosis of their disease only "when requested in writing by their physician."

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, April 10, 1878.

DR. JOHN C. PETERS, PRESIDENT, IN THE CHAIR.

FIBRO-CYSTIC GOITRE.

DR. BEVERLEY ROBINSON exhibited a patient, showing the results of the treatment of a large fibro-cystic goitre with injections of iron and continuous drainage, afterwards with galvanism and ergot. The history and progress of the case was read in detail.

EXPECTORATED BRONCHIAL CASTS.

Dr. Robinson also exhibited fibrinous casts which were expectorated by the child in Syracuse, the history of whose case had already been presented along with similar specimens. Since the last occasion for reporting the case, the child had continued to expectorate these casts without any special inconvenience to herself, and as often sometimes as once in 24 hours. She would not unfrequently discharge the specimens in her sleep.

DR. CARPENTER stated that he had seen similar casts discharged from the same patient, some of them more perfect than the one presented. With the exception of the phenomena attending the discharge and the presumably abnormal condition of the bronchial mucous membrane, the child was in good health.

DR. PETERS referred to the monograph, upon the subject of bronchial casts, by Dr. Stephen Rogers, which was read some years ago before the Medical Society of the County of New York, in which the history of a very remarkable case was given.

DR. VAN GIESEN asked if, in Dr. Robinson's case, the larynx had been at any time invaded. The answer was in the negative.

DR. PETERS referred to a lady under his observance, who expectorated a large number of such casts every few weeks.

DR. E. C. SEGUIN suggested that some good effect might be obtained by the administration of arsenic, based upon the influence of that drug upon certain forms of colitis.

DR. VAN GEISEN asked if there was any fever during the formative stage of this deposit. There was, however, no evidence of such a condition from the history, so far as it had been ascertained.

BRAINLESS FŒTUS.

DR. E. C. SEGUIN presented the head of a brainless child. The fœtus from which it was removed was brought to him a week before, by Dr. Mason. The mother had no symptoms during pregnancy which would lead to the anticipation of any extraordinary result, and the child was known to be alive up to a few hours before birth. It was born dead, the breech presenting. The uterus contained a large amount of amniotic fluid. Every part of the body was perfect except the head. The latter was examined with care. There was rather a perfect face, large eyes, perfectly formed pupils, and large ears. On the top of the head, which sloped horizontally backward from the brows, was a bright, vascular membrane overlying a sac which, in its turn, overlay a thin lamella of bone. There was no trace whatever of the cerebral vesicle, its place being occupied by the sac filled with serum. The cranial nerves were well developed.

DR. PUTNAM-JACOBI referred to a similar case, in which a fœtus lived 29 hours.

UNUSUAL DEFORMITY OCCURRING IN A CASE OF VERY ADVANCED FUNGUS ARTHRITIS OF THE KNEE-JOINT—AMPUTATION OF THIGH—RECOVERY.

DR. BRIDDON presented a specimen of the above, with the following history: On the 20th of March of the present year, I was consulted by Dr. Matthias Abel of Quakertown, Hunterdon Co., N. J., concerning a farmer in his neighborhood who had been suffering for many years with disease of the knee-joint, and who was anxious to be relieved of his infirmity.

The Doctor furnished me with the following history: The patient came under his observation in April, 1873. He was at that time thirty years old, and had been suffering for two months with trouble in the joint, which was recognized as strumous, and he was advised an appropriate treatment, which he declined to submit to. He then fell into the hands of a "natural bone-setter" residing in Newark, under whose care he unfortunately remained for a period of two years, the treatment consisting in local frictions and active movements of the joint. He then returned to Dr. Abel, who found him emaciated, suffering from hectic and anasarcous swelling of both extremities, with fistulous openings communicating with the joint. Under tonic and suitable dietetics his general condition improved, the local condition remaining stationary.

I visited the patient on the 27th of March. I found him excessively emaciated, his face, upper extremities and trunk offering a marked contrast to his swollen lower limbs. His face bore the lines of long and continued suffering, was pale and bloodless; the hue was not the white, waxy one that belongs to nephria, but decidedly that which characterizes anæmia from suppuration. Both legs were infiltrated with solid œdema that scarcely pitted on pressure; the left was the larger of the two; the swelling extended nearly to the groin, and involved the scrotum; the skin of the diseased limb was eczematous, the leg was flexed to more than a right angle, and the flexion was unusual. It was displaced laterally, so that when the thigh was in the normal position the sole of the foot faced the inner aspect of the opposite thigh; integuments of the knee were red and brawny, and there were three large openings through which the finger could readily be passed, and through which the carious articular surfaces could be seen and felt.

There were no visceral complications. At my request, examinations of the urine had been made, and nothing found to indicate renal trouble. His digestion was good, his pulse below one hundred, his eyes bright, and determination firm; in fact, he knew no fear, and was cheerful at the prospect of getting rid of a useless member. Nothwithstanding his otherwise unpromising appearance, and taking into account the fact that the constitution which had resisted such ravages must be worth something in estimating the chances of an operation, I determined to submit him to amputation.

Ably assisted by Drs. Able and Cooper, and a couple of farm-hands, I removed the limb through the junction of the middle and lower thirds. Esmarch's bandage was used, and I do not think he lost an ounce of blood.

On the fifth day after the operation the doctor informs me that his patient is doing remarkably well.

Examination of the part removed revealed the following facts: In the irregular cavity between the heads of the bones were impacted several fragments

of cancellous bone; there was not a vestige of synovial membrane or articular cartilage.

The superior surface of the head of the tibia was displaced so that it looked directly outward; the inner half of this surface was destroyed to the depth of three-quarters of an inch, with deeper large cavities containing necrosed masses of cancellous tissue; the outer half represented these changes to a less extent, but was riddled with perforations leading to cavities containing detached portions of dead bone.

The surface of the inner tuberosity with the contiguous surface of the internal border formed a large articular facet made plane by osseous deposit and covered with a layer of smooth granulation tissue, which articulated with a similar surface on the posterior aspect of the internal condyle of the femur.

Both condyles of the femur much deformed; posterior surface of inner condyle lying in contact with inner tuberosity of tibia; large cavity passing upward from the intercondyloid notch-cavity in each condyle opening behind and containing sequestra. Spur of bone two inches long and half an inch wide, attached by one extremity to the tubercle on the external condyle, and by the other to the posterior aspect of the head of the fibula, probably developed in the external lateral ligament; there are also large stalactiform outgrowths from posterior surface of head of tibia, and from internal condyle of femur.

EPITHELIOMA OF TONGUE, PARTIAL EXTIRPATION—LIGATURE OF LINGUAL ARTERIES.

Dr. Lewis A. Stimson presented an epithelioma of the tongue, removed from a man 40 years old, who gave the following history: He contracted syphilis in 1854, the latest manifestations of which occurred in 1862 in the form of ulcers on the legs and forearms. In August, 1877, he began to suffer in the right cheek and ear from pain which he compared to a toothache; in the following November he noticed a lump well back on the right side of the tongue, and, early in December, the pain in the ear being then very severe, he entered Bellevue Hospital, where he was treated with poultices and leeches on the face, and the lump, which he was told had ulcerated, was cauterized. After remaining a fortnight at Bellevue he was transferred to Charity Hospital, where the treatment, he says, consisted of large doses of the iodide of potassium, and very painful local applications to the ulcer. His condition grew steadily worse, and on the 13th of February he left Charity, and applied soon after to Dr. Satterthwaite, who made the diagnosis of epithelioma, and sent him to me.

I found him a pale, flabby, cachectic man, with smooth, depressed, circular scars on the legs and arms, a very fetid breath, and constant dribbling from the mouth. The right side of the tongue, beginning an inch from the tip, was much swollen, its surface rising freely half an inch above the left half, and the raphe crowded far over to the left side. In the centre of this swelling was a large excavated ulcer occupying the side of the tongue and half the breadth of the dorsal surface. Its edge was irregular, everted, and granular in places, and undermined in others, its color pink, the adjoining tissue hard to the touch, but normal in color. The ulcer was about half an inch deep, and its base covered with a soft, gray putrilage. A row of small superficial ulcers extended along the border of the tongue to its tip; they were clean, with hard, raised pink edges. The tongue could not be protruded, nor could the finger be passed under its tip, but the floor of the mouth could be felt below the large ulcer, and it was not involved. The large ulcer bled slightly when touched. No gland could be felt on the left side, but on the right side the normal depression below the angle of the jaw was obliterated and a large gland could be felt under the edge of the sterno-mastoid.

The patient spoke very indistinctly, complained of constant pain in the right ear, pain in the pharynx on swallowing, and pain on pressure over the right side of the hyoid bone.

Although the history and appearance of portions of the ulcer indicated an epitheliomatous character, it was thought best, in view of the previous syphilis, the undermined edge, and the multiplicity of the lesions, to again give the iodide of potassium and push the dose rapidly to the point of tolerance. Beginning with forty-five grains daily, it was raised to one hundred and twenty grains in about a week, and at the end of this period the swelling of the tongue had diminished, the ulcer at the tip seemed on the point of healing, the pain was less, the patient looked much better, and a few pustules of acne appeared on his forehead. Meanwhile I had cut off one of the points on the edge of the ulcer and examined it microscopically without finding any evidence of epithelioma. A few days later the dorsum of the tongue became swollen and hard just in front of the ulcer, the mucous membrane thinned gradually, and a small, round, pink ulceration appeared a quarter of an inch from the edge of the ulcer and united with it the next day by the breaking down of the intervening strip of tissue. I cut off the angle formed by the union of the two ulcers, examined it microscopically, and again failed to find evidence of epithelioma. The daily dose of the iodide was raised to one hundred and fifty grains, and fumigations of a drachm of calomel given every morning. Again he improved; the swelling diminished, the main ulcer was filling up, and its base became pink. But still, after nearly a month's treatment, it could not be said that the condition had improved, and it was evident that the pink granulations, which had nearly filled up the original excavation, were too hard and were continuous with the lump in front. So I anæsthetized him and cut off a part of the hard, granulating edge at the point where I had removed a piece once before. This time, however, the tissue was very different: its edge was not undermined, it was very friable, bled but little, and the microscope showed it to be epitheliomatous. At the same time I was able to get my finger under the tip of the tongue and thus to learn that its under surface was occupied by a hard, lobular mass connecting the main ulcer with that at the tip.

The next day I tied both lingual arteries in the digastric triangle and removed the right half of the tongue with scissors through the mouth.

The points of especial interest in the case seem to me to be: 1st. That portions of the edge of the ulcer were not epitheliomatous either in appearance or histologically; and this may be explained by supposing the deeper spread of the tumor to have cut off the vascular supply of portions of the surface not yet involved by it. In due course these portions ulcerated, and the ulceration not involving epitheliomatous tissue, did not have an epitheliomatous character; or it may have been the result of the cauterization.

2. The multiplicity of the lesions. Epithelioma of the tongue, as Ricord has expressed it, is *unique*; and this is so true that Fournier in his latest work on the subject can mention only two exceptions. In this case the duality of the lesion was probably more apparent than real, for the link of epitheliomatous tissue which was at last found on the under-surface

connecting the two ulcers probably existed at the beginning.

3. The improvement under the iodide. This I consider due solely to the stoppage of the previous irritating local treatment.

4. The change in the base of the ulcer. At first the ulcer was deeply excavated with a foul, irregular base, but afterwards the base became pink and granular, and rapidly filled up the cavity. In appearance the ulcer was healing, but in fact it was filling with epithelioma.

5. The pain in the ear, which has been so prominent a symptom from the first. Anger and Fournier say this symptom never accompanies syphilitic disease of the tongue, but is quite common in epithelioma.

NEW YORK ACADEMY OF MEDICINE.

Stated Meeting May 2, 1878.

DR. S. S. PURPLE, PRESIDENT, IN THE CHAIR.

ARE MEDICINES, PARTICULARLY NARCOTICS, DELETERIOUS TO THE FŒTUS WHEN ADMINISTERED TO THE MOTHER DURING GESTATION AND PARTURITION?

DR. SALVATORE CARO, in answering the above question, read a very elaborate paper, in which he considered the anatomical relations between the maternal and the fœtal circulation, the method by which oxygenation of the blood in the fœtus was performed, and the reasons why such drugs as salines and ethereal substances affected the fœtus, while the fœtus remained unaffected by woorara, opium, etc., when administered to the mother. He then reviewed the indications for the use of opium during gestation and parturition and its method of action upon the mother.

With reference to the maternal and the fœtal circulation, Dr. Caro reached the conclusion that there was no direct communication between the blood-vessels of the mother and those of the fœtus, and that the blood of the one was always separated from the blood of the other. The proper oxygenation of the blood was obtained by the diffusion of gases through the delicate membranous septum which prevented the mingling of the blood of the fœtus with that of the mother.

Dr. Caro then made an elaborate study of the weight of the fœtus at different periods in gestation, the average quantity of blood possessed by the mother, and the quantity of morphine solution that would be present in the blood of the fœtus, admitting that its substantial alimentation came from the blood of the mother, and reached the conclusion there would be so trifling a quantity present that it would be incapable of producing any deleterious effect.

With reference to the use of opium in parturition, the chief indication was to relieve annoying pain and overcome rigidity of the os uteri. Its primary action was upon the nervous system of the mother; its direct action was expended there, and Dr. Caro was unable to understand how the nervous system of the mother could influence the nervous system of the fœtus. Special reference was made to cases reported by Drs. Gillette, Matthewson, Thomas, Mundé, Barker, of Morristown, N. J., and others. The doctor was unable to understand, if the drug administered to the mother during parturition produced deleterious effects upon the child, how it was that in one man's hands it had always been used with impunity, while in the hands of others it had always been followed by injurious effects upon the child.

An abstract of Dr. Caro's first paper upon this question, read before the Obstetric Section of the Academy, can be found in THE MEDICAL RECORD for 1877, p. 766.

Dr. Caro's paper being before the Academy for discussion, DR. J. C. DALTON remarked that the practical bearings of the paper were very evident, and in it also there had been raised interesting physiological questions.

Did a drug, especially morphine, administered to the mother during pregnancy, also affect the fœtus? With regard to the *modus operandi* of this communication, if it did exist, full mention had already been made by the author of the paper; and although there was a delicate, transparent membrane between the blood of the mother and the blood of the child, at the same time there was a wide door open for the drug to enter the fœtal circulation. The direct passage of blood from mother to fœtus was not necessary in order to permit the transmission of material from the mother to the child. When it was recollected that everything which the fœtus had, with the exception of the minute egg from which he started, was material that came from the maternal blood, it must be acknowledged that there was no *a priori* impossibility with regard to the passage of the drug from the mother to the child; certainly we were not able to say that it was impossible for morphine, administered to the mother, to enter the fœtal circulation. At the same time, it was well to bear in mind that we could not say that it did pass from one circulation to the other. Although morphine was absorbed into the circulation and carried into the brain and absorbed into the substance of the brain, it was not certain that it passed out from the maternal vessels into those of the fœtus. For it had been proven that some substances passed into and out of certain sets of blood-vessels, and yet did not pass into and out of others. For example, potassium iodide passed out of the system by the saliva, while potassium ferrocyanide never passed out through the salivary vessels, yet both substances passed out through the kidneys.

Another question suggested itself: Was it necessary for the morphine to pass bodily from the maternal blood to the fœtal blood in order to produce an effect upon the fœtus? Might not an effect be produced upon the fœtus in consequence of an effect produced upon the nervous system of the mother without the morphine having any direct part in the operation?

Dr. Dalton believed that we had arrived at a point where we could not deny the possibility of such an effect. There were well-authenticated cases in which simple nervous impressions produced upon the mother had produced an effect upon the fœtus. How that effect was produced had not been explained, but there was an almost universal adhesion to the opinion that purely nervous disturbances of the pregnant woman might produce an impression in the body of the fœtus. Whether it was done by continuity of nerve-filament from the mother to the fœtus, or whether it was all accomplished by the influence of the vaso-motor nerves, Dr. Dalton was unable to say. It was well known that a nervous impression upon the mother increased the heart's action, and certainly we could not be surprised that it might produce a variation in the circulation of the maternal portion of the placenta, and if that disturbance was well marked and continuous it must have an effect upon the nutrition of the fœtus. It was also well established that the modification of the nutrition of the fœtus produced by a nervous impression made upon the mother might be very local in character. Recollecting those cases, it might be well to bear in mind the question, might not a drug administered to the mother during preg-

nancy produce an effect upon the fœtus indirectly, and not alone by the transportation of the drug into the fœtal circulation? Dr. Dalton did not think we were in a condition to say that opium administered to the pregnant woman in poisonous doses, or as taken by the opium-eater, was injurious to the fœtus. In ordinary practice morphine was given for certain reasons. Now, suppose that the pregnant woman was suffering from some condition which demanded morphine, it was doubtless advisable to give the morphine and avoid something worse, rather than withhold it through fear of injuring the fœtus and expose both mother and child to more serious consequences.

Dr. Isaac E. Taylor remarked that in studying the cases reported by Dr. Gillette, he had been impressed with the fact that a very small quantity of opium was used, that the effect upon the nervous system of the mother was very rapid, and that the appearance of the child was strikingly like what he had seen in children who were sacrificed by well-known causes, and not by the use of opium.

With reference to the anatomical structure of the placenta, he had supposed there was no reason, if there was absorption, why the drugs might not pass through the delicate separating membrane and enter the circulation of the child. But there was no authority save one, who had shown that the urine contained morphine.

Dr. Taylor was not prepared to reject the cases reported by Dr. Gillette, in which it was thought morphine exercised deleterious effects upon the child, but we did know of effects produced upon the fœtus by nervous shock communicated to the mother, as had been suggested by Dr. Dalton.

Dr. Taylor then related a case in which a sudden impression made upon the nervous system of the mother was followed by the death of the child, and yet the placental murmur continued for some time afterwards.

Dr. Taylor further referred to a case in which the child presented in the posterior occipital position, was still-born, and presented the same appearance as in the cases reported, in which the life of the child was thought to have been sacrificed by the administration of opium to the mother. Dr. Taylor was unable to determine how true narcosis could be produced in so short a time as had been reported in some of the cases. In settling this question, the effect produced upon the child by tedious labor and by position should be taken into careful consideration.

Dr. Corson remarked that although it should be remembered the young child was exceedingly sensitive to very minute doses of opium, it was quite probable there was not the same liability to poison a fœtus. The immense value of opium in obstetric practice would prevent us from materially modifying our practice, even in the face of the facts presented by those who believed there was danger of producing deleterious effects upon the child. In his own practice he had never hesitated in urgent cases to use opiates freely to lessen the agonies of protracted labor, and he had not noticed any perceptible subsequent ill effects in the children thus born.

Dr. Mundé granted, as claimed by Dr. Caro, that opium administered to the mother *by the mouth* was absorbed and entered her circulation without affecting the fœtus. But Dr. Caro had overlooked one point, and that was, the effect produced upon the fœtus by the hypodermic use of morphine upon the mother. In all the cases which Dr. Caro had reported the morphine had been administered by the mouth, and it was claimed by those who argued upon the opposite side of the question, that the *rapid absorption* of the drug, such as took place after its use hypodermically, no matter in what manner it might act, whether through the circulation of the fœtus or the nervous system of the mother, affected the fœtus more rapidly, consequently more deleteriously. The practical question, therefore, was, could we continue the hypodermic use of morphine, as had been done, without exposing the fœtus to the injurious influence of the drug? Dr. Mundé was of the opinion that we could, but his belief did not change the importance of the question, and he thought it was one upon which Dr. Caro had not been sufficiently explicit.

Dr. Sell referred to gelsemium as a substitute for opium in the treatment of rigid os uteri. He recommended it in the form of concentrated tincture, and in doses of from five to eight drops.

Dr. Caro, in closing the discussion, stated that the questions raised by Drs. Dalton, Taylor and Mundé had been considered and already embodied in his paper, but that the length of the paper had prevented him from directing especial attention to them. With reference to the use of morphine hypodermically and by the mouth, he always employed the latter method, when possible, because he believed that the effect produced by the drug could be better regulated than when used hypodermically.

The evidence which he had obtained from his professional brethren regarding the influence of morphine upon the fœtus, when administered to the mother during parturition, had come from all parts of the country. All the reports had been with reference to its *hypodermic use*, and no deleterious effect had been realized.

The Academy then adjourned.

New Instruments.

A NEW INSTRUMENT

AND

A NEW METHOD OF TREATING HEMORRHOIDS.

By J. Q. ADAMS, M.D.,

CARMEL, N. Y.

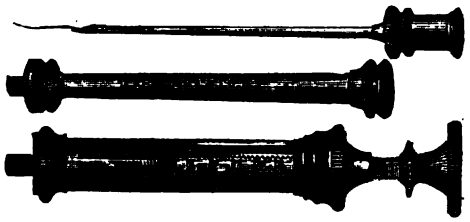
Quite recently I noticed a description of a new method of treating hemorrhoids, which was a reprint of an article by Prof. Edward Andrews, orignally published in the *Chicago Medical Journal and Examiner*. It was by injecting carbolic acid and olive oil or glycerine into the hemorrhoidal tumor by means of the hypodermic syringe. It was claimed that the acid would coagulate the blood, set up inflammation, and occlude the vessel.

The strength recommended was three parts of carbolic acid to one of olive oil or glycerine. It struck me as being a very ready means of getting rid of those exceedingly troublesome tumors, and I at once put the treatment to the test with very gratifying results.

I found two objections, however, to the hypodermic syringe for that purpose.

First, it was too short to reach internal hemorrhoids through the speculum, and, secondly, the calibre of the needle was too small to admit of the easy flow of the carbolic mixture. To obviate these difficulties I applied to Messrs. J. Reynders & Co., to make me a

syringe as shown in the accompanying woodcut, and which I have named the *Hemorrhoidal Syringe.*



The capacity of this syringe is ten minims. The cylinder is one and a half inch in length; cylinder and piston, when closed, two inches; a small canula attached to the cylinder two inches, and to this a needle two inches long, making the whole length of the instrument six inches. The calibre of the needle is about twice that of the hypodermic syringe. With this I can readily reach any internal hemorrhoid likely to occur, since these tumors are formed almost always by the dilution of loops of veins rather than in the straight longitudinal veins, and hence are seldom situated more than one or two inches from the anus. The injection of carbolic acid is appropriate wherever the ligature is appropriate; for obliterating the dilated vessel before stasis occurs; before a clot is formed. After complete stasis and formation of a firm clot, the lancet is the most ready means of relief. I believe in most instances the injections are equally as effective as the ligature, and possess advantages over it. First, by causing very much less pain, and, secondly, by being much more easily applied, especially above the sphincter. Then there are ten who will submit to the injection to one who will submit to ligation; at least I think it is so in my practice. Then again the bowels need not be shut up as after ligation. The patient can go about attending to light work; morning after the operation take a saline laxative and have a passage from the bowels without the slightest pain or hemorrhage, provided you have selected the right tumor for operation.

In regard to the quantity of the mixture (carbolic acid, ʒiii., olive oil, ʒi.) to be injected into a tumor, it should never exceed five minims at one time. By the use of eight minims I have in two instances seen suppuration follow.

I now use from two to five minims, according to the size of tumor; never inject a tumor a second time until the inflammation has completely subsided, say ten days or two weeks, then, if shrinkage has not taken place, inject a second time. But during this period of waiting we are not to be idle. We must ply our patients with the daily use of *saline cathartics.* When we encounter a case of hemorrhoids we usually find constipation accompanying it, and we are very apt to regard the constipation as the cause of the hemorrhoids. It may be a remote cause, but I believe it is very seldom the primary cause. It is more correct, I think, to regard the hemorrhoids and the constipation as the results of a common cause, viz.: *sluggish portal circulation.* Hence the manifest relief so often obtained in this malady by this class of cathartics.

Too much importance cannot be attached to the use of dilute saline cathartics in the treatment of hemorrhoids. The Congress water is my favorite; a pint or a quart every morning before breakfast, as the case may require. In case the patient cannot afford the Congress water I give some of the artificial mineral waters, or the sulphate of magnesia instead. Some one of these should be continued two or three months.

HOLLOW CONICAL SOUND.

By J. L. HICKS, M.D.,

FLUSHING, NEW YORK.

Nearly two years and a half ago I requested Messrs. F. G. Otto & Sons to make for me a set of four hollow conical sounds of steel, with an internal calibre of about one-sixteenth of an inch, to be used with a long whalebone guide. The base of the cone is at

the junction of the curve with the shaft. The size of the smallest sound is No. 7 (French scale) at the point, and No. 10 at the shaft; the largest, No. 10 at the point and No. 18 at the shaft; the others intermediate. The curve is Van Buren's.

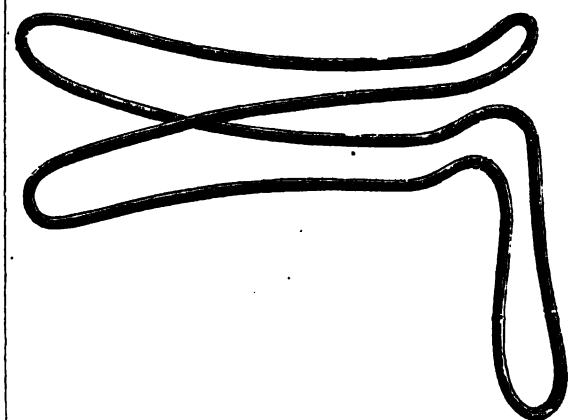
I have demonstrated practically the utility of these sounds in a considerable number of cases of stricture, and have realized their advantages, both for prompt relief of retention and for dilatation, and I believe them to be as safe as any metallic sounds can be. The guide, running through the entire length of the shaft of the instrument, is not likely to become jammed or broken, and the point can hardly go astray and do damage even in unskilful hands. When the bladder has been reached and the guide withdrawn, the instrument serves as a catheter.

A RECTAL SPECULUM, AND A FEMALE URETHRAL SPECULUM.

By GEO. F. FRENCH, M.D.,

PORTLAND, ME.

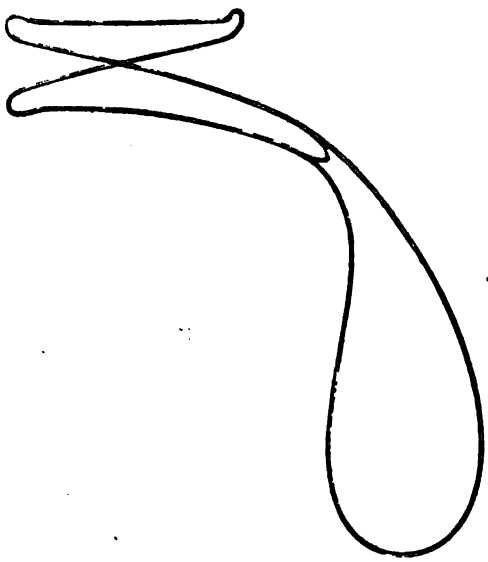
At a recent meeting of the Cumberland Co. Med. Society, at Portland, Me., Dr. Geo. F. French exhibited a modification of Dowell's vaginal speculum adapted to use in the rectum.



The instrument is made of steel wire, of sufficient flexibility to allow the sides to approximate at their ends, when introduced, and with rigidity enough to retain its shape. There is a slight constriction near the handle, for the sphincter ani to grasp, and a lateral flaring of the blades which effectually prevents the instrument from slipping out of the rectum, even after the sphincter has been ruptured. This speculum is equally well adapted for use in the vagina and has

the advantage over other vaginal wire-specula of being *self-retaining*. The handle can be so deflected as to bring the upper, lower, or either side of the rectum into view for mere inspection or operative procedure. The smallest size is an efficient endoscope; can be introduced without discomfort to the patient, and is suitable for ordinary office use; the largest size requires anæsthesia, involves rupture or extreme dilatation of the sphincter, and has been found particularly serviceable in quilting a hemorrhoidal surface too rotten to be dragged outside and ligated.

Dr. French has also devised another speculum, on the same principle, for exploring the *female urethra*,



and by simply straightening the handle, it becomes equally serviceable as an endoscope for the dilated *Cervix Uteri;* in both cases its utility will be enhanced by the aid of a concave mirror,

A PRACTICAL PNEUMATOMETER.

To the Editor of The Medical Record.

Dear Sir:—Since publishing, about a year since, in the *American Journal of Medical Sciences*, a list of one hundred cases observed with a new form of pneumatometer, so many inquiries have been received from physicians regarding it, that I trust you will grant to them and to myself the space necessary for a brief description of the instrument.

Properly it is a pneumasyren. It is of moderate cost, and portable, with the advantage that it may be prescribed for patients in whom the vital chest capacity is deficient.

The engraving shows the simplicity of the device, but not its mechanism. Briefly, it consists of a glass tube, one inch in diameter and ten inches in length, with metallic end-pieces, a piston made of two disks perforated by two rows of fine sloping holes precisely like the syren of Dove, a spiral spring, and finally an index and register. Expiratory and inspiratory efficiency, both actual and relative, are recorded, and the waviness and inequality of either are made evident to the ear.

Better and of greater advantage, however, than this is the fact that the instrument will, by constant or rather frequent use, develop chest capacity, re-dilate the cells collapsed and weakened by incipient disease, and by its allowing a free passage of air will do this without danger to the affected tissues—differing in this last particular from the ordinary pneumatometer, which, however perfect as an instrument for scientific observation, could hardly with safety be universally prescribed.

Forced *expiration* produces a low musical note gradually growing more and more high and intense, but sensitive to the least changes in the power exerted, while the index is steadily pressed toward the further end, and remains in place after the effort is exhausted. The latter has now to be pushed back with a wire replacer designed for the purpose, and by reversing the instrument full and forcible *inspiration* may be employed with similar results. The tube being graduated, the relation as well as the power of the inspiratory and expiratory efforts may be at once ascertained.

The instrument has been manufactured by Messrs. Shepard & Dudley, of 150 William Street, New York, at a figure scarcely above its cost, and but one-half that paid for those I have had elsewhere made for my own use.

Edgar Holden, M.D., Ph.D.

Newark, N. J.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from May 19 to May 25, 1878.

The following named officers will represent the Medical Department of the Army at the annual meeting of the American Medical Association in Buffalo, N. Y., on June 4th next:—Surgeons J. R. Smith, B. E. Fryer, J. J. Woodward, and J. S. Billings.

Middleton, J. V. D., Major and Surgeon. Relieved from duty at Fort Schuyler, N. Y. H. and assigned to duty at Fort Wadsworth, N. Y. H. S. O. 86, Dept. of the East, May 17, 1878.

Tremaine, W. S., Capt. and Asst. Surgeon. Granted leave of absence for one month and permission to apply for one month's extension. S. O. 92, Dept. of the Missouri, May 21, 1878.

Caldwell, D. G.. Capt. and Asst. Surgeon. Granted leave of absence for two months. S. O. 108. A. G. O., May 18, 1878.

A Novel Milk Adulteration.—To the *Analyst* for April Dr. J. Muter communicates the result of examination by him of a sample of milk to which his special attention has been directed, in consequence of the very low percentage of ash which his preliminary analysis showed. After numerous researches, he at last found that the foreign matter in the milk was glycerine, which is certainly a most ingenious addition, as a solution of that body in water of 12 per cent. strength has a specific gravity of 1:030; and he found, after several experiments, that 35 per cent. of such glycerine water might be added to milk without being detectable either by gravity or by the ordinary "solids not fat" process. Moreover, such an amount does not give any extraordinary sweetness easily detectable by the taste.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending May 25, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
May 18, 1878....	1	7	62	3	63	37	1
May 25, 1878....	0	5	48	6	44	49	0

ASSOCIATION OF MEDICAL OFFICERS OF AMERICAN INSTITUTIONS FOR IDIOTIC AND FEEBLE MINDED PERSONS.—The third annual session of this Association will be held at the Asylum for Idiots (Dr. H. B. Wilbur's), Syracuse, on Saturday, June 8th, at 9 A.M. The following papers will be presented and discussed:

1. "The relation of Speech or Language to Idiocy," Dr. H. B. Wilbur, Syracuse. 2. "The laws of Heredity as defined in the conditions of Idiocy and Imbecility," Dr. G. A. Doren, Columbus, Ohio. 3. "The Brain; relation of Function to Organization or Development," Dr. D. A. Morse, Columbus. 4. "The recent progress in the treatment of Idiots," Dr. E. Seguin, New York. 5. "Education of the Imbecile," Dr. O. W. Archibald, Iowa.

The appointment for Saturday, June 8th, is made, so that members who desire may attend the American Medical Association at Buffalo, and return from thence, after the adjournment, to Syracuse, on Friday, June 7th. The meeting of our Association will hold over the following Monday.

RATIONAL TREATMENT OF STRICTURE OF THE URETHRA.—Dr. S. W. Gross, of Philadelphia, read a paper with the above title at a meeting of the Medical Journal Association of this city, on the evening of May 24th. A large audience was present. Remarks were made by Drs. Gouley, Otis, Keyes, Weir, and Stein. The paper will be published in full in a future number of the RECORD, together with the discussion thereon.

RAPID LITHOTRITY, WITH EVACUATION.—The crowded state of our columns prevents us from publishing some interesting remarks by Dr. Henry J. Bigelow, of Boston, upon the New Method of Lithotrity. It will appear in our next issue.

AMERICAN NEUROLOGICAL ASSOCIATION.—The Fourth Annual Session of the American Neurological Association will be held in this city on Wednesday, June 5th, at 2 o'clock, P.M., in the lower lecture-room of the College of Physicians and Surgeons. The profession are invited to be present.

MASSACHUSETTS MEDICAL SOCIETY.—The Ninety-seventh Annual Meeting of this Society will be held at the Lowell Institute Hall, Boston, commencing on Tuesday, June 11th.

VERMONT STATE MEDICAL SOCIETY will hold its Semi-annual Meeting at the Brooks' House, Brattleboro, Vt., June 12th and 13th.

CHEAP MEDICAL LITERATURE.—"An Eclectic Medical Library for $3.50. The cream of the literature of this school for the past five years." *Vide* advertising column of one of our exchanges.

UNIVERSITY OF VERMONT.—The medical department of this Institution has the largest number of students that have ever assembled within its walls. The increasing prosperity of the college is chiefly due to the Faculty having raised the standard of qualifications for graduation, and to the establishment of the "Mary Fletcher Hospital," which will soon be completed and afford excellent facilities for clinical instruction.

POSITION OF PARTURIENT WOMEN IN ROUMANIA.—According to M. Obédénare, the Roumanian women, when in labor, place themselves on all fours, resting on the knees and forearms. The midwife presses the patient around the waist and compresses the abdomen forcibly with her arms, in order to prevent the uterus and its contents from rising in the intervals of the contractions. The after-birth is buried, sometimes with the mother and child.

ABSORPTION OF TINCTURE OF IODINE BY THE SKIN.—Dr. L. Menager has experimented upon children with a solution of equal parts of tincture of iodine and glycerine, rubbed into the skin, and has arrived at the following conclusions. 1. Iodine in tincture, mixed with glycerine and applied to the external integument, is absorbed. 2. This absorbed iodine is invariably found in the secretions and in the urine. (Dr. M. tests for iodine by adding a little starch to the urine in a test-tube and then dropping a few drops of nitroso nitric acid into it. This gives a blue or violet color, according to the quantity of starch present.) 3. This application may give rise to certain symptoms, usually a variety of mild temporary albuminuria. 4. Dressings containing tincture of iodine may be employed as a means of introducing this medicine into the system when it cannot be taken by the stomach. 5. It must not be forgotten that when this absorption takes place in patients subject to nervoso-vascular erethism, as in certain cases of phthisis, where these dressings are often practised, they may do more harm than good.—*Dublin Med. Press and Circ.*

DANGERS FROM SALICYLIC ACID.—Several instances have occurred in which this agent produced disagreeable consequences. Dr. Watelet communicates a paper to a late number of the *Bull. de Therap.* on this subject, entitled "Accidents following the Administration of Salicylic Acid." The details are given of two cases of rheumatism treated by salicylate of soda, one of which was followed by gangrene of the lower extremities, and both by cystitis, obstinate constipation, and coldness of the extremities.—*Dublin Press and Circ.*

TYPHOID IN MILK.—Another epidemic of typhoid fever has been traced in a manner which does not admit much room for doubt to contaminated milk, thus again proving how the most essential and wholesome article of diet may become the medium for the diffusion of deadly disease. According to a special report of the medical officer for the Moss Side Local Board, Manchester, no less than twenty-seven persons have recently been attacked with typhoid fever. There were besides five cases in the neighboring districts of Withington and Stretford. All these cases occurred in the first three months of the current year, while during the whole of 1877 but one death from typhoid was registered. Out of the thirty-two cases twenty-nine of the patients received their milk from the same

dairy. With two exceptions the ash-pits and drains in connection with the infected houses were in good order, and among 214 neighboring households receiving milk from another dairy there was but one household affected, and this exceptional instance is explained by the fact that the inmates were in constant communication with one of the houses already infected. The milk dealer who has been the unwilling cause of all this mischief derived his supply partly from his own cows and partly from a farm some miles distant. Those of his customers who drank the milk from the latter source alone suffered from typhoid, and it appears that there were two deaths from typhoid at the farmhouse during the month of February last. We now come to the final connecting link, and it forcibly illustrates the urgent need of sanitary reform in rural districts. The water-supply of this farm was, as is so often the case, situated close to the ash-pits, and on analyzing the water traces of sewage contamination were easily discerned. Under such circumstances it is not surprising that the epidemic soon spread. The water contaminated with the sewage created by typhoid patients had served to wash out the pans, and perhaps even to adulterate the milk sold by this farm, but directly this supply was discontinued the outbreak of typhoid was checked. The history of this epidemic natually recalls the celebrated outbreak of typhoid in Marylebone, which was also traced to a similar cause. With such instances before us it is impossible to refrain from protesting against the continued carelessness that endangers our milk supply. In how many thousand farms are the ash-pits allowed to contaminate the water-supply? How few persons realize the facility with which sewage matter will percolate through the soil till it has reached the nearest watercourse, where it is taken up and consumed by ready victims of contagion.—*Lancet.*

Cold Sponging in Tuberculosis.—Dr. Pocagnik, of Vienna, is a warm advocate for cold sponging in phthisis. He prefers sponging to the cold douche, recommended by Brehmer, on account of the violent shock to the nervous system which the douche inevitably produces. Neither hemoptysis nor great weakness is a counterindication to the use of the cold sponge-bath. Dr. Pocagnik's method of using the bath is as follows: On waking in the morning, the patient rises, stands on a soft, warm rug, and sponges himself quickly from head to foot with water at from 77° to 55° F., according to the temperature of the air. Roughly speaking, he may use either fresh running water, or water that has stood in the room over night, according to the season of the year. He then rubs himself as thoroughly as possible with a rough flesh-glove, and finally dries himself by wrapping the body in a linen sheet. The entire process should not occupy more than five minutes. He then returns to bed, covers himself up well, but not sufficiently to cause perspiration, and remains quiet for half an hour or an hour longer.—*Memorabilien*, 3. Heft, 1878.

Treatment of Post-Partum Hemorrhage.—In the lying-in department of the Charité, in Berlin, from September, 1876, to the end of June, 1877, intra-uterine injections of hot water were employed in 103 puerperal women, to check 112 severe hemorrhages. The water was used at a temperature of 122° F., and contained one per cent. of carbolic acid. The injections were continued for several minutes each time, the bleeding tissue in the interior of the uterus being freely bathed with the hot fluid. With the exception of large doses of ergot, these irrigations constituted the only treatment for puerperal metrorrhagia during the above-mentioned period, and they invariably proved successful. Sometimes, however, it was necessary to repeat them. They were employed in all cases of hemorrhage, whether slight or severe, early or late. The existence of puerperal disease does not counterindicate their employment, but they should not be employed in cases of retained placenta, or of inversion of the uterus. To guard against the decomposition of any clots that might have remained behind, the uterine cavity was washed out once or oftener with a two or three per cent. solution of carbolic acid, on the second or third day after the cessation of the hemorrhage. When this prophylactic irrigation was neglected, a severe endometritis set in occasionally on the third or fourth day after the flooding.—*Centralblatt für Gynäk.*, April 13th.

The Prevention of Mammary Abscess.—Dr. Miller recommends a new preparation of belladonna, which he claims to be more effective than any of the older combinations, in the treatment of threatened mammary abscesses. The preparation is an alcoholic extract of double the strength of the empl. belladon. of the English pharmacopœia. It is dissolved in collodion, to keep it fluid, and a small quantity of camphor is added to the mixture. The painful breasts are painted with this fluid, morning and evening, or, if desirable, oftener; it dries quickly, and has no unpleasant odor. The painting must be continued until complete recovery. Dr. Miller has found this treatment remarkably successful in cases of inflammation of the breast due to cold, to ulcerated nipples, or to obstruction of the milk-ducts. He has also employed it successfully to prevent the secretion of milk; in that case, the painting of the breasts should be begun immediately after labor, and it should be repeated several times a day.—*Edinburgh Med. Journ.*, 1877.

Treatment of Asthma.—M. Sée treats asthma with iodide of ethyl and iodide of potassium. The former is given by inhalation during the dyspnœic attacks; from five to ten drops constitute a dose, and the effect is said to be very rapid and satisfactory. The potash is given in the intervals between the attacks, to ward off their recurrence. M. Sée gives it in large doses, from twenty to forty-five grains per diem. He is not afraid of iodism, which he combats merely by increasing the dose of the drug. In twenty-four cases treated in this way, which have been under observation for several years, his success was very gratifying.—*Gazette Méd. de Paris.*

Treatment of Cystitis by Injections of Quinine.—Dr. Nunn employs injections of sulphate of quinine in cases of cystitis purulenta with strangury. His formula is as follows: ℞. Quinine sulph., gr. xv.; aquæ destillat., ʒ xxv.; adde: acidi sulph., q. s. ad solutionem. From two to three ounces of this solution is injected into the bladder daily, and left there. Under this treatment the strangury soon ceases, and the urine perceptibly improves in appearance. *The Lancet*, February 13th; *Allg. Med. Cent. Zeit.*

Number of Lunatics in Prussia.—In 1876 the number of insane persons in Prussia amounted to 20,115, of whom 10,754 were males and 9,361 females. Of the asylums from whose statistics these figures were taken, fifty-two were public and seventy-three private. Of the entire number of patients, 24.70 per cent. were suffering from secondary insanity, 23.08 per cent. from melancholia, 19.94 per cent. from mania, 10.01 per cent. from paralytic dementia, and 7.42 per cent. from delirium potatorum.

THE MEDICAL RECORD

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The Series for 1878 will probably comprise the following, but it must be understood that the Council is not pledged as regards this announcement:

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NEW YORK, *April 6th*, 1875.

ALFRED L. LOOMIS, M.D.,
Professor of Pathology and Practice of Medicine, University of the City of New York.

LEWIS A. SAYRE, M.D.,
Professor of Orthpœdic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

SAMUEL R. PERCY, M.D.,
Professor Materia Medica, New York Medical College.

F. LE ROY SATTERLEE, M.D., PH.D.,
Prof. of Chem., Mat. Med. and Therp. in the N. Y. College of Dent.; Prof. of Chem. and Hygiene in the Am. Vet. College, &c., &c.

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Elixir Lactopeptine.....per doz.	15 00	Liquid Lactopeptine..... "	15 00
" Lactopeptine and Bismuth..... "	15 00	Syrup Lactopeptine Compound..... "	15 00

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THE NEW YORK PHARMACAL ASSOCIATION,

(Who have purchased all the rights in the article of Messrs. REED & CARNRICK.)

P. O. Box 1574. **2 and 3 College Place, New York.**

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PURE COD-LIVER OIL.

Manufactured on the Sea-Shore by HAZARD & CASWELL, from Fresh and Selected Livers.

The universal demand for Cod-Liver Oil that can be depended upon as strictly pure and scientifically prepared having been long felt by the Medical Profession, we were induced to undertake its manufacture at the Fishing-Stations, where the fish are brought to land every few hours, and the Livers, consequently, are in great perfection.

This Oil is manufactured by us on the sea-shore, with the greatest care, from fresh healthy Livers of the Cod only, without the aid of any chemicals, by the simplest possible process and lowest temperature by which the Oil can be separated from the cells of the Livers. It is nearly devoid of color, odor, and flavor—having a bland, fish-like, and, to most persons, not unpleasant taste. It is so sweet and pure that it can be retained by the stomach when other kinds fail, and patients soon become fond of it.

The secret of making good Cod-Liver Oil lies in the proper application of the proper degree of heat—too much or too little will seriously injure the quality. Great attention to cleanliness is absolutely necessary to produce sweet Cod-Liver Oil. The rancid Oil found in the market is the make of manufacturers who are careless about these matters.

Prof. PARKER, of New York, says: "I have tried almost every other manufacturer's Oil, and give yours the decided preference."

Prof. HAYS, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have studied the effects of different Cod-Liver Oils have unanimously decided the light straw-colored Cod-Liver Oil to be far superior to any of the brown Oils.

COD-LIVER OIL, with IODINE, PHOSPHORUS, and BROMINE.—This combination represents Phosphorus, Bromine, Iodine, and Cod-Liver Oil in a state of permanent combination, containing in each pint: Iodine, eight grains; Bromine, one grain; Phosphorus, one grain; Cod-Liver Oil, one pint.

COD-LIVER OIL, with PHOSPHATE OF LIME.—This is an agreeable emulsion, holding three grains Phosphate of Lime in each tablespoonful.

COD-LIVER OIL, with LACTO-PHOSPHATE OF LIME.

IODO-FERRATED COD-LIVER OIL.—This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil.

JUNIPER TAR SOAP.—Highly recommended by the celebrated ERASMUS WILSON, and has been found very serviceable in chronic eczema and diseases of the skin generally. It is invaluable for chapped hands and roughness of the skin caused by change of temperature. It is manufactured by ourselves from the purest materials, and is extensively and successfully prescribed by the most eminent physicians.

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NERVINE, STIMULANT. USED IN PERU and BOLIVA as a MASTICATORY.

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Knowing how difficult it is to introduce into the blood, in a proper form, a sufficient quantity of iron to be beneficial, we have manufactured and introduce the **Ferrous Chloride** as being easily absorbed and acting with much efficacy, even when given in small doses.

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The undersigned respectfully announces that he has discontinued the practice of furnishing Vaccine *at his residence.*
This Animal Vaccine can be obtained at CASWELL, HAZARD & Co's., Broadway, cor. 24th Street.

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We have an arrangement with Dr. Foster by which we receive this Vaccine *fresh daily.*
By this arrangement all supplied by us *is absolutely fresh.*
We can furnish it in any quantity desired, either by express, or by mail, if remittance is made to cover postage.
Dr. Foster's Animal Vaccine is the only kind that may be said to have the unqualified indorsement of the medical profession of New York

QUILL SLIPS (half quill, charged on convex surface, at squared-cut end),	$0.25
CAPILLARY TUBES, ...	2.00

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PREPARED BY US.

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Prepared in accordance with the direction of the Physician who introduced this purely

MEDICINAL FOOD FOR CONSUMPTION AND WASTING DISEASES.

Pancreatic Emulsion will always take precedence of Cod-Liver Oil by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM instead of the evanescent fluid fats or oils.

Neither Cod-Liver Oil nor EMULSIONS of COD-LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

Pancreatic Emulsion (properly so-called), is THE NECESSARY FOOD OF THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

Pancreatic Emulsion, may therefore be regarded as Chyle obtained by nature's own process.

In certain cases both Cod-Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both PANCREATIC EMULSION and Cod-Liver Oil are *not to be regarded as Medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

Pancreatized (Digestive) Cod-Liver Oil. By Pancreatising Cod-Liver Oil, the active digestive priciple of the Pancreatic Juice is imparted to it, which renders it in a highly favorable condition for rapid and complete digestion and assimilation, preventing nausea, and largely increasing the beneficial properties of the Oil.

Peptodyn, the New Digestive, is a combination of the whole of the digestive secretions—Pepsine, Pancreatine, Diastase, &c., forming an invaluable remedy in the treatment of all forms of Dyspepsia, and all diseases arising from imperfect nutrition.

N.B.—*The success of this Remedy has led to several imitations of it*, which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

Tins, 1/-, 2/-, 5/-, 10/-

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THE ROYAL NURSERIES

of England, Russia, Etc.,

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HIGHEST AMOUNT OF NOURISHMENT

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MOST DIGESTIBLE AND CONVENIENT FORM.

THE MOST PERFECT SUBSTITUTE FOR HEALTHY MOTHER'S MILK.

DATURA TATULA FOR ASTHMA, ETC.

A powerful and universally adopted Remedy.

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"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, &c."—Dr. W. BARKER.

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In Tins, for use by means of a pipe, Cigars and Cigarettes, and Pastilles for Inhalation.

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TO PHYSICIANS AND DRUGGISTS.

THE subject of Unbleached and Hospital Quinine has been so much discussed of late, and appears to be so little understood, that it is deemed proper to submit the following, which is in accord with our best knowledge and experience in the purchase and use of this article, for it should be remembered that the processes used in the manufacture of Quinine in all countries are kept secret by the various manufacturers, who are a limited number, and said to be comprised within about fifteen establishments of much importance.

Bleached Sulphate of Quinine is recognized as pure when it will bear what is called the ether test, which, while it is not an absolute standard, is the recognized and accepted test, and should be applied in accordance with the directions of the United States Pharmacopœia to all white or Bleached Sulphate of Quinine.

Unbleached Quinine has been regarded with favor in pharmaceutical manufactures, because it has been usually quoted by our manufacturing chemists at from 30 to 40 cents per oz. cheaper than the Bleached, and there has existed among many physicians a prejudice in its favor as a more natural preparation, even if it did contain a small percentage of the other alkaloids of bark. It has been used in general by many of our best and most accomplished pharmacists under this supposition, and was used by us extensively until last fall, when our experiments in manufacturing Quinine from Bark and recovering Quinine from Gelatine-Coated Pills (which we had from time to time rejected on account of irregular shape or imperfect coating) taught us in reality that our previous methods of analysis and determination of this important salt were defective; further, that there were in market two quite distinct articles in proportion of constituents, the one being evidently an arrested manufacture, or Quinine as the result of probably a single crystallization in place of four, as usually required to separate completely the cinchonidia and quinidia, and bring the result up to the ether test; and another article, the result of concentration and crystallization of the so-called mother waters used in successive crystallizations, as before explained, which carry, with the salts of cinchonidia and quinidia in solution to be eliminated, a nearly equal amount of quinia, the result being, as far as our experience goes, from 35 to 45 per cent. of quinia sulphate in combination with cinchonidia sulphate mainly and a small portion of quinidia sulphate.

This latter article, which we have denominated Hospital Quinine to distinguish it from the first described Unbleached (although the terms have often been applied synonymously), we have reason to believe was sent us in the last shipments we received, notwithstanding the manufacturers' contract and our former erroneous method of analysis to the contrary.

The discovery of these facts, on our part, *for the first time* last autumn, led to consultation with several distinguished chemists and pharmacists, and the whole ground was carefully reviewed and examined, and the conclusion arrived at was that all ordinary tests in inexperienced hands for quantitative analysis of Quinine, when it was in natural combination with the other alkaloids of cinchona bark, could not be relied upon, and the only safety in general pharmaceutic manufacture consisted in the use of bleached or white Quinine.

This determination was announced by us last fall in the various journals, as was supposed in sufficient explanation, it having always been our custom to fully explain and inform the trade in regard to our methods of business, which are always open.

We regret only that we are not able to give more specific and positive additions to knowledge about this matter of Quinine and the other cinchona alkaloids, because it deserves and is receiving very much attention and investigation at the hands of Physicians and Chemists as one of the most valuable of all remedies, and that since our change from unbleached to bleached Quinine last November, evil disposed persons have taken occasion to misrepresent and misconstrue the facts for selfish purposes. There are fortunately a few facts that cannot be misconstrued. From our first connection with the inventor of the machinery for making Gelatine-Coated Pills, which commenced with the furnishing of materials for manufacture to the inventor in 1871 till November 24th, 1877, only unbleached Quinine was used, and it was as carefully examined as could be by various analysts until 1876, when our present analyst entered into our employ, highly recommended for general knowledge and experience, and deservedly so outside of Quinology, which is the most difficult of subjects, because of variety in raw material and in alkaloids that are so very similar as to be most difficult of entire separation. Since November 24th, 1877, we have *only used Bleached Sulphate of Quinine* in our Sulphate of Quinine Pills, as stated in our circulars.

We will remark that we believe, as the result of much experience, that a natural combination of the alkaloids of cinchona bark in good proportion is a better therapeutic for general use than any single alkaloid separated, and we attribute much of the favor attending our peculiar form of coating to the use of Unbleached Quinine as employed up to November last in the proportion of 111 ozs. (more or less according to our then supposed analysis) in place of 100 oz. of Bleached, as has been formerly carefully explained, but we defer this subject to the experience of the physician, being out of the province of the druggist.

It is the duty of the druggist and pharmacist to be well informed and not to misrepresent or conceal any fact in experience in manufacture or investigation, and we will be pleased to do this at all times, when called upon, as only thus can knowledge be advanced or confidence maintained; hence this article, which is respectfully submitted.

McKESSON & ROBBINS.

THE

Health Food Company,

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Would call the attention of the Profession to their

Cold Blast (Attrition) Whole Wheat Flour,

AS AN ADJUNCT IN THE TREATMENT OF

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This Flour represents all the Food Elements of the Wheat, the indigestible silex coat being first taken off, and the entire kernel, including the phosphates, etc., being reduced to fine flour by a new process, in which both the admixture of detritus from mill-stones and the injurious effects of heating the flour during preparation, are entirely avoided.

IT IS CHEAPER THAN WHITE FLOUR,

Because it contains nearly four times the amount of the Mineral Substances, for

NOURISHING THE NERVES, BONES, HAIR, AND TEETH.

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WHITE WHEAT GLUTEN,

For *diabetes*, and for those requiring the Nitrogenous and Mineral portions of the Wheat, *without starch*. This, like the Whole Wheat Flour, can be made into Bread and Crackers, or may be taken in various ways, and often proves a very valuable remedy for the *Constipation* and *Dyspepsia* associated with many diseases. In excessive fatness, and in disturbed mental states, the Gluten (crude and purified) proves very serviceable.

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The prepared Flour of Bran, freed from Starch by Camplin's process, in 10 lb. cases, $5.00. Gluten Flour, rich in nitrogenous matter and the phosphates, in 10 lb. cases, at $3.00.

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Its Varieties,
Chemical Composition,
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Preparation,
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For Infants and Invalids.

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Price, $1.00 per Bottle. Trial Size, 60 cents. For Sale by Druggists.

We will furnish a sample of Mellin's Food free to any physician who may desire to try it in his practice. Send for a pamphlet containing Analysis Testimonials, etc.

See Lecture by Dr. J. LEWIS SMITH in *Medical Record*, May 25, 1878, p. 415.

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These Preparations have been the standard of purity and excellence for nearly one hundred years and have gained a world-wide reputation. They are pure, nutritious and healthy.

Cocoa contains as much flesh-forming matter as beef.

For Breakfast — For Luncheon — THE BEST — For Supper

Broma, an excellent food for Invalids, and unrivalled in delicacy and aroma. Breakfast Cocoa,—a general favorite. Baker's No. 1 Chocolate, the very best preparation of plain Chocolate in the market. Vanilla Chocolate, unsurpassed in flavor and quality.

Awarded the highest premium at the Paris, Vienna, and Philadelphia Expositions.

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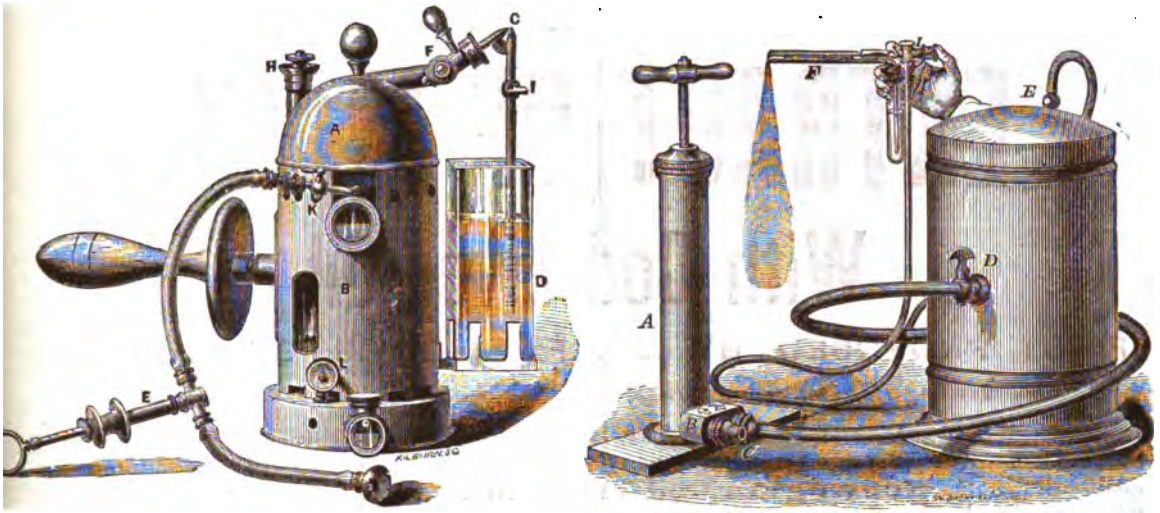

In this apparatus we have incorporated some of the best features of the Atomizing Apparatus heretofore made by us, already familiar to the profession. It is of best materials and workmanship—strong, durable, convenient, easily regulated, and by means of a new attachment of our own design, adequate without cessation of spray for any operation, or series of operations, however extended. Full description on application.

A NEW PAMPHLET

On Atomization of Liquids, with Formulæ of many articles of the Materia Medica successfully employed in the practice of a well-known American Practitioner, together with a description of the best forms of apparatus, will be sent post-paid on application. Also our new illustrated Catalogue of Surgical Instruments.

ATOMIZING APPARATUS BY COMPRESSED AIR.

This apparatus will be found entirely satisfactory on account of its elegance and perfect working qualities. It has a double acting Brass Pump (condensing or exhaust, at will), with valves unchangable by time or use. Strong Copper Receiver, Nickel Plated, 12 feet, light and flexible but strong; brown-colored Tubing and a self-closing cut-off (our own design, represented at I), readily connected with any tubes now in use.

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The Complete Atomizer	.....	**$5.00**	**Clarke's Atomizer**	.....	**$3.00**
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FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO

(See Transactions of American Medical Association, for 1876, page 176),

Is presented to the Medical Profession as an efficient, palatable, and very stable combination, consisting of equal parts of the **Extract of Canada Barley Malt** and the best quality of genuine **Norwegian Cod Liver Oil.** Many patients take this preparation who can not take the oil in any other form. It may be employed in all cases where Cod Liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

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Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod Liver Oil, Phosphorus being added in the proportion of 1-100 grain to the dose, and so combined, as to be perfectly protected from oxidation. The **Trommer Extract of Malt Company** prepare this combination agreeably to the suggestion of **Dr. Wilson Fox.** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

EXTRACT OF MALT,

With Cod Liver Oil and Iodide Iron

Added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod Liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians referring to it in terms of high praise.

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☞ Your Special Attention is Called to the Note below.

QUININE FLOWER.—Used in the South during the late war, to some extent as a substitute for quinine, and now introduced to the profession by us.

YERBA REUMA.—From the Pacific slope, now introduced by us. Used in diseases of the mucous passages, especially in catarrh, acute and chronic, leucorrhœa, gonorrhœa, and dysentery.

KAVA KAVA.—From the Sandwich Islands. First introduced by us. An efficient and agreeable remedy in gonorrhœa, gleet, gout, and rheumatism.

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COCA LEAVES.—A powerful nervous excitant, giving great vigor to the muscular system and sustaining the human frame under extreme physical exertion and fatigue.

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GRINDELIA ROBUSTA.—From the Pacific Slope. Since this drug was first introduced by us, it has earned for itself a reputation for almost specific curative action in asthma.

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BERBERIS AQUIFOLIUM.—A new California drug, now introduced by us, possessing extraordinary powers as a combined alterative and tonic, and valuable in syphilitic and scrofulous diseases, salt rheum, etc.

BOLDO LEAVES.—First introduced by us. The new South American tonic. In France it has been employed in cases where quinine could not be tolerated.

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FUCUS VESICULOSUS.—First introduced by us. An anti-fat remedy of great merit. No derangement of the stomach or general system seems to result from its use.

NOTE.—There are several false varieties of this plant, which are offered as genuine. Physicians will readily perceive the difference in the taste of the fluid extract, as compared with our preparation of the TRUE plant.

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BEARSFOOT,
BROOM TOP,
COUCH GRASS,
CASTOR LEAVES,
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NOTE.—For a detailed description of the botanical history and medicinal application of each drug, send stamp for our descriptive circular. We will also furnish our price list if desired. Any inquiry regarding these New Remedies will be promptly answered.

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Manufacturing Chemists,

Quote MEDICAL RECORD. **DETROIT.**

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"I am greatly pleased with your *Absorbent Cotton.* It will be a decided and valuable acquisition to our surgical appliances. It absorbs like a sponge."—W. W. DAWSON, M.D., *Cincinnati, April 18th.*

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Sold by Apothecaries and Dealers in Surgical and Dental Goods.

A liberal Sample Package sent by mail for 25 cents, by

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Quote MEDICAL RECORD.

CHAMPION SPOUTING SPRING NATURAL WATER

FROM SARATOGA.

For sale by all respectable Druggists and Dealers in Mineral Waters, on Draught and in Bottles.

THE CHAMPION SPOUTING SPRING contains a very large preponderance of the elements which render mineral waters valuable as medicine, and which are in constant use by Physicians of the various schools; and the remarkable cure of some of the prevailing diseases has given the water of this Spring great favor among professional men. For ***Headache***, or disordered state of the Stomach arising from the use of wines or hearty eating, it is a fine corrective, giving immediate relief. It is invaluable for the treatment of Biliousness, Dyspepsia, Constipation, Piles, Rheumatism, Neuralgia, Cutaneous Diseases, Scrofula, &c., and owing to the presence of Lithia, Magnesia and Bi-Carbonate of Lime, is recommended by Physicians for Bright's Disease of the Kidneys, and Diseases of the Bladder.

DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast.

and at a moderately high temperature, if prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

The constant and increasing success of the CHAMPION WATER is due to its hygienic properties: it is *refreshing* and *healthful*, and should be found in every home.

PRICES:

In New York. *Delivered free of Charge.*

Pints, 4 dozen in a case..... $9 00
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In Saratoga. *Delivered at the Cars.*

Pints, 4 dozen in a case..... $8 00
Quarts, 2 dozen in a case..... 6 00

Orders addressed to **Champion Spouting Spring, Saratoga, N. Y.,** or to the Company's office, **205-213 E. 12th St., New York,** will receive prompt attention.

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A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris.

To be had of all Respectable Chemists throughout the world.

MEDICATED DISCS

FOR HYPODERMIC INJECTION.

SPECIAL NOTICE.

Messrs. SAVORY & MOORE beg most respectfully to inform the MEDICAL PROFESSION generally that the great demand which has arisen for their **GELATINE PREPARATIONS,** since they were first introduced, has compelled them to extend their Laboratory in New Bond Street, by the erection of a Department for the exclusive purification and manipulation of these articles. The discs for **HYPODERMIC INJECTIONS,** and for **OPHTHALMIC PURPOSES,** as well as the **LAMELS FOR INTERNAL USE,** will henceforth be prepared under the **immediate supervision of the Firm.** This Special Department is so arranged that the delicate process of manufacturing the Sheets of Gelatine cannot possibly be interfered with, and consequently the **perfect purity** and **accurate dosage** of these important and delicate preparations may be **THOROUGHLY RELIED ON.**

The HYPODERMIC DISCS are now sold in boxes, which have been found to be of greater advantage for their preservation than the leather wallets originally employed.

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QUINETUM PILLS

(Sugar-Coated.)

The name **Quinetum** was given by Dr. De Vry to the collective alkaloids obtained from Peruvian bark; it has been extensively used by physicians throughout Holland in cases where the salts of quinine had been habitually employed. Dr. H. J. Vinkhuysen, Physician to the Household of the King of the Netherlands, has closely observed its effects, and arrived at the following conclusions:

1. The action of Quinetum in cases of marked or larval malaria, and especially in rheumatic affections due to malarious influences, is incomparably greater than that of quinine.

2. The tonic action of Quinetum is similar to, and even greater than that of quinine.

3. The influence of Quinetum in chronic cases is greater than that of quinine.

4. Persons who are liable to suffer from the toxic effects of quinine, and who therefore cannot take it without the greatest discomfort, can take Quinetum without this unpleasant effect, and yet obtain a similar therapeutical result.

5. Quinetum never causes noises in the ears.

6. Quinetum does not produce the unpleasant and even dangerous symptoms of quinine when given during the fit, and may be taken during the fit without causing any unpleasant feeling.

7. In all forms of pure malarial intermittent fever, Quinetum has the same apyretic effect as quinine, but is less powerful and acts more slowly. It must therefore be given in large doses, and at longer intervals before the ague fit, than quinine.

8. The only malarious disease in which Quinetum cannot be employed in place of quinine, is in pernicious fever. Quinetum requires more time to act than quinine, and as rapidity of action is absolutely necessary in this disease, Quinetum cannot be used in it as a substitute for quinine.

These Pills may be obtained of Druggists, or will be sent by mail, post-paid, on receipt of price.

One Grain,	*Per 100*		*$0.75*
Two Grains,	*"*		*1.10*
Three Grains,	*"*		*1.50*

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DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast.

and at a moderately high temperature, if prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

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Medicinal plants growing in this country we gather ourselves, while of European plants we import the ready-made essences.

These plants are divided into three classes, and the treatment accommodated to their greater or less degree of succulence.

Tinctures according to **Class I** are made by adding one part of the expressed juice of the plant, one part of Alcohol.

Tinctures according to **Class II** are made from three parts of the plant to two parts of Alcohol by weight.

Tinctures according to **Class III** are made from one part of the plant to two parts of Alcohol by weight.

To distinguish these Tinctures from those of the U. S. Pharm., the Greek letter ϕ (phi) is written after their names on the label, and *appended to each bottle is a label giving the proportion of the plant in the tincture.*

These fresh plant tinctures are sold at the following rates, with few exceptions:

1 oz. 25 cts.; 2 oz. 45 cts.; 4 oz. 85 cts.; 8 oz. $1.60; 1 lb. $3.00.

List of American Fresh Plant Tinctures kept in Stock.

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Actaea racem.
Aesculus hipp.
Agave Amer.
Ailanthus gland.
Aletris farin.
Alnus rubr.
Ampelopsis quinq.
Apocynum cann.
Apocynum andros.
Aralia racem.
Arum tryphill.
Asarum Can.
Asclepias inc.
Asclepias tub.
Asparagus
Baptisia tinct.
Cancholagua †
Cannabis sativa.
Caranea vesca.
Caulophyllum thal.
Ceanothus Amer.
Chelidonium maj.
Chelone glabra.
Chimaphila umb.*
Cimicifuga racem.
Cistus Canad.
Clematis virg.
Collinsonia Can.
Cornus circin.
Cornus florida.
Corn us sericia.
Cypripedium pub.
Datura arbor.*
Dioscorea vill.
Dirca pal.
Epigaea repens.
Equisetum hyem.
Erechtites hieracif.
Erigeron Can.
Eryngium aq.
Eucalyptus glob.
Euonimus atrop.
Eupatorium arom.
Eupatorium perfol.
Eupatorium purp.
Euphorb. coroll.
Fagopyrum escul.
Frasera carol.
Fucus vesiculosis.
Galium sparine.
Gelseminum nitid.
Grernium mac.
Gnaphalium pol.
Gossypium.
Gymnocladus Can.
Grindelia rob.
Hamamelis virg.
Hedeoma pul.
Helonias dioica.
Hydrastis Can.
Hydrophyllum virg.
Hypericum perfor.
Iberis amara.
Ilex opaca.
Inula.
Iris versicolor.
Juglans cin.
Juniperus com.
Kalmia lat.
Lachnanthes tinct.
Leptandra virg.
Lilium tigr.
Lobelia card.
Lobelia cserul.
Lobelia infl.
Lycopus virgr.
Mentha pip.
Menispermum can.
Millefolium.
Mitchella repens.
Myosotis symph.
Myrcia cerif.
Myrtus comm.
Nabulus serp.
Nepeta cat.
Nymphaea odor.
Oenothera biennis.
Opuntia vulg.
Origanum vulg.
Ostrya virg.
Passiflora inc.
Phytolacca dec.
Plantago maj.
Pinus sylvestris.
Podophyllum pelt.
Polygonum punct.
Pothos foetid.
Populus tremul.
Ptelea trif.
Pulsatilla nut.
Rhus. glabcop.
Rhus radicans.
Rhus toxicod.
Rhus venen.
Ricinus comm. fol.
Robinia pseud.
Rudbekia hirta.
Rumex crispus.
Ruta graveoleus.
Sambucus cb.
Sanguinaria
Sarracenia purp.
Scrofularia nod.
Scutellaria later.
Senecio aureus.
Senecio gracilis
Silphium lacin.
Sticta pulm.
Stillingia syl.
Tanacetum vulg.
Taraxacum.
Thaspium aur.
Thuja occid.
Trifolium prat.
Trillium pend.
Trios eum perf.
Urtica dioica.
Veratrum viride.
Verbena hast.
Viburnum opul.
Viburnum prunif.
Xanthoxyl. frax.
Yucca.
Zizia aurea.

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The attention of physicians and pharmacists is respectfully called to the following in relation to an improvement in preparing medicinal extracts, so that they may be readily dispensed without loss, change, or inconvenience. This is readily accomplished in the *Powdered Medicinal Extracts* which are of the same medicinal strength as the solid extracts prepared in our own Laboratory; and both of these varieties are superior to similar preparations usually offered for sale.

For convenience, these powdered extracts meet the wants of the dispensing pharmacist, and for their reliability and medicinal action, they have received the unqualified approval of those physicians who have employed them. Our powdered extracts may in all cases be substituted *in equal weight* for the *Solid Medicinal Extracts*.

The following list includes our present productions, but will be increased to meet the demands of pharmacists and physicians:

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Powd. Ext. Aconite Leaf	.40
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Powd. Ext. Conium	.40
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Powd. Ext. Digitalis	.40
Powd. Ext. Guarana	1.30
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Powd. Ext. Hyoscyamus	.50
Powd. Ext. Ipecac	.90
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Nearly every one of the "Officinal" preparations of the U. S. Pharmacopœia, 1873, can be supplied of our own manufacture, besides most of the non-officinal remedies in use.

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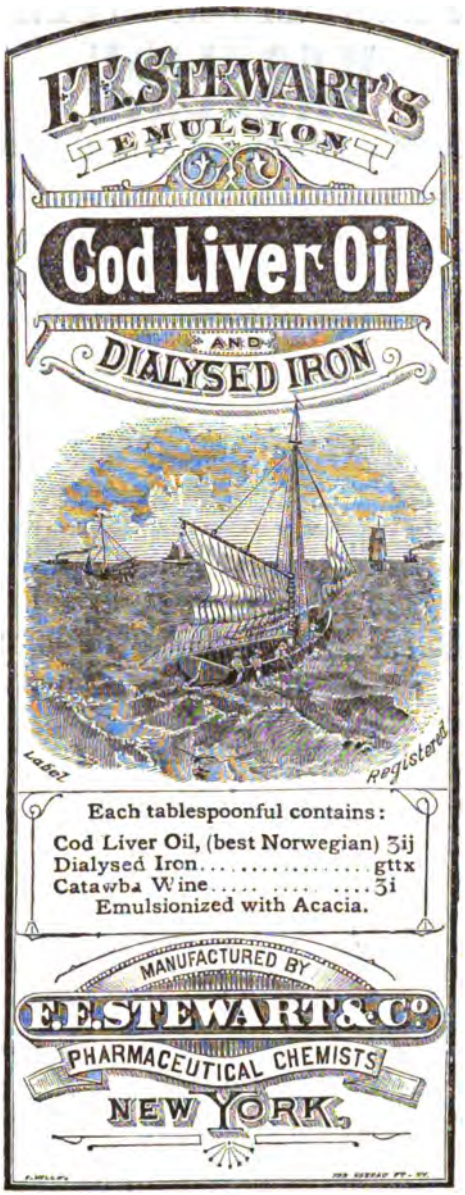

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These new pills and granules are the only real improvement made in pills for many years. While they are a novelty, their principal claim to superiority lies in the fact that they have undoubted advantages over all other pills, and are at **once the perfection of accuracy, and a safeguard against mistakes or substitution.** Their claim to the confidence of the medical profession and pharmacists rests on the entire purity of the ingredients used; perfect accuracy of composition and uniformity of size; ready solubility; tastelessness and harmlessness of the coating, which is vegetable; perfect preservation in all climates; entire security against mistakes or substitution, every pill or granule having printed upon its surface either its common name or its composition, as Pil. Cath. comp., or Pil. Quin, 1 grain.

We now offer the following assortment:

Granules, containing 1 milligramme, or 1-64th gr.: Arsenious Acid; Arseniate of Soda; Aconitine; Atropine; Digitaline; Bi-chloride of Mercury; Sulph. of Morphia; Phosphorus; Strychnia.

" containing 4 milligrammes, or 1-16th gr.: Sulph. of Morphia.

" containing 8 milligrammes, or 1-8th gr.: Sulph. of Morphia.

" containing 1 centigramme, or 1-6th gr.: Codeine; Calomel; Proto-iodide of Mercury; Podophyllin.

Pills, prepared according to the U. S. Ph. when officinal:

Aloes; Aloes and Assafœtida; Aloes and Mastich; Aloes and Myrrh; Assafœtida; Comp. Cathartic; Comp. Calomel; Comp. Colocynth; Iron, Carbonate; do. Citrate, 2 grains; do. Citrate of, and Quin., 2 grains; do. Pyrophosphate, 2 grains; Blue Pills, 3 grains; Calomel, 5 centigrammes, or 3-4th grain; Podophyllin, 1-6th, 3-4th and 1 grain; Proto-iodide of Mercury, with Opium, Ricord's formula; Quin. Sulph., 3-4th, 1, 1½, 2 and 3 grains; Rhubarb; Comp. Rhubarb; Santonine, 3-4th gr.; Triplex; Valer. Zinc., 3-4th gr.

These pills are sold in bottles of 100 and 500. Other pills will be added, and special formulæ made to order. Descriptive lists, giving assortment and prices, also samples, sent on application.

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A Few Words to Physicians and Surgeons.

BY A PHYSICIAN.

Until quite recently Manufacturing Chemists, in offering new combinations and improvements in Pharmacy to the Medical Profession, have found the Faculty very hospitable to the introduction of improvements adapted to their use.

But within a short time, conscientious Physicians have begun to discuss among themselves, very seriously, the propriety of welcoming the newer products of Pharmacy.

Why is this?

Because it is found that certain manufacturers, appealing to the convenience and profit of the apothecary, have been sacrificing merit and therapeutic value to elegance of appearance, and have employed officinal forms and professional nomenclature to foist upon the physician, by aid of the druggist, compounds of little or no value, and altogether unworthy of the high claims made for them.

Thus, the manufacture of medicinal agents for the use of Physicians is rapidly degenerating into empiricism, and is becoming almost as objectionable as the ordinary clap-trap of the "patent medicine" business.

Notably is this true with reference to that important and useful agent, *Belladonna Plaster*.

DR. J. M. GROSVENOR, graduate of Dartmouth, was the first to appreciate and turn to practical account, an improvement in compounding Belladonna Plaster by using purified rubber as a basis of combination.

His experiments in affectingthe combination in therapeutic and mechanical perfection were long continued, exhaustive and expensive.

But he finally succeeded perfectly, and his improved Belladonna Plaster was everywhere welcomed by the Faculty, as being the best form of this agent yet presented. It was universally adopted as the standard Belladonna Plaster.

Why?

Because it proved to be an entirely reliable preparation — presenting the drug uniformly, accurately, and with the most precise and skilful attention to convenience and activity.

The widespread popularity of Dr. Grosvenor's Improved Belladonna Plaster at once attracted the cupidity of empiricism, and the drug market was soon flooded with so-called "Belladonna" Plasters, branded "U.S.P.," and offered to Druggists upon one recommendation, *namely:* "It is 50 per cent. cheaper than Grosvenor's!"

A good many gudgeon like dealers promptly took the bait, and before long physicians began to express surprise and chagrin because Belladonna Plaster did not respond to their expectations in its effects as formerly.

Dr. Grosvenor found himself in receipt of numberless indignant communications upon the subject.

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F. A. SPALDING, M.D.,
Lecturer on Diseases of Skin.

C. C. YEMANS, M.D.,
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JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

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The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

THE REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine* and *Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

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THE RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

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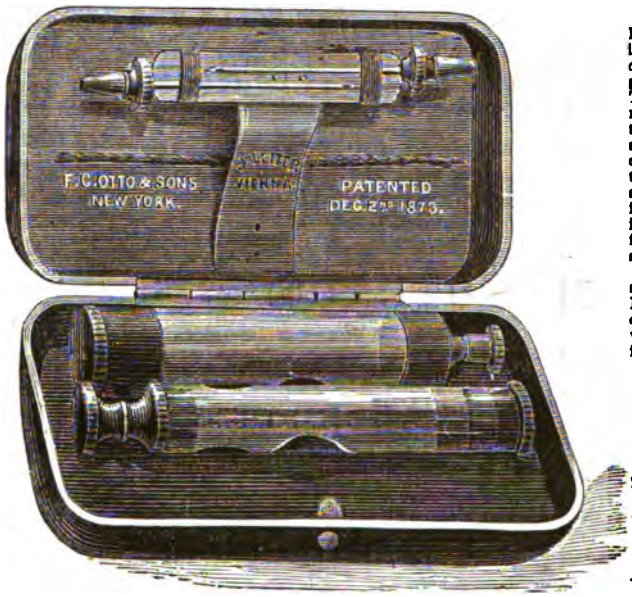

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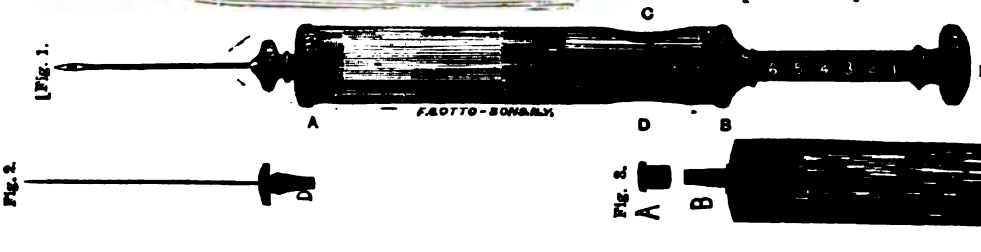

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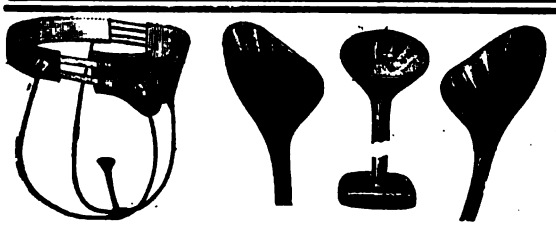

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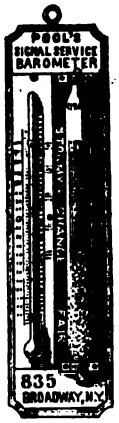

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Original Lectures.

ON GONORRHŒA.

A CLINICAL LECTURE DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, CITY OF NEW YORK.

By F. N. OTIS, M.D.,

CLINICAL PROFESSOR OF GENITO-URINARY DISEASES.

(Reported for THE MEDICAL RECORD.)

LECTURE II.

GENTLEMEN:—I propose to continue to-day the study of the subject which engaged our attention at the last lecture.

You may infer that gonorrhœa is a subject of some importance when I tell you that within the year 1877, a prominent English surgeon has issued a book confined to this subject alone, and containing about 400 pages. It is the only book, devoted solely to the consideration of gonorrhœa, of which I have any knowledge. Its author is a gentleman who has been identified with the study and treatment of genito-urinary diseases in England for many years, and I can commend this book to you as the most valuable and comprehensive work on this subject in our language. But in it Mr. Milton has raised some issues which I thought were settled; especially that most important one with reference to the *specific character* of gonorrhœa. After considering the question, as it would seem quite thoroughly, the author arrives at a conclusion which, to me at least, is extraordinary, which is that, so far as he is able to judge, *gonorrhœa is the result of gonorrhœa only*. Now, the French authorities, of which Ricord is the leading representative, almost without exception make the definite and unequivocal statement that true gonorrhœa may be acquired from a simple leucorrhœa. Ricord gives repeated instances of this kind, and also cites examples in which a gonorrhœa, not distinguishable from that acquired by contagion, has been produced solely by a persistent and continued ungratified venereal excitement.

In this country we have Dr. Bumstead (favorably known as an authority in this department) and also Drs. Van Buren and Keyes (who have written an excellent work upon genito-urinary diseases), expressing themselves with the greatest positiveness on this point, each giving cases when, to their certain knowledge, disease in no practical way differing from genorrhœa, has been acquired by contact with discharges which were not gonorrhœal.

Dr. Fordyce Barker, of this city, quoted by Dr. Bumstead, speaks of a peculiar form of metritis which has associated with it a leucorrhœal discharge, that in repeated instances has produced a purulent urethritis in the male. Not long since a gentleman came into my office, with the statement that he had been married nearly one year; that shortly after marriage a purulent discharge came from his urethra. On consultation with his physician he was told it was of slight importance, and had probably been acquired from a leucorrhœal trouble from which his wife was then suffering. From that time, within three or four days after each sexual congress with his wife, a purulent discharge appeared in his urethra and continued until assisted by an astringent injection. When examined, the man was found to be free from any trouble whatever. Upon examining the wife it was ascertained that she was suffering from retroversion of the uterus; that the surface of the external os was eroded and covered with a thin layer of muco-purulent material. The uterus was restored to its normal position and retained by a pessary. I was of the opinion at the time that the erosion and discharge were due to displacement of the uterus, and so stated. Under suitable treatment the lady made a prompt recovery, and from that time the gentleman suffered no more from his urethral trouble.

To me, the case seemed to be one that pointed clearly to the leucorrhœal discharge, dependent upon the condition of the uterus, as the cause of the urethral discharge in the husband. This, and the case which I related at the last lecture, in which the patient produced a urethritis by the violent introduction of a sound, I would put forward as among those where there is every reason to believe the urethritis to have been produced by other causes than contact with a gonorrhœal discharge.

Mr. Milton admits that "urethral discharges do appear in men as the result of connection with women laboring under leucorrhœa, *in whom there is no reason to suspect a present or a previous blenorrhagia.*" This admission, however, is wholly negatived by the sentence which follows it, thus: "It must, I think, be equally admitted that the facts supposed to establish this, are, when we come to sift the matter closely, generally vague and few." The property of contagion with Mr. Milton, points directly to specific cause; to already existing gonorrhœa as the origin of it in all cases, and where there is absolutely no evidence of such origin, and no reason to suspect it, belief to the contrary, Mr. Milton says, "must remain a mere conviction, and cannot be raised to the stability of truth."

Mr. M. states that in no case that he has read of "is there anything to show that the surgeon had satisfied himself as to the *previous state of the organs in both persons.*" On the strength of this he would seem to claim that all the evidence in favor of the non-specific character of gonorrhœa, the carefully observed and reported cases of accepted authorities, are without value, notwithstanding the positive belief acquired through the long and studious experience of such men as Ricord, Didery, Bumstead, Van Buren, and, unequivocally stated, we must believe all urethral discharges associated with the contagious element to have a gonorrhœal origin, "even when there is no evidence of such origin, and no reason to suspect it." Personal statements, from no matter whom, circumstantial evidence, character of individuals, repeated coincidences, all go for nothing.

Even the case previously cited, when the disease was believed *proven* to be of traumatic origin, and which was believed proven to be contagious (and hence gonorrhœal) by the supposed *proven* communication to a presumably healthy wife, even this case may be waived out of the contest as among the not *absolutely* proven cases.

We, however, must admit that all clinical observations and investigations are of necessity more or less empirical until carried to a point coincident with, or to the establishment of some fixed physiological or pathological law. Until such law is established, the most important, the most conscientious and extensive clinical labors must be open to the denial and depreciation of every passing observer of little or much experience. Thus it happens that the most important question, upon the correct or faulty solution of which the honor and happiness of individuals—even of whole families—may depend, the accumulated experience and the deliberate conclusions of our wisest men are disregarded, and the specific nature of gonorrhœa asserted upon the basis of a purely negative personal

experience. If anything could give an incentive and impetus to a movement towards a more scientific solution of the matter we certainly have it here. Naturally we look to the great authorities in histological and pathological science for some clue which shall lead to a more definite understanding of the true nature of the contagious element of gonorrhœa, as well as that equally contagious property which is characteristic of conjunctivitis and infantile leucorrhœa.

It has occurred to me that the difficulty of settling the question with reference to the specific character of gonorrhœa may be simplified if we can go behind all clinical records and consider the changes which occur in the transition between the normal formation of epithelial elements and the characteristic pathological products. Rindfleisch—and his opinion is entitled to consideration—in speaking upon the question of the formation of epithelium, uses a significant phrase, namely, "epithelial infection," and says: "The opinion is inevitable that the embryonal formative cell can only become an epithelial cell when it comes in contact with such; *we must believe in a kind of epithelial infection.*" That is to say, when a formative embryonal cell comes up from the cellular tissue to take the place of a cell that has preceded it, its form and character is determined by coming in contact with epithelial cells already formed.

With reference to other tissues, it is claimed that the peculiar form which the germinal or formative cell is to take is determined by contact with the tissue of which it is destined to become a portion.

If this view is accepted—and I see no ground for objection, but, on the contrary, it is a beautiful explanation of the manner in which different tissues are formed—we have infection as a physiological process, and now the interesting question arises, At what point does the epithelial element cease to have that infective influence? In other words, At what point does it cease to have the contagious property? For, it is here distinctly shown that the epithelial elements possess an essential and characteristic property of contagion. If this be the case shall we accept the contagious element as evidence of gonorrhœa, when we find it in the physiological process? It appears from that, as soon as the fact is recognized, that a contagious principle is contained in the physiological constitution of the parts. The doctrine of contagion receives a fatal blow. One thing is very certain, viz., that as long as this physiological infection, this influence of epithelial cells by their contact with each other, is continued in a salutary way, it gives rise to no disturbance whatever, and the thought of contagion does not arise. But when a cell which has fallen from its integrity exerts its vicious influence upon other cells, disturbance is manifest, and compels attention to its character and powers.

Because gonorrhœal disease is contagious, it has been claimed that this property must be regarded as evidence of the presence of a special virus. If, however, it is the contagious property alone that is characteristic, and this property is the proven attribute of all cells of gonorrhœal discharges, it can no longer be regarded as evidence of the specific character of gonorrhœa; hence the only distinction to be recognized between gonorrhœa and urethritis is a moral one. The term gonorrhœa implies gross immorality. A good man, then, with simple urethritis, perhaps occurring independent of sexual contact, may, by injudicious living or venereal excess, elevate his simple urethritis up to a contagious point. Then he has *gonorrhœa*. He has done nothing morally wrong; he has simply been placed without the pale because of his urethral discharge assuming a contagious form. In that condition he has, perhaps, communicated the disease to his wife, who would, under Mr. Milton's teachings, be qualified to sue for a divorce, and to obtain it, notwithstanding there was no evidence of gonorrhœal origin, nor any reason to suspect it.

DIFFERENTIAL DIAGNOSES.

Having endeavored to ascertain what gonorrhœa is, we will briefly allude to the question of differential diagnoses.

Inflammation of the mucous membrane covering the glans penis and reflected upon the prepuce or balanitis, may be mistaken for gonorrhœa. This condition may arise from various causes, such as irritation produced by accumulation of sebaceous material beneath the prepuce, or from hypertrophy of the papillæ of the mucous membrane covering of the glans, as in the case exhibited this afternoon.

In that case the irritation produced by the enlarged papillæ had given rise to pus, which had accumulated beneath a long prepuce in such quantity that when the prepuce was drawn back a discharge from the preputial opening took place that could very readily have been mistaken for one issuing from the urethra.

I have encountered cases in which such a mistake has been made, and injections containing various materials used for months in the supposition that the patient was suffering from gonorrhœa, when in truth the urethra was free from all disease except that produced by the injections. In some of these cases it is difficult, because of the degree of phimosis present, to ascertain whether the discharge issues from the urethra or not: but your treatment should not be commenced until that question has been settled.

The next point is to ascertain whether the disease you are called upon to treat is a simple urethritis or a gonorrhœa acquired by contagion.

In most cases the character of the exposure is not well understood either by the person exposed or by the physician. The presumption, when a discharge appears in the urethra of the male after illicit intercourse, is in favor of a gonorrhœa existing in the woman with whom such intercourse is held. At the same time it is not certain that a person having had sexual connection, and having had urethral trouble four or five days afterwards, that a gonorrhœa has been acquired. The natural conclusion is that a gonorrhœa has been contracted.

Now in a very large number of instances it would be a mistake, and a very grave mistake, to consider such a discharge a gonorrhœa, because such a condition may arise from contact with simple leucorrhœa, and also from contact with the menstrual discharge. It is a necessity in these cases to wait, to treat the patient in a very simple way for a few days, until it is ascertained whether or not it is an active contagious disease. If it is not, simple means will be sufficient to effect a cure, and the disease will gradually fade away, leaving the parts in a healthy condition.

Quite commonly, not so much now as formerly, however, an attempt is made to cut the disease short by the use of some active injection. This plan is fast going into disrepute, and justly so, for by adopting it the advantage is at once lost of being able to determine whether the disease would not have readily passed away within a few days by the use of simple means. By such treatment you necessarily add an inflammatory trouble, and if the case is one of real gonorrhœa, you will increase the activity and the inflammatory character of the disease.

Original Communications.

THE TREATMENT OF SOME FORMS OF DYSPEPSIA (CHRONIC CATARRH OF THE STOMACH).

By Wm. B. NEFTEL, M.D.,

NEW YORK.

During the last ten years I have had the opportunity of observing a considerable number of patients affected with chronic catarrh of the stomach of long standing. They were referred to me principally on account of the accompanying intense gastralgic pains and the very unpleasant cerebral symptoms. In a number of cases these latter symptoms assumed so predominant a character in the history of the disease, that some doubt was entertained as to their true significance—whether it was not the brain symptoms which constituted the primary affection, and the dyspepsia a secondary symptom, instead of vice versa. I could, however, almost always convince myself that the chronic gastric catarrh was the primary affection that brought on the secondary cerebral symptoms, because it existed long (sometimes years) before the appearance of the cerebral symptoms, which latter commenced in a mild, scarcely noticeable form, and only gradually became more serious, and generally disappeared with the cure of the catarrh.

In the majority of cases that have come under my observation, the disease was in an advanced stage, and the patients presented a high degree of anæmia and emaciation. They complained of general prostration and of inability to work intellectually, of loss of memory, sometimes of dimness of vision, without any objective cause, occasionally of tinnitus aurium and frequent faintness; more especially of vertigo, that rendered them timid in walking alone. They almost always felt chilly, and complained of a sensation of fulness and a constant uneasy feeling in the epigastrium. This uneasiness increased to intense pain several times in the twenty-four hours, generally after meals, and especially during the night, thus interfering with sleep, which was sometimes interrupted by the pain at regular hours. They have had frequent eructations, nausea, and sometimes vomiting, and complained of complete want of appetite, notwithstanding their extreme weakness and anæmia. The bowels were costive, the pulse small, the heart's action feeble, the respiration slow, the temperature not increased; rather subnormal, the skin pale and dry, the abdomen tender and distended in the epigastrium.

On examination of the contents of the stomach (ejected by vomiting, or removed with the stomach-pump), I found the reaction sometimes neutral, sometimes even slightly alkaline; and when the reaction was acid, it was not owing so much to the presence of free hydrochloric acid as to that of lactic, butyric, acetic, and other volatile fatty acids. Under the microscope I almost always found numerous sarcinæ ventriculi and other microscopic fungi; the gas escaping with the eructations was a mixture of hydrogen, carbonic acid, and air.

The gases, the acids, the fungi, etc., leave no doubt that the stomach of these patients is the seat of a morbid fermentation. The food, instead of undergoing the normal digestion under the influence of the gastric juice (which in the normal condition contains free hydrochloric acid), is undergoing fermentation, with evolution of gases and development of fatty acids, of which especially the butyric acid acts upon the stomach as an acute irritant. Hence the distention of the stomach, the gastralgic pains that increase during the height of the fermentation (some time after the introduction of food), and all the other local and general consequences which always accompany chronic gastric catarrh. The permanent dilatation of the stomach (gastrectasia) owes its origin to the paretic condition of its muscular coat, and this causes stagnation of the food within the stomach, the relaxed walls of which are not able to forward the contents by their impaired contractions. On the other hand, this stagnation of the food promotes and perpetuates the fermentation, the vomiting, the constipation, etc. The general consequences produced by the gastric catarrh are chiefly due to the impaired nutrition of the whole system, and manifest themselves as general emaciation and anæmia, especially that of the brain.

Generally the patients who came under my care had tried before a great variety of therapeutic methods. As a rule, it was first attempted to control the gastralgic pains with alcoholic stimulants, spirits of camphor, etc., and which in the earliest stages of the disease would relieve them temporarily, but after a while lost entirely the power of producing the desired effect. Anodynes were then resorted to, with a similar result. Of medicinal remedies, pepsine, bitters, nux vomica, strychnia, bismuth, alkalies, purgatives, etc., had their turn without avail, and of external applications, different plasters, hydropathy, rubbing, electricity in the form of electrical baths, general faradization, or central galvanization. In addition to all this, special kinds of movement and lift cures, and also different mineral waters and milk diet were vainly tried.

Notwithstanding all these remedies and methods, the disease continued to make steady progress, the dilatation of the stomach increasing sometimes to an enormous extent, the gastralgic pains becoming incessant, with frequent exacerbations, depriving the patient of sleep, and the emaciation, anæmia, and general prostration reaching the highest degree. But, long before the disease advanced to that stage, the patients generally came to the conclusion that they must avoid some articles of food which in their experience increased the eructations, pain, nausea, and vomiting, and therefore at first gave up eating those vegetables which produce flatulence, then a great many other articles, gradually reducing the variety of their diet, and living exclusively on Graham bread, oat meal, mutton chops and beefsteak. Water was also avoided as much as possible, on the supposition that it dilutes the gastric juice, and hence increases the indigestion. At last even this simple diet augmented their suffering and had to be changed for a diet amounting to slow starvation, viz.: rice-water, sometimes rice boiled with milk, and the juice of meat. The only temporary relief during the attacks they found in hot water taken in large quantities. These patients, therefore, had to resort to hot water and the starvation diet to make their life at all bearable. In this stage of the disease the condition of the patients seemed so alarming that doubts would arise as to the correctness of the diagnosis. Indeed, the cachectic appearance of the sufferers would warrant the suspicion that a cancerous affection of some abdominal organ, or cirrhosis of the liver existed, though neither a tumor nor any characteristic symptom of cirrhosis could be detected by the physical examination.

As regards the etiology and diagnosis of dyspepsia, I shall limit myself to a few remarks. I can state

from my own observation that all forms of dyspepsia are incomparably more frequent in this country than in Europe. The majority of all the patients who have come under my care in this country have had one or another form of chronic dyspepsia; even children seem not to be entirely exempt from it, and often exhibit an apparently inherited disposition to the disease. To explain these facts it is only necessary to take into consideration the history of this country and the mode of living of the people. The early colonists had no means of regulating their diet or properly preparing their food, two circumstances which constitute the principal causes of dyspepsia. The immigrants of the present day, the pioneers settling in the far West, labor under the same disadvantages. As a general rule, the culinary art is not yet sufficiently cultivated here; and we often find, even in some hotels, abundant and excellent provisions spoiled by bad cooking. In the cities, the busy life of all classes scarcely allows time for meals, so that people get into the habit of eating in a hurried way, and set the example to their children. Thus the food does not undergo the preliminary changes requisite for a prompt and thorough digestion, viz., mastication and intimate mixture with the saliva. The function of the latter must not be underrated, the diastatic property of ptyalin and the excitation by the alkaline saliva of an abundant secretion of healthy gastric juice being most favorable for the digestion. Moreover, some incorrect notions are prevalent among the public at large, which formerly were entertained by the profession, but are now abandoned owing to our advanced knowledge. Many people think that water ought not to be taken during digestion, because it dilutes the gastric juice; and this rule is most religiously observed by nearly all dyspeptics. And yet, experiments with artificial gastric juice show that food is easily digested, provided there is free hydrochloric acid and plenty of water, a minimum quantity of pepsine being sufficient to digest large quantities of food. Another fallacy, fortunately now losing ground, is the opinion that alcoholic stimulants are useful for digestion, which in reality are exactly the reverse; they disturb, retard, and check digestion, and by irritating the stomach constitute one of the most frequent causes of gastric catarrh. Again, some think that it is very healthy to eat in small quantities, but often. In exceptional cases, in persons with an impaired digestion, where only a small quantity can be digested at a time, we are obliged to give food often in order to support life. As a rule, however, sufficient time is requisite for the food to be thoroughly digested, and it is injurious to add perfectly undigested food to that which is in the process, perhaps in an advanced stage, of digestion. We know, from physiological researches, that by the gastric juice the albuminous substances of the food are transformed into soluble modifications—peptones—which are readily absorbed. But, until the peptones are removed by dialysis (absorbed), no new albumen can be thoroughly peptonized, nor can the peptones be absorbed in the presence of unmodified albuminous substances. It is, therefore, much better to take the necessary quantity of food at long intervals (three or four times in 24 hours), and entirely to abstain from eating anything between the meals.

The diagnosis of chronic catarrh of the stomach may offer some difficulty only in its advanced stages. One of the easiest means to ascertain the extent of dilatation of the stomach is to introduce into it effervescent substances (bicarbonate of soda and tartaric acid); the shape of the stomach is then made palpable and even visible. The next thing to find is whether the dilatation depends on the gastric catarrh, or whether they are both symptoms of a stricture at the pyloric part of the stomach. This is sometimes exceedingly difficult to demonstrate, and we mostly have to be guided by the previous history of the case (ulcer of the stomach, etc.), or by the presence of a tumor. The microscopic examination of the contents of the stomach, the palpation of the abdomen, the absence of ascites, diarrhœa, etc., must be taken into consideration when making the differential diagnosis of chronic gastric catarrh, cirrhosis of the liver, amyloid degeneration of the bowels, etc. Chronic gastric catarrh is frequently mistaken for cancer of the stomach. I know of a case where an elderly person was considered by her physicians to be suffering from cancer, which, however, was not found at the post-mortem, though during life the patient exhibited all the symptoms of carcinoma ventriculi, except the presence of a tumor. It must be borne in mind that the most prominent symptoms of cancer of the stomach depend on the accompanying gastric catarrh, and may not exist at all without the latter.

After having made the diagnosis of chronic catarrh, I employed formerly the treatment introduced by Kussmaul.* It consists in the methodical use of the stomach-pump, by means of which, at certain intervals, the stomach is entirely emptied of the stagnated food and the accumulated products of fermentation, and washed out with a weak alkaline solution (soda-water, Vichy). The patients are then given nourishing and easily digestible food in gradually increasing quantities. They are much benefited by this method, and are often ultimately cured of the gastric catarrh; but it requires the constant and prolonged attendance of the physicinn, and is extremely tedious and unpleasant to both. I have now adopted methods equally efficient, and in some respects much more so, and presenting none of the disadvantages mentioned.

In the earliest stages of dyspepsia the regulation of the diet alone is almost sufficient to arrest its further development. In the treatment of gastric catarrh, our special attention has to be directed to the circumstance that such patients generally abstain from a great many wholesome and digestible articles of food, and are apt to resort to that form of dieting which, in reality, is slow starvation, and which, when prolonged, results in the impairment of nutrition of the most important organs. I therefore recommend to dyspeptics a variety of articles of food (of course, excluding such as are indigestible), and prefer to correct the unpleasant symptoms they may call forth. It is far better to keep up the general strength of the patients, and treat the gastric symptoms, than in avoiding these latter to produce general anæmia and emaciation. It is not difficult to correct the gastric symptoms in the first stages of the disease; an occasional dose of magnesia or rhubarb, sometimes both together, or a wineglass of some bitter water (Friedrichshall, Hunyadi, etc.), taken at bed-time, will often answer the purpose. Even pure water taken repeatedly, subdues the symptoms by washing, as it were, the stomach, and removing the accumulated products of the catarrh.

Experiments on animals with gastric fistula show that the introduction into the empty stomach of an alkali immediately excites an abundant secretion of gastric juice. I therefore advise dyspeptics to take

* Kussmaul: Ueber die Behandlung der Magnerweiterung. Deutsch. Arch. für klin. Medicin. Bd. VI., p. 455.

Vichy water some time before their meals. About a tumbler before breakfast, and a much smaller quantity before lunch and dinner, and also to drink as much pure water as they like during and after the meals.

It is advisable to rest awhile after meals, muscular or mental over-exertion being injurious, because the supply of blood is then diverted to the muscles or nervous centres, whereas during digestion the stomach ought to be in a state of congestion. Therefore, rest should be taken after the principal meals, even a little sleep, in order to afford the stomach the greatest amount of blood necessary for its increased activity. Infants and animals instinctively follow this rule. On the other hand, substances in a state of fermentation, or which readily undergo fermentation, like beer, sweet things, etc., ought to be avoided, as also those substances which the stomach, affected by catarrh, is apt to produce itself—acetic, lactic, and butyric acids. Therefore, vinegar, bad milk, and especially rancid butter and fatty substances must necessarily be avoided. Unfortunately, such patients are sometimes even advised to take exactly the above-mentioned acids (vinegar bitters, lactic acid, etc.), in the supposition that the gastric juice is acid and contains lactic acid. But the acid which in the free state is always present in the normal gastric juice is hydrochloric acid; the lactic and other acids are produced by the chronic catarrh of the stomach, and rather interfere with the healthy digestion. One of the best remedies, and often quite indispensable in dyspepsia, is hydrochloric acid, diluted in water, which I prescribe to be taken after meals. Physiological experiments have proved that one to four parts of free hydrochloric acid to one thousand parts of the gastric juice are most favorable for the digestion, while only a trace of pepsine is sufficient, and can be utilized over and over again in the process of digestion, provided the necessary quantity of hydrochloric acid and water be added. In the great majority of dyspeptics, if not in all, there is a deficiency of hydrochloric acid in the gastric juice, which must be considered as the principal cause of the abnormal digestion. This is especially the case with anæmic persons or during the febrile condition. Manassein * experimentally demonstrated the deficiency of hydrochloric acid as being the cause of the deranged digestion during fever or anæmia. This acid, therefore, ought to be supplied to all patients affected with fevers, to anæmic persons, convalescents, and dyspeptics generally. The experiments of Manassein made by him on anæmic and feverish animals have also shown that food mixed with their gastric juice easily undergoes putrefaction if no hydrochloric acid is added. I found that common salt or substances containing salt—like oysters, for instance—are useful in dyspepsia, because salt is an antifermentative, and the chlorine of the salt during digestion is transformed into hydrochloric acid.

In the more advanced stages of the disease one of the principal indications is to check the morbid fermentation in the stomach. The experiments of Hoppe-Seyler on animals† have shown that the healthy gastric juice is one of the best antifermentative remedies, as it prevents cane-sugar from fermenting even in the presence of fungi. In treating, therefore, the gastric catarrh, our efforts must chiefly be directed towards re-establishing the secretion of the normal gastric juice. In order to arrest the fermentation, I prescribe, according to Botkin's recommendation, chlorine water * (freshly prepared according to the German pharmacopœia), to be taken several times a day, sometimes even every hour. It not only checks the fermentation, but, being ultimately transformed into hydrochloric acid—a natural constituent part of the gastric juice—it promotes digestion. After the disappearance of the morbid fermentation in the stomach, the chlorine may be substituted with advantage by the hydrochloric acid. Of late I have tried with good results to arrest fermentation by very small doses of thymol, but further observations are requisite to corroborate my first impressions. Quite recently I have used in one case, to be mentioned hereafter, salicylic acid, with a most excellent result. In some exceptional cases, when the food stagnates unusually long in the stomach, owing to an excessive dilation and loss of contractility of the stomach, or to a strictured condition of the pyloric portion, it may occasionally become necessary to use the stomach-pump, or give Carlsbad salt one or two drachms in a large quantity of warm water, administering it before breakfast in two or three doses, at intervals of ten or fifteen minutes. Instead of Carlsbad salt, a mixture of sulphate of soda eighty-five per cent., common salt twelve or fourteen per cent., and two or three per cent. of carbonate of soda, can be used with the same, and sometimes even with better effect. A solution of these salts stimulates the contractions of the stomach and the peristaltic motions of the bowels, causing several free passages, besides washing out the stomach and exciting the secretion of normal gastric juice, and thus promoting the digestion of the food now to be introduced. I need scarcely add that, until the disappearance of the gastric catarrh and the cessation of pain, some palliative may occasionally be administered—for instance, small doses of morphine, alone or in combination, with bismuth, etc.

One of the most important indications in the treatment of gastric catarrh is to reduce the dilatation of the stomach. Although with the abolition of the catarrh the stomach has a tendency to assume its normal dimensions, yet, owing to the atrophy of the muscular coat and its paretic condition, the diminution of the size of the stomach progresses very slowly, and the peristaltic contractions remain for a long time imperfect, thus causing the stagnation of food. Hence the great persistency of all the morbid symptoms, and the excessively protracted treatment, notwithstanding the employment of the most rational and efficient methods. As gastrectasia, in some degree, is always present in gastric catarrh (and also in hysterical gastralgia), I have introduced a special treatment of the dilated stomach.† It consists in producing contractions of the stomach by means of induced currents in the following manner: Both electrodes, in the shape of broad plates, are applied transversely (stabil) to the remotest portions of the dilated stomach. The current is gradually increased from minimum intensity to its maximum, and after several seconds' duration again diminished to its minimum. This is repeated fifteen to twenty times in succession, with a pause of several seconds between. Then the electrodes are applied to two other distant portions of the dilated stomach in a vertical or diagonal direction, and the current again alternately increased and diminished in the above described manner. In addition to these "fluctuating induction currents," I employ another method

* Manassein: Centralbl. f. med. Wis. 1871. p. 853.
† Hoppe-Seyler: Ueber den Einfluss des Zuckers auf die Verdauung und Ernährung. Virch. Archiv. Bd. X., p. 144.

* Botkin: Ein Fall von Stenosis pylori, etc. Berl. kl. Woch. No. 38.
† Neftel: Die Behandlung der Magenectasien beim chronischen Magencatarrh. Centralb. für die med. Wissensch. 1876. No. 21.

of "tetanizing induction currents" in the following manner: while the broad electrode is kept steadily at one portion of the dilated stomach (the current being of maximum intensity), the smaller electrode is suddenly pressed against the opposite portion during several seconds, then suddenly removed, and after a short interval again suddenly applied and removed, repeating this alternate applying and removal about fifteen or twenty times in succession. The electric treatment by means of one of these methods, or of both combined, is daily resorted to until the disappearance of all the morbid symptoms. The contraction of the stomach produced by this treatment can be ascertained by percussion, and by the immediate relief it affords, although this effect is not lasting from the first, and the stomach assumes its previous size; but the tone of the muscular coat soon improves from the repeated applications of the current, and the size of the stomach becomes ultimately reduced. Under the electric treatment the costiveness invariably disappears, thus indicating the increased tone and peristaltic motion of the stomach and bowels.

After the disappearance of the gastric catarrh, there remains for some time a torpid state of the digestion, caused very probably by insufficient secretion of the gastric juice. We know from the earliest observations made by Beaumont* and others, that in fever, for instance, no gastric juice is secreted, not even by the excitation of the introduced food. The consequence is that the food remains unchanged in the stomach during twenty-four or forty-eight hours. Something similar takes place in torpidity of digestion, as can be ascertained with the stomach-pump. (Leube in Ziemssen's Cyclopedia.) Physiological researches offer different means of exciting immediate and abundant secretion of the gastric juice, the most powerful stimulus being saliva; ether, cold water, alkalies, etc., belong to this category. But, in order to promote the secretion of a healthy gastric juice in a more permanent way, we possess other remedies, like bitters, nux vomica, and especially small doses of rhubarb. One- or two-grain doses of rhubarb, taken several times daily during several weeks, materially improve the digestion of such patients by exciting the secretion of a normal gastric juice. Large doses of rhubarb act more on the liver and bowels, and therefore do not answer the purpose.

With the disappearance of the gastric catarrh, and possibility of taking in sufficient quantities a variety of food, the general health becomes finally restored to its normal condition.

The chronic gastric catarrh, if not entirely cured, invariably results in anæmia, which may continue as an independent disease and be the origin of some grave and fatal affection: pernicious progressive anæmia, fatty degeneration of the heart, marastic thrombosis, etc. The anæmic condition can be successfully treated with preparations of iron, which I generally prescribe to be taken with the meals (from two to five grains of iron by hydrogen, two or three times a day, with the principal meals). The iron is then readily assimilated with the food, and the patient increases in weight and assumes a healthy appearance, in a remarkably shorter time than when given in the usual way. I continue during several months the use of iron in smaller doses (two or three grains), without causing the slightest inconvenience to the digestion.

The foregoing remarks contain the general principles which I follow in the treatment of dyspepsia, modifying them according to the peculiarities and requirements of the individual cases. From a large number of cases I offer here only a few illustrations.

Mr. B., of New York, 64 years old, was suffering from an aggravated form of dyspepsia during many years. Previous to the appearance of dyspeptic symptoms he enjoyed excellent health, and was very active. He worked hard as a builder, and, owing to his great energy and perseverance, accumulated a large fortune. With the rapid increase of means he could accordingly augment the amount and variety of food, without, however, allowing the stomach the necessary time for digestion, continuing to speculate in real estate and to work with enhanced energy and excitement. The result was dyspepsia, appearing first in a mild form, and in the course of years gradually assuming a most distressing character. He was treated by eminent physicians here and in Paris, receiving but slight and temporary relief. I examined him for the first time, July 12, 1873. He is of middle size, very well built, intelligent-looking, but exceedingly pale and emaciated. He complained of pain in the epigastrium, increasing after meals, and more especially at night, depriving him of sleep. He could take but a few articles of food, and in the smallest quantities, as even the simplest things in larger quantities invariably aggravated the suffering. He had constant eructations, and often vomiting, which somewhat relieved the pain, though for a short time. The bowels were costive, and moved only by taking cathartic pills. He felt very weak and chilly, the extremities were cold, he had dimness of vision, and occasionally tinnitus aurium. He often had attacks of vertigo, at times so severe and prolonged, and accompanied with such a sensation of faintness, that he was obliged to sit down, in order to avoid falling. On account of this vertigo and loss of memory, he had generally to be accompanied by his son, especially when transacting business, which at last he was on the point of giving up altogether. The epigastric and hypochondric regions were bulging out, the stomach much distended with gases, and its slow peristaltic motion could be plainly observed; the skin pale and cool; the temperature in the axilla 36° C.; the pulse weak, 46; respiration slow, 10 in a minute. Nothing abnormal could be detected in the thoracic and abdominal organs, except the dilatation of the stomach; no tumor. The urine scanty, slightly alkaline, contained no albumen or sugar, but a large amount of indican (tested with muriatic acid and calcium chloride). The sediment consisted chiefly of crystals of magnesium ammonium-phosphate. The vomited masses had an acid reaction and rancid odor. When left for some time in the test-tube, presented two, or rather three layers, the upper of a grayish color and frothy, containing, besides gas-bubbles, débris of food (fat-drops, muscular fibres, etc.), and becoming more voluminous after standing. The lower layers were brownish and darker at the bottom, where, besides some residua of food (amylaceous bodies), a large quantity of sarcina and other fungi were found under the microscope. In making the patient pass the gases evolved, by eructation, through a tube, they could be made to burn with a pale flame (hydrogen). A piece of coagulated albumen, after remaining for three hours in a test-tube filled with the vomited mass, was found almost unchanged (the edges slightly rounded). The vomited masses scarcely contained a trace of hydrochloric acid (tested with argentic nitrate), but a considerable amount of butyric acid (the distillate gave with baric hydrate the characteristic crystals), and of lactic acid (by Hoppe's method). There was

* Beaumont: Experiments and Observations on the Gastric Juice. Edinburgh, 1838. p. 99.

no alcohol in the vomited masses, which continued to ferment in the test-tubes, as indicated by the increased volume of the upper frothy layer. By adding different antifermentative substances (permanganate of potash, borax, camphor) to separate portions of the vomited masses, it could be observed that hydrochloric acid, and still better, chlorine, decidedly checked the fermentation, and pieces of coagulated albumen would become entirely dissolved. It was evident from the chemical and microscopical examinations that the dilated stomach of the patient was the seat of fermentation; moreover, by the presence of butyric acid, hydrogen, and the absence of alcohol, it could be specified as butyric acid fermentation.

It remained yet to decide whether the fermentation was caused simply by gastric catarrh, or whether this latter, together with the fermentation, was called forth by stenosis of the pylorus; and if so, whether the stenosis was the result of a cicatrix or of a tumor within the walls of the stomach or in some adjacent organ, and merely pressing upon the pylorus. The previous history of the patient, who at no time had any symptoms of ulcer of the stomach, excluded the cicatricial stenosis, and the long duration of the disease made the existence of a malignant tumor improbable. Accordingly, I began treating the patient as if affected with simple gastric catarrh, reserving the prognosis on account of the indican in the urine. At that time I had the opportunity of observing a number of cases with cancerous deposits in the liver and other viscera, who all had a large amount of indican in the urine.* The recent researches of Jaffe † and Senator ‡ have shown that indican may be present also in various other diseased conditions. I prescribed the solution of Carlsbad salt in divided doses, to be taken before breakfast (on the first day only), and strong, freshly-prepared chlorine-water every hour. I also advised him to drink pure water with and between the meals, and treated him with induced currents. Besides applying the electrodes to the stomach in the way above described, I applied them also to the hypogastric region, in order to stimulate the activity of the bowels. The electric treatment was continued daily, and so was the chlorine (every two hours). The pains, eructations, vomiting, became less intense and less frequent, and soon entirely ceased. The appetite improved from the very beginning of the treatment, though under my advice he had to increase very gradually and cautiously the amount and variety of food. With the abolition of pain he slept soundly, and his general health steadily improved. After the disappearance of the symptoms of fermentation the chlorine was left off, and hydrochloric acid prescribed, to be taken with water after each meal. A mixed diet was then allowed, with the exception of salads, sardines, fatty and other indigestible substances, and at the end of the month the patient considered himself almost well. There remained, however, a considerable degree of anæmia, general debility, and a slight weakness of digestion, occasionally calling forth some pain, and a tenderness and swelling in the epigastric region. I ordered one-grain doses of rhubarb four times a day, and continued the treatment with induced currents—at first daily, and then every other day. After two months' treatment, the general health of the patient was in an excellent condition. He felt strong, could walk long distances, and the sleep, digestion, and bowels became quite normal. Together with this treatment, and on account of the marked cerebral symptoms, I employed galvanization of the brain, according to my method described in the *Archiv für Psychiatrie und Nervenkrankheiten*. Bd. VIII., p. 409. The patient still continues in excellent health, and never complains of either dyspeptic or any cerebral symptoms.

I will now give an instance in which the cerebral symptoms were the principal object for treatment, while the dyspepsia to which they were due was considered of secondary importance.

Mrs. R., fifty years old, a cultivated lady of high standing in society, complained principally of a sensation of faintness, as if the head were swimming. This sensation recurred quite frequently, and at times lasted so long that she was obliged to sit down to prevent falling. After evacuation of the bowels, which almost always had to be produced artificially, she invariably felt quite faint and had to remain in a recumbent position for an hour or more, though there was no local pain in the rectum, and neither a fissure nor piles. She suffered besides from general debility, being unable to take food in sufficient quantities, because it produced pain and swelling in the epigastrium, and frequent and loud eructations. She had to exclude a great many articles of diet, as they always increased the distressing symptoms. She was therefore reduced to the simplest food in insufficient quantities. Owing to the judicious advice of her physician, and the great care the intelligent lady observed in her diet, the dyspepsia was kept in check during a great many years, her principal complaint being vertigo, headache, fainting fits, and other cerebral symptoms.

On examination, Nov. 17, 1873, I found considerable emaciation and anæmia, the stomach moderately dilated. I prescribed a full dose of calcined magnesia at bed-time, and the chlorine to be taken every two hours, and commenced the electrical treatment of the dilated stomach and torpid bowels, and the galvanization of the head. At the same time I advised her to eat a variety of articles of food in considerable quantities, and should this diet produce indigestion, to correct it by a dose of calcined magnesia. In about a fortnight I substituted hydrochloric acid for chlorine, and, as an after-treatment, prescribed small doses of rhubarb, and finally iron. The result of this treatment was entirely successful; the dyspepsia and cerebral symptoms vanished, the patient gained flesh, and her general health became excellent in every respect.

I shall briefly relate the following case, to show the beneficial effect derived from the use of salicylic acid as an antifermentative in chronic catarrh of the stomach.

Mr. M., an elderly gentleman with a good constitution, but for many years a prey to gastric catarrh, consulted me Oct. 31, 1875. The dilatation of the stomach was moderate, though the gastralgic pains were often intense. Being a resident of Massachusetts, he could only occasionally be treated for a short time, and therefore could receive but temporary relief. Two years previously he had an attack of inflammatory rheumatism, which kept him in bed for nearly two months, and since then was several times threatened with a return of the disease. I prescribed for him salicylic acid, to use in case of another attack. Last year he became ill with inflammatory rheumatism accompanied with high fever, and after suffering intense pains in the inflamed and swollen articulations

* Neftel: Die electrolyt. Behandl. bösart. Geschwülste. Virchow's Arch., Bd. 57, p. 242.
† Jaffe: Ueber die Ausscheidung des Indicans, etc. Virchow's Arch., Bd. 70, p. 72.
‡ Senator: Ueber Indican und Kalk Ausscheidung, etc. Berl. klin. Woch., 1877, No. 43.

during twenty-four hours, he decided to try the salicylic acid according to my prescription. He took eight-grain doses every hour, beginning in the morning, and towards evening the pains, swelling, redness and fever almost entirely disappeared. During several days he took salicylic acid three times a day, and found to his great amazement that with the disappearance of the inflammatory rheumatism the dyspeptic symptoms had also subsided, so that he was able to eat larger quantities and a variety of food, and gained flesh. He still continues to be in remarkable good health.

The two following varieties of acute gastric catarrh present a peculiar interest—the one often leading to the chronic form, and the other being of great diagnostic importance.

The first appears in a most acute form, and is accompanied with intense gastralgic pain. It attacks, sometimes, persons who were previously in good health, or had but very slight dyspeptic symptoms. After prolonged excesses in diet, especially when coupled with a liberal use of alcoholic liquors, the patients are attacked with nausea, vomiting, and violent pains in the stomach, which increase in the night and prevent them from sleeping; there is a complete loss of appetite, costiveness, vertigo, and headache. This condition may continue for days and weeks, and finally pass into the chronic form of gastric catarrh, if the acute attack is not radically cured. The accompanying headache and vertigo often arouse suspicion of a brain affection, were it not for the acute gastric symptoms, which are ascribed to inflammation of the stomach.

Gen. ——, a strong and formerly very healthy gentleman, during the last five or six years indulged greatly in eating and drinking. Being very popular, he was often called upon to attend dinners, where, besides the abundant courses, wine was partaken of in profusion, and cigars smoked. After one of such gastronomic dinners he was attacked with nausea and vomiting, followed by intense pains, which kept him awake all night. Notwithstanding the remedies employed (mostly homœopathic), the gastralgic pain, nausea, vomiting, and want of sleep continued during four weeks. I saw him for the first time, Aug. 14, 1873. Besides the above-mentioned symptoms, he complained of headache, vertigo, eructations, and costiveness. The tongue was red, the abdomen tender in the epigastric and right hypochondric regions, the stomach was distended, the liver enlarged. I prescribed Carlsbad water (Sprudel), to which was added Carlsbad salt, to be taken before breakfast, and the chlorine every hour, besides the treatment with induced currents of the stomach and bowels. All the morbid symptoms, including costiveness, disappeared in a few days, so that he could resume his business, continuing for some time the electrical treatment, the diluted hydrochloric acid, and finally only the small doses of rhubarb. A year later, owing to excesses in diet, he had a new acute attack, but was promptly relieved by the same treatment. Last year a similar attack befell him in the country, where he suffered intensely during several weeks, and recovered only after coming to New York and resuming the treatment.

I would call the attention of the profession to similar acute gastric attacks which appear periodically in persons suffering from locomotor ataxia and other affections of the spinal cord. Of late, Charcot * has described them in his admirable work under the name of *crises gastriques* or *gastralgiques;* but I believe that these attacks are still very little known, and not even mentioned in many text-books on diseases of the stomach, thus giving cause for great diagnostic errors. The case I here relate is not only of a theoretical interest, but of great practical importance. It teaches for the first time, so far as I know, that the periodical acute gastric attacks may exist for years before the appearance of any other symptom of locomotor ataxia. These attacks are therefore of the greatest value as an early premonitory symptom of most dangerous affections, the development of which may thus be prevented by an appropriate treatment.

Mr. C., 46 years old, *came under my care* February 9, 1877, affected with locomotor ataxia in a very advanced stage. He has a good constitution and is of healthy parentage, married twelve years, has three healthy children, and was formerly in good health. Before his marriage he was much addicted to drink and excessive venery, and even the first year after his marriage he continued to use alcoholic liquors until about eleven years ago, when he gave them up after an attack of intense gastralgic pains and incessant vomiting, lasting for about a week. Five weeks after his recovery he had another attack, and since then the gastric attacks appeared periodically, at first every five weeks, and afterwards oftener. During the attacks he remains for several days prostrated with intense gastralgic pain and incessant vomiting, takes no food at all, and passes sleepless nights. These very acute symptoms gradually subside in the course of a week or ten days, when his digestion becomes again normal, and remains so until the appearance of another attack. These gastric attacks were for a long time ascribed to inflammation of the stomach, and treated accordingly, but afterwards they were considered as a simple gastralgia, and therefore more successfully managed. Several years later, in addition to the gastralgic attacks, he commenced to suffer intense neuralgic pains in the lower extremities, and after awhile also in the upper ones. They always alternated with the gastralgic pains, so that with the appearance of the gastric attack the excruciating pains in the extremities subsided. These latter were considered as rheumatism, and, after numerous remedies were tried in vain, the patient was sent to hot springs, where he remained during a summer and winter. There his locomotor co-ordination, his sight and hearing became very much impaired, and he returned home in a greatly aggravated condition. He then consulted different specialists, who all declared the disease to be a well-marked case of locomotor ataxia, though the gastric attacks were still considered as a simple gastralgia, and in no connection with the sclerosis of the cord. He is now treated by me with the galvanic current, under the influence of which the sight, hearing, and locomotion have greatly improved, the neuralgic pains have disappeared, and the gastric crises occur but seldom (once in several months), and in a very mild form.

The so-called *crises gastriques* may accompany not only locomotor ataxia, but also other diseases of the spinal cord, like central myelitis and multiple sclerosis in their earliest stages—therefore, at a time when these diseases can yet be more successfully treated. The last case proves that these gastralgic attacks may even precede the development of the spinal disease, and thus become a most valuable premonitory symptom of the approaching danger. It is evident, therefore, that the early recognition of their true nature is of the greatest practical importance. Unfortunately, they are scarcely ever recognized, and thus give rise to great diagnostic

* Charcot: Leçons sur les maladies du système nerveux. Part I., p. 82, and Part II., p. 266.

errors. And yet these gastric attacks present some characteristic peculiarities which always make the diagnosis possible and often easy. Thus, the attacks appear periodically, during the intervals of which the digestion is quite normal or nearly so; they are accompanied or followed by the neuralgic pains of the extremities peculiar to tabetics (*douleurs fulgurantes*). During the attacks the pulse is accelerated, but the temperature remains normal. Later there is incipient impairment of sensibility, vision, and locomotor co-ordination, etc. In some exceptional cases the gastralgic attacks and a slight impairment of vision (or merely a tendency to fall when the eyes are closed) are the only symptoms of locomotor ataxia, the real nature of which may thus remain unrevealed for a long period of time.

Before dismissing the subject, I wish to make one more remark concerning the electrical treatment above described. Being employed in conjunction with other remedies, it is not evident how much of the result of the treatment has to be ascribed to its influence. The following case seems to prove that the electrical treatment is an important factor in reducing the gastrectasia, and removing the atonic condition of the bowels.

Mrs. W., æt. 43, wife of a physician in Montgomery, Ala., placed herself under my care in September, 1874, for the treatment of habitual constipation of twenty years' standing. The dyspeptic symptoms were kept in check by the judicious treatment of her husband; the dilatation of the stomach was moderate, but the costiveness baffled every treatment, and the bowels could not be moved without a cathartic. Her husband sent her to New York solely for the electrical treatment, having satisfied himself that internal remedies, of which she had already taken great quantities, did not modify the habitual costiveness. I was therefore enabled to observe in this case the effect of the electrical treatment alone, applied in the above described manner. The result was a permanent cure of the costiveness and of the dilatation of the stomach. The anæmic condition was subsequently treated with iron.

In conclusion, I will sum up the foregoing in a few propositions.

The local effects of the chronic gastric catarrh are:

1. Fermentation in the stomach (butyric acid), with evolution of gases (inflammable) and formation of fatty acids (butyric, lactic, acetic).

2. Dilatation of the stomach (gastrectasia) and impairment of its peristaltic movements.

3. Stagnation of the food in the stomach and atonic condition of the bowels.

4. Gastralgic pains and vomiting.

The general effects of the gastric catarrh are emaciation and general anæmia from the defective nutrition of the system, especially anæmia of the brain, causing vertigo and other cerebral symptoms.

The diet of those affected with chronic gastric catarrh, though simple and easily digestible, must not be too uniform, and pure water can be used ad libitum.

The principal indications in treating chronic gastric catarrh are:

1. To arrest the fermentation (by antifermentatives —chlorine, thymol, salicylic acid, hydrochloric acid, etc.).

2. To treat the gastrectasia and the atonic condition of the bowels with induced currents.

3. To excite the secretion of a healthy gastric juice by the use of alkaline waters, small doses of rhubarb, bitter remedies, etc.

4. To improve the digestive properties of the gastric juice by the administration of hydrochloric acid, not only in dyspeptics, but also in anæmic persons generally, and in those affected with fevers, and in convalescents.

It is of the utmost importance to diagnosticate early the gastralgic pains (*crises gastriques*), which sometimes accompany, or even precede, the development of locomotor ataxia and other diseases of the spinal cord.

On the early diagnosis depends the possibility of preventing or curing these organic affections of the spinal cord.

TREATMENT OF STOMATITIS MATERNA.

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The pathology of this affection, which is sufficiently common in the experience of general practitioners, is obscure; is seen in patients who seem to be well in other respects; is generally an index of lowered vitality; sometimes an inflammation, the result of local nutritive disturbances of reflex origin, the irritation being mammary. In the ptyalism of pregnancy we see an instance of the same etiological kind.

Stomatitis materna takes the form of acute or chronic oral catarrh, also aphthous and ulcerative stomatitis.

It is sometimes very obstinate and intractable. Weaning the child always brings about a speedy cure. It is, however, generally amenable to treatment of a simple nature. Where, from lowered vitality, a tonic regimen, as quinine, porter, iron, and cod-liver oil is required, there are two preparations of the latter in the market, which I find almost equally serviceable—Scott's Emulsion and Phillips'. Many, however, can take Phillips' oil that cannot take Scott's. Phillips' oil is borne by the most delicate stomachs. I consider this preparation invaluable for nursing women whose nutrition is below par.

Nursing sore-mouth will often yield to astringent gargles, or mouth-washes. Chlorate of potash is good in this affection, as in all other oral affections of an inflammatory and ulcerative nature.

The glycerite of tannin, a great favorite of Ringer in all these complaints (see his *Handbook of Therapeutics*, page 300), is sometimes all the application that is needed—to be brushed over the parts affected twice or three times a day. Where astringents alone will cure, this will cure.

The sulphites, especially the sulphite of sodium, the sulpho-carbolate of sodium, are recommended. The sulphite of sodium may be given internally in doses of a scruple three times a day, and also used as a mouth-wash. The same dose (℈i.) may be given of the sulpho-carbolate of sodium, and, dissolved in an ounce of water, used as a gargle. These medicines undoubtedly have an alterative effect, as well as a local action (see Braithwaite, Part 63, page 24).

The tincture of smartweed (*Polygonum punctatum*) in drachm doses, diluted with water, to be taken internally, and used as a gargle, is highly recommended by a writer in the *Philadelphia Medical and Surgical Reporter*. Another authority regards bismuth, in ten-grain doses, as a certain remedy.

In several obstinate cases I have used the following formula with good results. (The formula is borrowed from the *Reporter*.) In one case cure followed in less than a week, but during its use the baby, previously well, was severely griped and purged. I think that it should be used with much caution, and discontinued in a few days if it does not seem to do good, or if it

affects the baby injuriously. The dose of the biniodide is about one-thirtieth of a grain:

℞. Hydrarg. biniod ..... gr. v.
Pot. iod ..... gr. x.
Aquæ ..... ℥ j.
M. Ft. sol. liq.

Take three to five drops, ter die, after meals. For a mouth-wash, add six drops to a tablespoonful of water.

This remedy, besides its local stimulant and resolvent action, undoubtedly does good as an alterative, improving local and general nutrition.

A CASE OF SPURIOUS HERMAPHRODISM IN THE MALE.

By W. E. WHEELOCK, M.D.,

NEW YORK.

In January, of this year, during my service as house physician in Bellevue Hospital, a case of spurious hermaphrodism in the male came under my notice. The patient came to the office for examination, at the out-door department, gave a history of pudendal disease of some sort, and was sent to the hospital with a permit for admission to one of the uterine wards.

Upon admission to the hospital the patient gave the following history: Age, twenty-three years; birthplace, England. When a child, noticed that her genitals were somewhat unlike those of the generality of her sex. At the age of thirteen years, while reaching to light the gas, felt something slip from the abdomen into the right labium majus, which slipped back again when she lay down. At the age of fifteen began to have a leucorrhœal discharge, more or less of which she has had ever since. Never has had any discharge of blood from the vagina.

The patient was here closely questioned, and it was impossible to obtain a history of any series of symptoms occurring at intervals of a month, or thereabouts, which could point to any attempt at the establishment of the function of menstruation, either normal or vicarious. At the age of eighteen years, married, but has never been pregnant. Is very fond of children, and has adopted a little boy, to whom she is much attached. Came to the hospital on account of a painful swelling on the right side of the vulva, which does not annoy her much while she is in a recumbent position, but which occasions much distress when she attempts to walk.

Upon a hurried examination the patient's trouble seemed to be an abscess of the right vulvo-vaginal gland. A more careful examination showed that the patient was not a female, but an imperfectly developed male, who, however, certainly thought himself a woman. The following notes of the case were then taken: The patient is of medium height and weight; the face and head are of male size and shape; the facial expression is decidedly masculine; there is a delicate moustache upon the upper lip; the hair of the scalp is coarse and long; the voice is boyish and husky; the shoulders, chest, trunk, pelvis, and upper and lower extremities, especially the hands and feet, are decidedly male in type; there seems to be an entire absence of mammæ.

What at first sight appeared to be the clitoris is in reality a penis two inches long, with two corpora cavernosa, a glans, corona glandis, fossa, and prepuce; there is no corpus spongiosum. The penis is possessed of moderate erectile power. Below the penis are two folds, which resemble closely the labia majora of the female, but they are smaller, and apparently contain much less adipose tissue; between them is a cavity which resembles the vagina, but it is not more than two and one-half or three inches in depth, and grows smaller from without inward, tapering to a point, where it ends in a blind cul de sac. The lining membrane of this cavity, near its apex, is the seat of a slight ulcerative process, which probably is the cause of the discharge which the patient described as leucorrhœa. On the right side, in the fold which resembles so much the labium majus, is a body as large as an almond, which resembles precisely, in shape and feel, the testis of a boy; it, and the tissues in its immediate vicinity, are inflamed and tender to the touch, presenting very much the appearance of an inflamed Bartholin's gland. It was for this that the patient sought medical aid.

In the left groin is found another body precisely similar to the one just mentioned, which, being severely compressed, the patient complained of a sickening pain in the epigastrium. During the examination this body slipped from under the finger into the fold on the left side, but was easily pushed back into its former situation in the groin. The next day, however, while the patient was standing, it slipped again into the fold, where it became inflamed, and where, on the following day, it presented all the features observable on the opposite side. In the light of this examination, the following additional points in the patient's history were with some difficulty obtained.

For a month or two after marriage suffered from dyspareunia; after that time this symptom disappeared. During coitus has a well-marked sexual orgasm, preceded by turgescence of the penis, attended at its height by an ejaculation, and followed by a sense of lassitude. On one occasion, after a six weeks' absence of the husband, had an orgasm and ejaculation during sleep.

A more minute physical examination was determined upon, but the patient, on account of a quarrel with another in the same ward, insisted upon leaving the hospital, and consequently received his discharge.

In order to prove beyond controversy that the patient was masculine, it would have been necessary to have determined, with the aid of the microscope, that the fluid ejaculated during sexual excitement was a product of the male sexual apparatus, or that the testiform bodies referred to above were testes. It so happened that neither could be done.

There can be no doubt, however, that the patient was a male. The build, voice, absence of uterus, entire absence of any attempt at menstruation, and the presence of organs which could scarcely be other than testes, make this evident.

A hasty examination seemed to reveal the presence of a vagina and labia majora, but the pseudo-vagina was rather a hiatus than any organ in particular, and the arrest of fœtal development which occasioned this absence of tissue in place of the male perineum had also given the appearance of labia majora to the two halves of the scrotum, which normally are united in the median line; this fact was made further apparent by the presence in each apparent labium of what was, without doubt, a testis.

Yet, singularly enough, this individual lived happily with a husband for five years, neither of them being aware of his sex, and showed an almost womanly instinct in adopting an infant, and in having it constantly in his society.

In an article on Hermaphrodism, the late Sir James Y. Simpson has quoted among others a case very similar to the above.

Progress of Medical Science.

PILOCARPIA.—At the first stated meeting of the Therapeutical Society of New York, Dr. A. Jacobi read a paper on the alkaloid of pilocarpus jaborandi, based on over sixty carefully observed administrations of the drug. The dose was one-third of a grain, given hypodermically—a solution in water, one to fifty, being used. Its principal laurels will be reaped in the desquamative nephritis of scarlatina, in the parenchymatous nephritis of diphtheria, and in acute and chronic nephritis generally. There is no doubt but that a complete diaphoretic effect is, with rare exceptions, obtained with more regularity by this, than by any other diaphoretic, even the hot pack. Sufficient doses appear to affect all the integuments, both those covered with cylindrical and pavement epithelium. Rosenkranz and Froumüller gave one grain, and this quantity may be required in pleural, peritoneal, and pericardial effusions, perhaps in œdema glottidis; but, as collapse has been observed, large doses should be given carefully. One of the principal effects of the drug is the lowering of arterial pressure, as demonstrated by the experiments of Kahler and Loyka. These observers consider the administration to be contra-indicated in valvular disease of the heart, especially where no compensation has taken place. These theoretical conclusions, however, do not fully correspond with experience, and will, therefore, have to be re-examined.

USE OF THE CHLORIDE OF POTASSIUM IN EPILEPSY.—At the second stated meeting of the Therapeutical Society of New York, Dr. E. C. Seguin read a paper on the use of chloride of potassium in epilepsy. He was led to experiment with this drug by the assertion of Prof. Binz, who considered the sedative effects of bromide of potassium to be due to the potassium, and who suggested the use of the chloride as containing a greater proportion of the mineral. Dr. Seguin's conclusions, based upon a large experience, are:

1. That chloride of potassium is not efficacious in the treatment of epilepsy.

2. That the bromides are positively useful in reducing the number and severity of epileptic attacks.

Observations have also been made upon a mixture of chloral and the bromides, and the following deductions drawn:

1. The epileptic attacks are warded off quite as well by this as by bromides alone.

2. The reflex power of the throat has been abolished quite as well as by the ordinary bromic solution.

3. There has been remarkable immunity from the bad effects of the bromides, more especially those which manifest themselves in the psychic sphere.

4. No really bad effect resulting from this mixture has been noticed. A more extensive trial of this combination in epilepsy is recommended.

CONTRACTION OF THE PALMAR FASCIA.—Dr. Baum, of Dantzic, reports two cases of the affection to which the above name was given by Dupuytren, which were cured by means of Busch's operation (see MEDICAL RECORD, No. 318). In both of the cases the wound healed rapidly, without reaction, and the functional result was perfect. Dr. Baum believes that the deformity in these cases of contractured finger is due to an affection of the skin and not of the fascia. He has found by numerous experiments on the normal hand, that retraction of the palmar fascia has but little effect in preventing extension of the fingers, while an equal retraction of the skin will absolutely prevent such extension. He has been unable to find in preparations of normal fingers the connective-tissue bridles depicted by Goyrand in v. Pitha's "Krankheiten der Extremitäten," and regards them as pathological growths, developed, not from the fascia, but from the skin, as the result of chronic inflammatory processes excited by persistent pressure. In the palm of the hand, it is true, numerous connecting bands run between the skin and the fascia, and hence it is difficult to decide to which of the two strata any thickened bands belong in this situation. In a few well-authenticated cases of contracture of the thumb, however, the palmar aponeurosis was not implicated, and as in these cases we are forced to admit that the cause of the contracture was situated in the skin, it is fair to conclude that in the hollow of the hand also the cutis is the part affected. Dr. Baum attaches little importance to the case described by Richer (see RECORD, No. 350), as he believes that a more careful study would have shown that the skin was not really normal. He claims that Busch's operation itself furnishes an argument that the cutis is the part affected. The triangular flap of skin raised in the operation retracts to such an extent when the finger is extended, that it can no longer be brought back to its original position, an evident proof that the skin is shrunken. Both of Baum's cases recovered with perfect fingers, although no orthopædic treatment to secure extension was subsequently employed, and Madelung's case was also successful, although the patient withdrew from observation soon after the operation.—*Centralblatt für Chir.*, March 2, 1878.

A CASE OF MELÆNA VERA NEONATORUM.—Dr. Wigert, of Liegnitz, reports a case of this rare disease, which began twelve days after birth. The mother was a delicate, phthisical woman, with a tendency to hemorrhages; she was unable to nurse the child. The blood was vomited and passed per anum, but there was no hemorrhage from the mouth, nose or throat. Death took place on the eighth day from broncho-pneumonia. An autopsy could not be obtained. This case is remarkable from the fact that it did not develop until twelve days after birth. Of the forty cases tabulated by Silberman (medical literature only contains forty-two recorded cases of the affection), the disease appeared in thirty-four during the first three days of life, and in all of them during the first eight days. Silberman ascribes melæna vera to the following causes:

1. To ulcerative processes in the digestive tract, caused by embolism, the emboli originating in the vena umbilicalis, according to Landau.

2. To ulcers caused by extravasation of blood into mucous membrane of the digestive canal, the extravasation itself being caused by obstructed respiration.

3. To anomalies in the structure of the vascular walls, in connection with the increase of the blood-pressure in the left ventricle and the entire aortic system that takes place immediately after birth.

4. To an obstruction of the venous circulation, or capillary hemorrhages, which may be caused by vomiting, enlarged spleen, suspension of respiration, or atelectasis pulmonum.

The lack of an autopsy renders it impossible to decide positively what was the anatomical change at the bottom of Wiggert's case, but the history of the case and the condition of the mother render it probable that the melæna was symptomatic.—*Allg. Med. Cent. Zeit.*, March 2, 1878.

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GEORGE F. SHRADY, A.M., M.D., Editor.

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EXPERT TESTIMONY.

THE recent trial in Jersey City for wife poisoning naturally engrossed a great deal of the attention of the public. The medical profession also has had reason to be interested, especially in the expert testimony which was offered on either side to establish the fact whether or no antimony had been administered to the supposed victim. At first the case appeared to be a very clear one, and it was difficult to understand how the defence could counteract the weight of evidence against the prisoner. It soon became apparent, however, that the most promising line of argument against the prosecution was the initiation of a quarrel between the experts, and a consequent muddling of the real points at issue. Altogether, the proceeding illustrated, in a very forcible manner, the necessity for some change in the manner and method of offering expert testimony. We do not pretend to pass judgment upon the absolute value of the testimony of either side; it is enough to say that each was right so far as the pure facts were concerned, and yet, one is flatly contradicted by the other as to results. Both theories, the one for the prosecution, that of poisoning by antimony, and the one for the defence, that of a gouty affection of the stomach, were explainable by the symptoms from which the patient was said to have suffered. It was quite possible, by some of the tests employed by the prosecution, to discover antimony even in small quantities, and quite impossible when those tests were not employed, to be sure that antimony was not present. It was also possible that antimony existed at one time in the urine and not at another. Further, the amount of tolerance of the poison differs so much in different individuals and under different circumstances that almost anything can be proved with regard to it. So far as these facts could create any doubts in favor of the prisoner, he was legally entitled to their benefit. They were sufficient of themselves to give the defence the advantage without inviting an issue between the two principal experts.

And here, while we deplore the circumstance, we take occasion to point the moral. There is, in a word, too much one-sidedness in the whole matter. This fact was quite apparent in the recent trial. Instead of being mere exponents of the plain truth, the impression is almost irresistible, that each expert was retained to support his side of the case at all hazards. This may be perfectly proper from a legal, but highly improper from a scientific standpoint. The fact that it is a custom is no argument in its favor. It is well known that there are medical men in this and other cities who can be bought to testify as experts whichever way their attorneys may dictate. Aside from cheapening professional opinion and prostituting it to unworthy purposes, we maintain that these experts exceed their privileges, are more like advocates than witnesses, and that their opinions are practically valueless because naturally biassed.

Pet theories, personal pride, professional conceit, and all selfish motives of appearing to advantage before a jury should be subservient to the single purpose of exposing the "truth, the whole truth, and nothing but the truth." The accomplishment of the latter can hardly be guaranteed so long as such experts are paid by either side, and this brings us naturally to the point of suggesting a remedy. The latter can, we think, be found in the selection by the court of a commission of experts which shall give testimony for either side when called, and who shall be looked upon more as an advisory than as a prosecuting or defending element in the case. The experts would then have a single motive for discharging a simple duty, would have no reason to quarrel over the value of particular methods of investigation to champion theories, or lend themselves to insinuations as to the professional standing of each other. The responsibilities of all such issues belong to the attorneys, and may safely be left with them. In the eyes of the law they can interpret the facts as they may desire, but the true business of expert testimony is to present such facts above the suspicion of any bias whatever.

If some such provision for expert testimony could be made, it is not difficult to understand how much substantial benefit would grow out of it. The court could act more intelligently, the profession could appear to better advantage, real experts would come to the front, the jury would be better able to grasp the salient points in a given case, and there would be no occasion for pitting one professional man against another, or of purposely destroying the real value of the testimony by artful cross-examination or legal quibbling over side issues.

COLOR-BLINDNESS.

THE reliable statistics which have been collected in regard to the prevalence of color-blindness, strongly

confirm the assertions of those who have for years past urged upon the marine and railway authorities the necessity of a full recognition of the danger of permitting those having this defective vision to exercise duties involving the interpretation of colored signals. There appears to be little difference of opinion among scientists in regard to the manner in which color-blindness develops itself. A large proportion cannot distinguish red color; next comes those who are green-blind, and lastly a few who are violet-blind. The difficulty appears to be that whereas the normal eye reduces its color-sensations to three, and analyzes white light into three elements, the color-blind eye reduces its color sensation to two, and analyzes white light into two elements. Thus if a person is red-blind, he cannot distinguish that color from green; or, if blue-violet blind, that color from yellow; or, if green-blind, that color from red.

To estimate the public importance of this question, it must be remembered that the color-blind individual may be the engineer of a train, running nearly a mile a minute to make up time, and that the passengers' lives, not to speak of their property, are dependent upon his knowledge whether a switch is open or shut, by his instantaneously distinguishing between a red and a green light. This example may be sufficient to rouse the community to a sense of the danger which exists from this curious defect of vision, but we would also refer to the fact that pilots and officers of ships often hold the lives of hundreds of persons in the balance, on their power of immediately determining whether a light ahead is green or red.

We therefore are happy to second the efforts of those who are now urgently recommending railroad managers and the marine service to make such regulations that all employees shall give satisfactory evidence that they are free from the defect of color-blindness; and to those who have authority to promote such results so important for the public safety, we commend a pamphlet recently written by Dr. B. Joy Jeffries (Harvard), who has carefully brought together the leading facts bearing on this question, and supplemented them with interesting and valuable statistics.

Dr. Jeffries very properly recommends that all candidates for positions, requiring the use of normal color perceptions, should be examined by *an expert*. Many of the color-blind are aware of their defect, and for the purpose of maintaining their positions, educate themselves to conceal the fact from others; they learn the names of colors, and by the help of outward signs, with a keen perception of gradations of light and shade, they supply their want of sensibility by the exercise of judgment. Therefore, in testing one who is color-blind, we must take away the chances of employing any of those outward characteristics which he is wont to make use of according to long experience. A remarkable case in point, which occurs to us at this moment, is that of a Mr. W. Butcher, who was put early in life to the carpet trade, and shortly after discovered that he was color-blind. By close observation he made himself acquainted with the proper names of color, and thus kept the defect from those about him. By educating his eye to the peculiar *warmth* imparted, when all the colors in carpets were said to harmonize, he was enabled to raise himself to the position of salesman in a large house of business. As a matter of fact he could not distinguish reds and scarlets from greens and browns, orange and yellow he could select with ease. This case ultimately ended in *white atrophy*—that is, the blood supply to the optic nerve and retina was cut off, and he is now quite blind. It will be thus seen that the mere test of naming colors cannot always be relied on, and that a more thorough and systematic examination is necessary.

Dr. Jeffries concludes that *one* person *in fifty* is color-blind in some degree, and suggests that *one* in *twenty* may be nearer the mark; an examination of other authorities rather confirm us in the opinion that the latter figures of Dr. Jeffries are the most correct. Dr. Wilson examined 1,154 persons at Edinburgh and found 1 in 55 confounded red with green; 1 in 60 confounded brown with green; 1 in 46 confounded blue with green; hence *one* in nearly *every eighteen* had this imperfection.

We have here called attention to the large percentage of color-blindness that exists, the public danger that is ever present in consequence, and the remedy necessary to mitigate the evil. Past experience affords us small hope of relief without special Legislative enactments, we therefore trust that, during the next meeting of Congress, a law shall be passed compelling all railroad corporations to examine their employees, and test them for color-blindness by an expert competent to detect it. The same examination should be carried out amongst pilots and masters of ships. These latter should also be especially instructed how to detect color-blindness among the personnel of their command.

THERAPEUTICAL COMMITTEES IN STATE SOCIETIES.

THE practice of reporting upon questions of therapeutics, as it prevails in the meetings of the Medical Society of New Jersey, is one which deserves imitation by other similar organizations. As will be gathered by a perusal of our report of this Society in another column, the plan is to obtain all the possible information upon the action of remedies, the prevalence and character of epidemics, etc., and condense the same into some general conclusions. Although the latter are only to a limited extent of value, they form the groundwork of observation which is of the greatest utility to the general working practitioners.

BODY-SNATCHING.

IT is exceedingly unfortunate that a recent case of body-snatching in Cincinnati should have gained such

a wide notoriety, and should have been the occasion of so much newspaper discussion. Viewed even from the standpoint which might be assumed by an enthusiastic and adventurous student of anatomy, it was an entirely unnecessary and stupid proceeding. It is just such ill-considered actions as these that bring disrepute upon the profession at large, and which tend to prejudice the public against the best directed efforts for scientific advancement. In regard to the matter of dissection, the law has made very generous concessions to scientific medicine, and anything which would tend, as in the instance before us, to jeopardize a good understanding, deserves the severest rebuke. The subject is one the contemplation of which is always repugnant to the ordinary mind, and the less it is discussed the better for those who are interested in the permanency of the present laws. It is true in some of the smaller colleges anatomical material is very difficult to obtain and is very expensive, but that is no excuse for robbing neighboring graves or of running any similar risk.

THE PENNSYLVANIA STATE SOCIETY.

The Pennsylvania State Medical Society was largely attended, and many important measures were adopted. Among the latter may be mentioned those referring to preliminary education and the study of medicine. Our satisfaction at the stand taken is not, however, disassociated with the misgiving that the resolutions may after all become a dead letter. Far from us be it to prejudge the result, but we are only governed in our conclusions by the experience of other organizations in which similar rules have been adopted. It has been found that such regulations would work very well in small towns and sparsely settled districts, but in our medical centres they are almost of necessity practically ignored. And then the medical colleges themselves give not the slightest heed to such requirements. But we are willing to await the results of the experiment. The adoption of the metric system by formal vote is a step in the right direction, as is also the recommendation for the appointment of female physicians in insane asylums.

Vesico-Vaginal Fistula and Calculus in Vagina.—Dr. W. L. Kelsey, of Willington, Ct., writes: M. Storrs, M.D., of Hartford, Ct., operated in April, 1876, for vesico-vaginal fistula upon a lady in this town. She has been perfectly free from urinary trouble since then. About the first of last March she came to me complaining of leucorrhœa; upon examination a calculus was found in the vagina; it measured one and one-half inches in length, about an inch in width, and an inch in thickness. It was formed around the cicatrix, and was concave anteriorily. The line of cicatrix was plainly seen through the centre, and the depressions made by the sutures. It is a perfect cast of the anterior wall of the vagina. There is no leakage from the bladder, as water was injected in April, 1878, and none came through. She and her father have both been treated for vesical calculus.

Reports of Societies.

MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, May 27, 1878.

Dr. J. C. Peters, President, in the Chair.

COMMITMENT OF THE INSANE—THE DICKIE CASE.

Dr. Charles H. Nichols, Superintendent of the Bloomingdale Insane Asylum, read a paper, in which he gave a detailed history of the case of Miss Susan Dickie, who, in accordance with the verdict of a jury, was removed from that institution after having been confined as a lunatic more than six years. In discussing her mental condition Dr. Nichols reached the conclusion that while Miss Dickie was insane an element of imbecility ran through the entire history, and he was inclined to the opinion that it was the result of "natural weakness and supervening disease." The evidence of insanity, founded upon expert authority, was then reviewed. There were thirteen witnesses; of those eleven were of the opinion that she was insane, and two that she was sane. Dr. Nichols believed that the finding of the jury was directly against the preponderating weight of testimony; that a jury of non-professional men were entirely incompetent to judge correctly in such cases; that the statements made by Drs. Hammond and Clymer, to the effect that attendants upon the insane were particularly liable to become insane, were untrue and fallacious; that the association of insane persons, under proper classification, was beneficial; and that the influence of association with the insane was not unfavorable.

The paper was accepted by the Society, and being open to discussion,

Dr. Edward Bradley, as one of the commissioners in the Dickie case, proceeded to answer some of the statements made by Dr. Nichols. The evidence in the case was somewhat extensively reviewed, and special symptoms were commented upon at some length. The father stated that Miss Dickie, since her removal from the asylum, had not had a delusion, an illusion, or an hallucination; that she purchased her own clothes, furnished and cared for her own rooms, and was economical with her money, and cleanly in her habits; that she had no guardian, but managed her own affairs, simply being guided to a certain extent by the advice of her friends.

Dr. James W. Ranney referred to the family history of Miss Dickie, to the relation which he had sustained to the case, and believed her to be just what he stated in his testimony before the Court—namely, a woman small in stature and in intellect, but not a lunatic.

There being no further business, the Society adjourned.

Remedy for Oxyures Vermiculares.—M. Morelli has found hydrate of chloral efficacious against the oxyuris vermicularis. He prescribes it by enema, his formula being: Chloral hydrat., ʒ i.; glycerinæ, ʒ xv. —*Lyon Médical*, May 5th.

[N. B.—A drachm of chloral to ʒ xv. seems a heavy dose, but it reads so in the French.]

MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.

One Hundred and Twelfth Annual Meeting, at Spring Lake, N. J., May 28 and 29, 1878.

(Special report for THE MEDICAL RECORD.)

DR. H. R. BALDWIN, OF NEW BRUNSWICK, N. J., PRESIDENT, IN THE CHAIR.

FIRST DAY, TUESDAY, MAY 28TH.

THIS Society held its Annual Meeting in the Monmouth House, at Spring Lake, on Tuesday and Wednesday, May 28th and 29th. The President, Dr. H. R. Baldwin, presided. All the other officers and a full delegation from all the district medical societies in the State were present, as was also a large number of fellow and honorary members. Dr. Crandal, of the Medical Society of New York, was the only delegate present from corresponding societies.

After the reception of the report of the Committee on Organization and the transaction of regular routine business, the remainder of the evening was devoted to the reading of the Annual Address of the President, which was an elaborate paper on Contagious Diseases and Suggestions for their Prevention.

SECOND DAY, WEDNESDAY, MAY 29TH.

The Society reassembled at nine o'clock, Wednesday morning.

The Chairman, Dr. Wickes, read the report of the Standing Committee.

The health of the State at large had not been so good as shown by the report of last year, the prevailing diseases being the malarial and exanthematic fevers, with diphtheria, typhoid fever, and dysentery as epidemics in various parts of the State; with these are reported the usual number of the diseases of the seasons.

THE THERAPEUTICS OF DISEASE — AN INTERESTING SUMMARY.

In noticing the lessons afforded by the reports upon the therapeutics of disease, we find that in an endemic of dysentery in Burlington County the ipecacuanha treatment was practised, and in *all the* cases successfully. In the same county the eucalyptus globulus arrested intermittent fevers which would not yield to the preparations of bark. It was also used successfully by one practitioner as a dressing in offensive ulcers, or any offensive discharges.

The Reporter for Bergen commends cocoa-butter by inunction for allaying fever-heat and stimulating the capillaries, seeming to protect them from cold. The mouths of the pores are not occluded as by oil or grease. He uses it freely in scarlatina every three or four hours during the continuance of the fever. In the treatment of malarial affections an observer in Bergen relies almost entirely upon cinchonidia sulph. as equal, in its influence on the disease, to quinine. He gives fifteen grains of the former where he would administer ten grains of the latter, and, when given in the form of a pill, he believes that it does not produce any more nausea than quinine. In his own case he found that, while taking it in large doses, it produced feelings of great depression, with undue palpitation of the heart. In dysentery the same report recommends injections of nitrate of silver, ten grains to the ounce, in infants as well as adults. In one case of dysentery, in a child of seven years, the intestine could be distinctly felt distended with fecal matter; pain almost constant, and the abdomen was exquisitely tender.

The application of a blister over the lower half of the abdomen was followed by the largest discharge the doctor had ever seen in a child of that age.

In the treatment of facial erysipelas the reporter confidently recommends the application of lard, applied with a brush or swab. The lard should be melted sufficiently for its application, and the parts smeared and covered with cotton wool; the process to be repeated every ten or more hours, according to the severity of the symptoms. In Cumberland County salicin has been used in rheumatic affections, with the best results, in some cases after the failure of other remedies. Cinchonidia sulphate has been used in the place of quinine satisfactorily as a tonic, febrifuge, and antiperiodic. In the treatment of diphtheria, salicylic acid, combined with equal proportions of quinine, has been used with excellent results. In Morris County the cheaper alkaloids of cinchona have proved as efficacious as quinine in arresting the paroxysms of malarial diseases. The use of jaborandi is recommended by one observer. He says: "Its sialogogue and sudorific properties in the treatment of acute and chronic Bright's disease, or in any morbid condition in which the secretion of the skin requires stimulating, commends it as especially desirable; I rely upon it as infinitely superior to any other remedy of its class.

The Committee proposed two questions for responses from the Reporters:

1st. Is consumption contagious?

2d. What is the proper alimentation of infants?

To the first question there were three classes of respondents.

1st. Those who think that it is contagious. These numbered two or three.

2d. A few who believe that it may be contagious.

3d. Those who do not regard it as contagious, and who make up the great majority of the profession.

Answers to the second question differed with the residence of the physician — the county and city manifesting each its peculiar needs. The mother's milk is generally conceded to be the best for the infant. But, even when this is abundant, it may be disadvantageous for the individual living on it, and a substitute be necessary. Country practitioners recommend cow's milk as the best substitute, while many in cities and towns speak highly of condensed milk. Of the preparations so various and so highly commended by those who put them on the market, the Imperial Granum seems to hold the first place in the estimation of medical observers. All agree in condemning the use of nursing-tubes as unclean even with the best of care.

The following gentlemen died during the past year, on the dates mentioned:

Stillman E. Arms, Elizabeth, æt. 78, July 10. 1877.
Thomas F. Cullen, Camden, æt. 56, Nov. 21. 1877.
Charles Hasbrouck, Hackensack, æt. 59, Nov. 25, 1877.
James B. Coleman, Trenton, æt. 71, Dec. 19, 1877.
John H. Philips, Beverly, æt. 64, March 1, 1878.
John C. Sutphin, Plainfield, April 13, 1878.
Charles Laird, Manasquan, æt. 29.

The report of the Committee on the Early Annals of New Jersey Medicine, which contained memorial notices of over three hundred physicians, was received and referred to the Committee on Publication.

The Committee on Alcohol as a Medicine reported by its chairman, Dr. Ryerson. The committee was continued, and increased by the addition of two members, Drs. Parrish and Lilly, and requested to continue the prosecution of the subject.

OPIUM INEBRIETY.

Dr. Mattison, a former resident of the State, being present, by invitation, read a very practical and interesting paper on Opium Inebriety. The paper will be published with the Transactions of the Society.

Dr. Dougherty, of Newark, read a very exhaustive and instructive paper on Observations on Glucosuria.

Dr. Deshler, of Hightstown, also read an interesting paper, the subject of which was "The Medical Profession and the Public Health."

For the want of time, a paper by Dr. Ryerson, of Newton, on Rectification of Abnormal Fœtal Positions was received without being read, and referred to Committee on Publication.

Prof. Lewis A. Sayre, M.D., of New York, was elected an Honorary Member.

It was voted that the annual assessment for the members of the district societies be two dollars per capita.

Dr. H. G. Taylor, of Camden, was appointed essayist for the next annual meeting.

OFFICERS ELECT.

The following were elected as the officers for the ensuing year: *President*, Dr. John S. Cook; *Vice-Presidents*, Drs. A. W. Rogers, A. N. Dougherty, and L. W. Oakley; *Corresponding Secretary*, Wm. Elmer, Jr.; *Recording Secretary*, Wm. Pierson, Jr.; *Treasurer*, W. W. L. Phillips; *Standing Committee*, S. Wickes, S. Lilly, and I. L. Bodine.

Delegates to American Medical Association for next year: Drs. S. Lilly, C. I. Kip, H. A. Hopper, D. M'Lean Forman, H. W. Elmer, D. Warman, I. E. Arrowsmith, C. H. Voorhees, R. L. Disbrow, A. W. Rogers, F. W. Owen, I. W. Snowden, G. W. Terriberry, C. W. Dunham, Lloyd Wilbur, C. Shepard.

Delegates to Pennsylvania: G. H. Tanson, H. G. Taylor, Edgar Holden. *Delegates to New York:* T. J. Thomason, I. L. Bodine, I. W. Hunt. *Delegates to Connecticut:* D. W. Silvers, F. Gaunt, A. Clendenin. *Delegates to Rhode Island:* S. C. Thornton, C. Shepard, M. Abel. *Delegates to Massachusetts:* E. M. Hunt, C. V. Gorden, John W. Ward. *Delegates to Maine:* F. Wilmarth, Wm. Elmer.

The Society adjourned to meet next year at the Palisade House, Englewood.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

Annual Meeting at Pittsburg, Penn., May 29th, 30th, and 31st.

(Special report for The Medical Record.)

Dr. D. Hayes Agnew, of Philadelphia, President, in the Chair.

First Day—Wednesday, May 29th.

The Medical Society of the State of Pennsylvania assembled at Liberty Hall in the city of Pittsburg, on Wednesday afternoon, May 29th, at three o'clock. The meeting was called to order by Dr. B. B. Mowry, of Allegheny, the retiring President. Prayer was offered by the Rev. Dr. Felton, of Pittsburg. The President elect, Prof. D. Hayes Agnew, of Philadelphia, was then introduced and took the chair.

T. I. Gallaher, of the Committee of Arrangements, introduced Dr. Calvin B. King, of Allegheny, who delivered the address of welcome. The speaker welcomed the delegates to the "Second City of the Commonwealth, the Birmingham of America." After alluding to the needs of a higher standard of medical education, and referring to the project for a State Board of Health, he closed with an eloquent reference to the many eminent members of the profession in and near Pittsburg.

The Committee on credentials then reported a list of delegates who were accepted as properly accredited.

Dr. Woodbridge, of the State Medical Society of Ohio was invited to the platform and introduced.

PAPERS READ.

Reports of delegates to other societies were then received from Jos. G. Richardson, M.D., of Philadelphia, delegate to the New York State Society, and then from Dr. B. Gillett, delegate to the same body at a previous session.

S. W. Gross, M.D., read a paper on the "Treatment of Venereal Diseases." Dr. J. T. Carpenter, of Pottsville, read a paper on "The Local Origin of Constitutional Diseases." This paper was discussed at some length by Dr. Wm. Pepper, of Philadelphia.

Dr. Wm. Asdale, of Pittsburg, exhibited a remarkable case of tolerance of the presence of foreign bodies by the brain. Dr. J. B. Murdock, of the same city, read a paper on "Observations on a Rare Form of Dislocation of the Hip." He also gave the history of the very extraordinary case which had formed the subject of his paper.

Dr. Dyer, of Pittsburg, then read a paper on "Sympathetic Ophthalmia." This paper, with the others above mentioned, was referred to the Committee on Publication.

A report from the Commission on Form of Revision of the United States Pharmacopeia, was likewise referred, as was also a paper from Dr. Seguin, of New York, on "Uniformity in Physic."

The Society then adjourned until 8 P.M.

PRESIDENT'S ADDRESS.

Dr. Lawrence Turnbull, of Philadelphia, Vice-president, presiding, the President, Dr. Agnew, delivered an address on "Errors of Diagnosis." He spoke of the difficulty of getting at the real nature of things. Then, after illustrating the danger arising from the neglect of proper tests in the investigation of disease, the speaker referred to errors of diagnosis which arise from visual defects. The evil consequences resulting from a slight neglect may also be seen in an omission to uncover the parts which are to be the subject of examination. Prof. Agnew then gave a number of examples, showing that a large proportion of errors might be placed to the account of ignorance, and then made some observations upon the fact that errors of diagnosis not unfrequently originate perplexing litigations. When the President had concluded his address, the Society adjourned for the day.

Second Day—Thursday, May 30th.

The Society met at 9 A.M., Dr. Agnew presiding. First in order was the reception of reports from county societies. Then followed discussion of resolutions on "Medical Education," submitted by a committee appointed to consider the subject. The resolutions were as follows:

PRELIMINARY EDUCATION AND MEDICAL STUDY.

Resolved, That every member of a County Medical Society organized, or which may hereafter be organized, under the regulation of the Medical Society of

the State of Pennsylvania, before receiving any person as a student of medicine, shall require him to enter into a contract to pursue his studies for a period of not less than three years; and it shall be the duty of his preceptor to present him with a certificate, countersigned by the secretary of the local society, setting forth the facts as above stated.

Resolved, That it shall be the duty of all members of the profession holding allegiance to the Medical Society of the State of Pennsylvania to recommend their students to attend only such medical colleges as rigidly enforce the full three years' course of study.

Resolved, That all County Societies existing under the regulations of this Society, or which may be hereafter organized, shall, at the next meeting, elect officers, and annually thereafter be required to elect three members, to be called Medical Examiners, whose duty it shall be to examine all applicants for admission as students of medicine under the tuition of members of this Society; and said committee shall withhold their certificate from any applicant unless he is of good moral character, and possesses a good English education and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage. And no member of any County Society shall receive any person as a student of medicine unless he present a favorable certificate from the Committee.

The general conviction of the delegates was that the preliminary education of students had not been sufficiently considered by the profession. Dr. Pollock said that the plan proposed had been in operation in Alleghany County for ten years, and had been found to work well.

Dr. James McCann, of Pittsburg, offered an amendment to the first resolution extending the course of study from three to four years, and in support of it remarked that the number of students graduating each year is entirely too large. The effect of the amendment would be to decrease the number.

The amendment was defeated, and the resolution was then adopted. The Secretary, Dr. W. B. Atkinson, of Philadelphia, was directed to forward a copy of the resolutions to the Association of American Medical Colleges, which would meet in annual session at Buffalo the following week.

MEDICAL REGISTRATION IN PENNSYLVANIA.

Dr. R. L. Sibbett, of Carlisle, from the Committee on Medical Legislation, presented their report. Thus far registration of the doctors had not commenced in any part of the State, as required in Section 3 of the Act of Assembly of March, 1877, requiring members of the medical fraternity to register in Prothonotaries' offices their names, and the colleges from which they graduated. This failure to register is on account of the perspicuity of the section. Additional legislation having been deemed necessary, the Committee prepared and laid before the Legislature a memorial in which they recommend that the medical profession begin to register as soon as possible. No further effort will be necessary, as the Prothonotary, who is to receive a fee of $1.00, will see that all practitioners register.

The report was accepted and adopted.

Dr. S. D. Risley, of Philadelphia, gave a clinical history of 103 cases of iritis, treated at the University Hospital of Philadelphia. Dr. O. H. Allis, of the same city, lectured on Hernia, illustrating his points by crayon drawings. He advocated the early use of the knife in strangulated hernia. Dr. Shoemaker, of Philadelphia, delivered a very interesting address on "Roseolæ." Prof. Wm. Goodell read a paper on "Obstetrics."

Dr. Toner, of Washington, was here announced by Dr. H. C. Wood as an Ex-President of the American Medical Association, and on his motion was admitted to a seat on the platform. The Society then adjourned until 2.30 P.M.

OFFICERS ELECT.

When the Society reassembled in the afternoon, the first business was the reading of the report of the Committee on Nominations, etc. The officers selected for the current year were as follows: President, Dr. James L. Stewart, of Erie; Vice-Presidents, J. T. Carpenter, Schuylkill; William Goodell, Philadelphia; A. M. Pollock, Pittsburg; Permanent Secretary, William B. Atkinson, Philadelphia; Recording Secretary, J. N. Kerlin, Delaware; Corresponding Secretary, O. H. Allis, Philadelphia; Treasurer, Benjamin Lee, Philadelphia.

The Committee on Publication is unchanged, with the exception that Dr. Kerlin is substituted for Dr. Coffee.

The delegates selected to attend the American Medical Association were eighteen in number. Among them were Drs. William Pepper and S. W. Gross, of Philadelphia.

The next place of meeting was fixed at Chester, Delaware County, Pennsylvania, on the last Wednesday of June, 1879.

THE METRIC SYSTEM IN PENNSYLVANIA.

Dr. E. Dyer, of Pittsburg, read a paper on the propriety of adoption by the medical profession of the metrical system, and offered the following resolution:

Resolved, That the Medical Society of the State of Pennsylvania, recognizing the advantages of the metric system from its universality, simplicity, and scientific character, does recommend the use of the same to the members of the Society, and urges them to familiarize themselves with it, and to advise their students to use it exclusively when they commence their medical career.

Dr. Green offered as an amendment, "That in all communications made to the Society, in which reference is made to weights and measures, the metric system only shall be used." This was adopted.

Dr. Murdock moved that the Society recommend the teaching of the metric system in the public schools.

MISCELLANEOUS PAPERS.

Dr. A. H. Halberstadt, of Pittsburg, read a paper on "The Use of an Anæsthetic in Parturition;" Dr. C. K. Mills, of Philadelphia, a paper on "Nervous Diseases;" Dr. John S. Dickson, of Pittsburg, "Notes on Two Cases of Ovariotomy."

Dr. John Curwen, of the State Lunatic Asylum at Harrisburg, read a paper on the cure and treatment of the insane.

FEMALE ASSISTANT SUPERINTENDENTS IN INSANE ASYLUMS.

Dr. Hiram Corson, in accordance with a resolution of the Society, made a report "On Female Assistant Superintendents in the Female Department of Insane Asylums," taking strong ground in their favor, and regarding them, when properly educated, as eminently fitted to take care of the insane of their sex.

Accompanying the report was a resolution, that a committee of seven be appointed by the President of the Society to memorialize the Legislature to enact laws, if any be needed, to authorize the employment, by managers of hospitals, under the control of the

State, of women medical superintendents for the female departments of said hospitals, and for hospitals to be erected for the accommodation of females.

The resolution was adopted.

INFLAMMATION OF BILE-DUCTS.

DR. WM. PEPPER, read a paper on "Jaundice from Inflammation of the Bile-Ducts." These cases, he said, often occur in acute form, but even more frequently they assume a chronic form, when they present all the features of severe disturbance of the action of the liver. In both forms spells of hepatic colic are apt to occur. There is a close relationship between catarrh of the bile ducts and the formation of gallstones. A number of illustrative cases were given. The mode of treatment includes a most rigid attention to diet, to dress, and to avoidance of exposure. He employs prolonged counter-irritation over the liver, the continued use of certain natural saline mineral waters, and the careful internal administration of the nitrate of silver in minute doses.

DR. BENJAMIN LEE, of Philadelphia, delivered an address on Hygiene.

DR. A. M. POLLOCK declined with thanks the position of Vice-President, for which the Committee had nominated him.

The Financial Report showed the receipts from all quarters as $2,604 49; the expenditures at $1,739 08.

DR. JAMES MCCANN, of Pittsburg, read a paper on "Clinical Observations on the Excision of the Joints, with Special Reference to the Elbow Joints."

The Society then adjourned.

In the evening a reception and supper was given to the delegates by the Allegheny County Medical Association, at Liberty Hall. The attendance was very large.

THIRD DAY—FRIDAY, MAY 31ST.

The Society met at 8 A.M., President Agnew in the chair.

EPILEPSY AND INSANITY.

DR. GREEN, of Easton, offered the following, which was adopted:

Resolved, That county societies be requested to report, during the present year, the proportional number of epileptics who, within their knowledge, become insane, and report to Dr. John Curwen, who is hereby appointed a committee to report on this subject to the State Medical Society.

MEDICAL LEGISLATION.

DR. W. B. ATKINSON, of Philadelphia, of the Committee on State Board of Health, reported that they presented to the State Legislature the bill to create a State Board of Health in Pennsylvania, together with an address on hygiene, but they regret to state that the bill was not considered in the Legislature. The Committee, however, express their belief that it will finally become a law.

DR. I. H. FISHBURNE offered the following:

Whereas, Physicians are frequently compelled to serve as witnesses in our courts of justice in cases involving medico-legal questions, in which their opinion as experts is required at the hands of the court; and

Whereas, There is no provision in the laws of Pennsylvania for the protection of physicians in their right to give or withhold a professional opinion while on the witness-stand, or for securing a just compensation for the same; therefore

Resolved, That the Pennsylvania State Medical Society be earnestly requested to take such action as they may deem expedient to bring this subject before the Legislature at Harrisburg, and to urge upon them the enactment of some law to protect the members of the medical profession from urgent and burdensome duties for which they receive no compensation in our criminal courts.

The following Committee on Addresses was appointed: Dr. Fleming on Medicine, Dr. Charles T. Hunter on Surgery, Professor Ellerslie Wallace on Obstetrics, Dr. R. A. Cleemann on Hygiene, and Dr. Reed on Mental Diseases.

Resolutions of regret upon the death of Dr. Wm. M. Wallace, of West Philadelphia, a former President of the Society, were adopted.

DISCIPLINE BY COUNTY SOCIETIES.

DR. A. B. BRUMBAUGH submitted the following, which was adopted:

Resolved, That the members of each County Medical Society are the only proper and reliable judges of the professional character and standing of medical men in their respective counties.

DR. AGNEW, the President, then introduced the new President, Dr. Stewart, to the Society. After a speech by the new President the Society adjourned to attend a reception at the Western Pennsylvania Hospital for the Insane, at Dixmont.

Correspondence.

RAPID LITHOTRITY, WITH EVACUATION.

TO THE EDITOR OF THE MEDICAL RECORD.

AN article by Dr. Keyes, in your last issue (May 18th), gives me occasion to refer to one or two misapprehensions which pervade his allusions to "Modern Lithotrity," as he is kind enough to call the new operation for stone.

In this article, which is devoted mainly to a description of the jaws of a lithotrite, the writer states that my lithotrite "must sometimes clog," because "it is made on the principle of Reliquet's." He is here doubly mistaken. In the first place, with regard to the fancied resemblance between the instruments: lithotrites are of two kinds, one fenestrated, the other with a solid floor. Reliquet's is fenestrated; mine is solid. In the second place, as an ascertained fact, my lithotrite does not impact, the male blade being furnished with alternate notches forming inclined planes by which the detritus is extruded right and left, except where a minute portion at the heel is driven through a slot by a long and effective spur. The latter, which reaches the outside, also serves to brace the heel of the male blade. Reliquet's non-impacting lithotrite is identical with the obsolete fenestrated *brisepierre*, with the addition of teeth in the opening below to insure pulverization. Dr. Keyes proposes to remove these added teeth, and return to the *brisepierre à mors fenêtré* (*porte à faux*) of Charrière. (*Nouveau Dict. de Méd. et de Chir.*, t. 20, Paris 1875, p. 667.) In fact, he goes back to the flattened jaws of the "slightly indented and fenestrated or open female blade" figured by Costello (*Cyclopæd. of Pract. Surgery*, vol. iii., pp. 50, 21, London, 1861), with a male blade small as in the usual lithotrite, to avoid

pinching the mucous membrane;* in short, a common lithotrite with the floor removed.

I am gratified to find that the writer of the article endorses my statement (which is an important corollary of the new system) that "*in future it will be no longer essential to pulverize the fragments, but only to comminute them.*" This may be accomplished by either a fenestrated or a solid instrument. Any fenestrated lithotrite that reduces to the size of a small opening the fragments driven through it, enables them also to pass the evacuating tubes, the use of which characterizes the new method. But, although instruments of this class will doubtless do well enough with small stones, as does indeed the usual lithotrite, my objections to a fenestrated instrument, of which I considered and rejected several (including that proposed in your journal), are these:

1. Sharp fragments, while firmly engaged in the opening, or driven through it, are likely to injure the floor of the bladder. During a long operation, such as I have proposed, it is hardly possible to prevent the frequent contact of the floor of the bladder with the extremity of the instrument, which, instead of protecting the mucous membrane, as usual, by a rounded and polished surface, is then fortified with protruding splinters of calculus, always impinging upon the same region of the floor.

2. The sides lack the mutual support afforded by an uninterrupted floor of metal; and if made low enough to be readily accessible to fragments (which is important), are consequently liable to break, especially should the strain come on one of them. The strength of a fenestrated blade lies in the height of its sides, and is but partially compensated by their breadth—unless the latter is extreme, and the male blade narrow. If it be wide, the corresponding opening not only impairs strength, but delivers large fragments.

3. Now, although fragments pass the tubed urethra readily, dust and small debris pass more readily, and first. So that, when a fragment has been fortunately seized, the operator loses time if he declines to crush it, as happens when he drives it through a fenestrated blade, to be again seized. Although, by the new method, pulverization is no longer essential as before, our aim is still to accomplish a maximum disintegration at each closure of the jaws; and this is better done with a solid upper and lower jaw than after the fenestration of either of them. A non-impacting instrument is very desirable; but not at the sacrifice of efficient and rapid crushing, or the integrity of the mucous membrane.

I may add that, to prevent impaction, such a projection of the male blade below the female blade as Dr. Keyes has devised and emphasized for this purpose (a description of which indeed occupies a considerable portion of his paper) is quite unnecessary. It is sufficient that the blades of a fenestrated instrument occupy the same level at the outlet.

Again, the heel of the instrument figured in your journal resembles the segment of a circle. Such curved blades admit fragments, and crush them, at great disadvantage.

Blades should be

1. As straight,
2. Set at as nearly a right angle with the shaft,
3. As little rounded at the heel,

as is compatible with their introduction.

In my non-fenestrated lithotrite, the blades are nearly straight, while the triangular notches deliver on alternate sides. This lateral action not only clears the jaws, but makes their hold very tenacious. It also secures to the blades the incidental advantage that they grind while they crush.

Dr. Keyes finds my instrument too large (or, as he says, "clumsy"). It is made large with a distinct object, viz., to break larger and harder stones than have been hitherto considered to be within the province of the lithotrite. It comminutes, with safety to the bladder, and without impaction, as no lithotrite hitherto devised has done. The new method of treatment is grounded in the fact that the normal urethra admits larger instruments, and is a readier road to the bladder than the lithotritist had hitherto recognized. The operator soon becomes not only accustomed to the use of a large lithotrite, but reluctantly foregoes the power it gives him, even when the stone is small. Collin has, however, made a second size.

While the power possessed by this lithotrite and the fact that it does not impact are its more important features, and especially adapt it to the requirements of the method now proposed, almost as useful is the change in its lock. I believe that this will be ultimately adopted by those not already educated to the old system, because it is based upon the readiest movements of the hand and wrist.

But a modification of the jaws and lock of the lithotrite is but an inconsiderable feature of the proposed new method. Rapid work is, indeed, thereby facilitated; and an empty instrument can be safely withdrawn as often as the operator likes, to relieve the bladder of what will come through the tubes, and so clear the way for more rapid crushing.

A far more important point to the lithotritist is *the comparative harmlessness of long sittings*, which was unsuspected, as I think, until the publication of my paper. When this was once under experiment, what was wanted was not so much an improvement of the existing crushing apparatus, as *an efficient means of evacuation*, capable of removing all the débris at one sitting. For this purpose, the large tubes criticised in your journal are absolutely indispensable. Their use is precisely what makes the new operation practicable, and is, with their manipulation, perhaps its chief innovation. The set of tubes described in my paper range from 27 to 31; but they can be procured of any smaller size, and should, of course, in any case, be adapted to the previously ascertained calibre of the urethra. It will, however, be found that the efficiency of the tubes diminishes very rapidly with their size, and that cases complicated by stricture, or by small meatus, will require an enlargement by which the introduction of a large tube may be made possible. In such a case as that reported, where the urethra only admitted a No. 20 instrument (French), and in which the writer of course found my largest tubes too large, I should prefer to increase the size of the passage, rather than to attempt extraction through the small calibres formerly in use, even though the tube were otherwise modified as I have recommended. With a normal urethra I do not believe that the tubes supplied by Tiemann will be found any too large.

The change proposed in the new procedure, and its advantages, will appear in a clearer light if we consider the limitations of the usual dilatory method explicitly acknowledged, quite recently, by both Sir Henry Thompson and Sir James Paget. These distinguished authorities gave their opinion that lithotrity should be restricted to stones requiring two or three, or at most three or four sittings, of two or three minutes each. Larger stones, in their opinion, do

* The mucous membrane would be more secure if care were taken always to blunt, or round a little, the edge of the sole of the male blade.

better if cut, such adult lithotomy resulting, however, in a mortality of one in three. It should be added that while lithotrity was thus pronounced unsuccessful in such cases, all attempts at the immediate evacuation of debris had hitherto resulted in practical failure.

The new method both crushes and immediately evacuates by the urethra calculi exceeding in size the limits hitherto affixed to crushing alone. This is done under ether, in a sitting of one or two hours' duration, or even longer. So far, its results have been better than could have been anticipated—being sixteen or seventeen cases of complete evacuation, with but one death—against one in thirteen by the usual method. Several of these patients would have been, by accepted rules, subjected to lithotomy, and therefore to a risk equal to one death in three cases. I cannot but think that, with due care in its application, the method now proposed will be found to yield results at least as favorable as those before obtained.

The following are the chief points connected with the modified lithotrity:

1. The calculus, although not necessarily pulverized, is crushed as rapidly and completely as is practicable. The dust and fragments are immediately evacuated, and a serious source of irritation is thus removed.

2. This can be generally effected in a single operation.

3. This operation—performed of course under ether—may be, if necessary, of one or two hours' duration, or even longer.

4. The method applies to larger stones than have been hitherto considered to lie within the province of the lithotritist. It also applies to nuclei, phosphatic deposits, and foreign bodies.

5. Evacuation is best accomplished by a large tube, preferably straight—with a distal orifice, arranged to facilitate its introduction and, during suction, to repel the bladder-wall—and by an elastic exhausting bulb which acts partly as a syphon.

6. The best size for the tube is the largest the urethra will admit.

7. Such a tube is introduced with facility, if passed vertically as far as it will go towards the anus before changing its direction, and afterwards directed almost horizontally, and turned like a corkscrew through the triangular ligament.

8. A small meatus should be enlarged, or a stricture divulsed to allow the passage of a large tube.

9. Unless the bladder be small, a large and powerful lithotrite is better than a small one.

10. That this may have room for action, the escaping water should be replaced occasionally, by a tube inserted a few inches in the urethra by the side of the lithotrite.

11. To save time, and also to prevent undue distention of the vesical neck, a non-impacting lithotrite is desirable. The jaws of a non-fenestrated lithotrite will not impact if the male blade is furnished with alternate triangular notches to discharge the debris laterally, and also with a long thin spur at the heel fitted to a corresponding slot in the female blade—provided the floor of the female blade, especially at the heel, be raised nearly to a level with its rim. To repel the bladder the female blade should be longer, and a little wider, than is usual. It should have also low sides accessible to fragments; relying for strength less upon these, than upon a central ridge below the heel. In the male blade of such a lithotrite, the apex of the triangles should be a little blunted. Lastly, a non-fenestrated female blade protects the floor of the bladder during a long sitting. A fenestrated instrument directs sharp splinters against it.

12. In locking and unlocking a lithotrite repeatedly in a long operation, it takes less time and is easier to turn the right wrist, as in my instrument, than to displace the thumb of either hand in search of a button or a lever, as in previous instruments.

HENRY J. BIGELOW.

BOSTON, May 25th.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from May 26 to June 1, 1878.

By direction of the Secretary of War, a Board, to consist of Surgeons E. P. VOLLUM, B. J. D. IRWIN, and Asst. Surgeon H. LIPPINCOTT, is ordered to meet at the U. S. Mil. Academy, West Point, on June 11th, to examine into the physical qualifications of the graduates and of the candidates for admission to the Academy. S. O. 116, A. G. O., May 29, 1878.

CRONKHITE, H. M., Capt. and Asst. Surgeon. Granted leave of absence for two months. S. O. 112, A. G. O., May 24, 1878.

YEOMANS, A. A., Capt. and Asst. Surgeon. Upon abandonment of Fort Richardson, to move with detachment of 10th Infy. to Fort Griffin, Tex., and there take post. S. O. 106, Dept. of Texas, May 21, 1878.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.—Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending June 1, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
May 25, 1878....	0	5	42	6	44	49	0
June 1, 1878.....	0	6	69	8	28	39	0

THE HEALTH BOARD AND THE NUISANCES.—At a special meeting of the Medical Society of the County of New York, Prof. C. F. Chandler, the President of the Health Board, made a long statement of the work accomplished by said Board, in which it appeared that there was a saving of 5,000 lives and a prevention of 130,000 cases of serious illness per year. He claimed that all the nuisances for which the Board had been indicted were either removed or in process of removal.

MAINE MEDICAL ASSOCIATION.—The twenty-sixth annual meeting of the Maine Medical Association will be held in Portland, Maine, Tuesday, Wednesday, and Thursday, June 11, 12, and 13, 1878, commencing at 10 30 A.M.

THE NEW HAMPSHIRE MEDICAL SOCIETY.—The eighty-eighth annual meeting of this society will be held at Concord, Tuesday and Wednesday, June 18th and 19th, at 11 A.M.

AMERICAN MEDICAL ASSOCIATION.—Our report of the meeting of the American Medical Association could not be prepared in time for the present issue, but it will appear in the next.

THE

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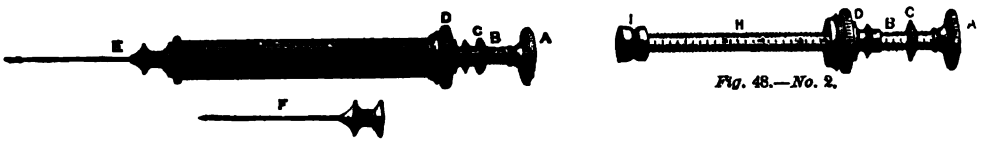

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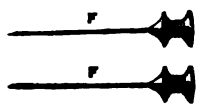

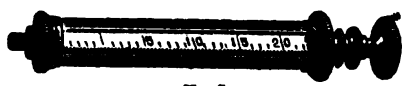

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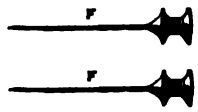

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SECOND: *Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium* and *Potassium* are essential elements in the food of man; and it is only in ***MALTINE,*** containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: *Gluten* is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. ***MALTINE*** contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of ***MALTINE*** is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of ***MALTINE,*** *and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, Imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE:

***MALTINE* WITH HOPS.**

***MALTINE,* FERRATED:**
This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

***MALTINE* WITH PHOS. IRON AND QUINIA:**
A powerful general and nutritive tonic.

***MALTINE* WITH PHOS. IRON, QUINIA AND STRYCHNIA:**
A powerful nutritive, general and nervous tonic.

***MALTINE* WITH HYPOPHOSPHITES:**
This preparation is specially indicated in Phthisis, Rickets and deficient Ossification.

***MALTINE* WITH PEPSIN AND PANCREATINE:**
One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the ***MALTINE.*** We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

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One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

***MALTINE* WITH COD LIVER OIL:**
The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

***MALTINE* WITH COD LIVER OIL AND PHOSPHORUS:**
In this combination the Phosphorus has no irritant effect upon the stomach.

***MALTINE* WITH COD LIVER OIL AND IODIDE OF IRON:**
This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

***MALTINE* WITH ALTERATIVES:**
In this preparation ***MALTINE*** is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioners in Syphilis, Scrofula, and all depraved conditions of the blood.
Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, ¼ grain. DOSE, One teaspoonful to one tablespoonful.

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MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

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It is put up in bottles retailing for ONE DOLLAR, containing sufficient for four months' treatment. Large size is intended for hospitals and dispensing. Retail at $1.50. Price Lists, etc., etc., sent on application.

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Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits, characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognised by many of the most eminent physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum, or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Tablets contains simply five grains of the Chlorate, all of which, dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

FOR SORE THROAT, HOARSENESS.

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For Offensive Breath, no remedy will give more certain relief; use one, two or three times a day.

For Diphtheria, Croup, and the more serious ailments, the physician should direct.

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Pepsin, Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds. In this form, the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident, further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure PEPSIN, and one of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or Saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration. The increased benefit to the dyspeptic, being due to a full and effective dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

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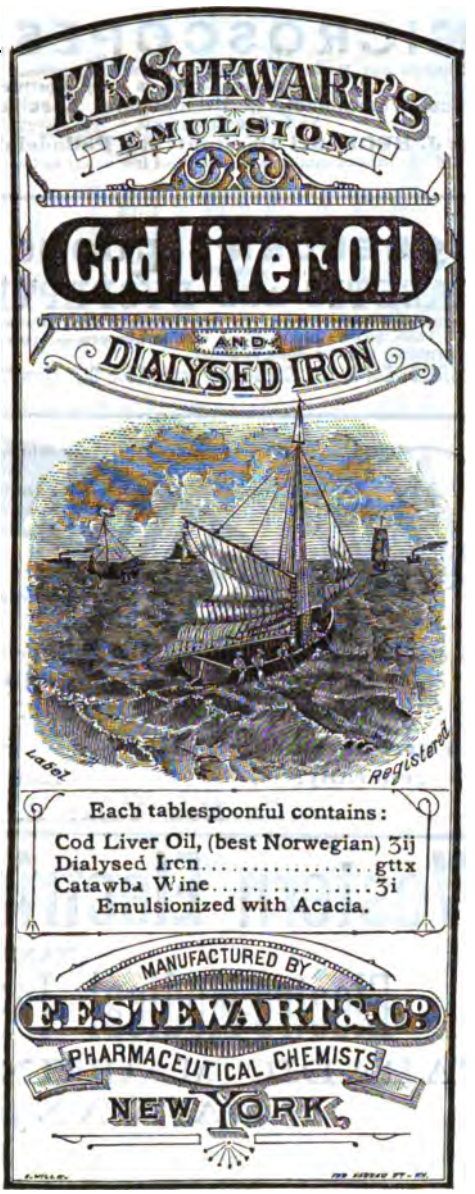

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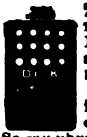

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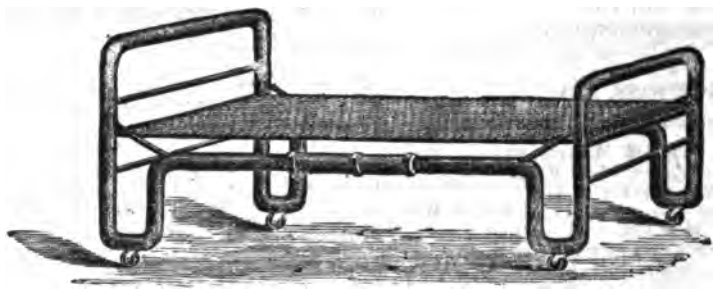

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Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

THE REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine* and *Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

THE RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can, will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

All lectures are delivered on Hospital grounds. The *peculiar feature* of this school is the *intimate union* between its *laboratory*, *clinical* and *didactic* instruction.

FEES

FOR PRELIMINARY AND REGULAR SESSIONS:

Matriculation	**$ 5 00**
Hospital Fees	**10 00**
Lecture Fees	**40 00**
Graduation	**25 00**
Lecture Fees to third course students	**25 00**

For the Recitation Term the Lecture Fees are $10, to those who attend the other courses. All others are required to matriculate and take out the Hospital tickets.

All fees payable in advance to the *Secretary*.

Board and Rooms can be obtained at low rates—according to accommodations—from $3 to $5 per week. Announcement and Catalogue, or any further information which may be desired, can be promptly obtained by addressing

LEARTUS CONNOR, M.D., Secretary,
92 CASS STREET, DETROIT.

BELLEVUE HOSPITAL
MEDICAL COLLEGE,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and ords as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

FACULTY:

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.
FORDYCE BARKER, M.D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.
LEWIS A. SAYRE, M.D., Professor of Orthopedic Surgery and Clinical Surgery.
ALEXANDER B. MOTT, M.D., Professor of clinical and Operative Surgery.
WILLIAM T. LUSK, M.D., Professor of Obstetrics and Diseases of Women and Children, and Clinical Midwifery.
WILLIAM M. POLK, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, Jr., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
R. OGDEN DORSMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

PROFESSORS OF SPECIAL DEPARTMENTS, ETC.

HENRY D. NOYES, M.D., Professor of Ophthalmology and Otology.
JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
ERSKINE MASON, M.D., Clinical Professor of Surgery.
EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consist chiefly of Recitations from Text-Books. This term continues from the first of March until the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
Graduation fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

☞ For the Annual Circular and Catalogue, giving Regulations for graduation and other information, address,

PROF. AUSTIN FLINT, JR.,
Secretary, Bellevue Hospital Medical College.

JEFFERSON MEDICAL COLLEGE,

PHILADELPHIA.

The Fifty-fourth Session of the Jefferson Medical College will begin on Tuesday, 1st October, 1878, and will continue until 1st of March, 1879. PRELIMINARY LECTURES will be held from Monday, 2d September.

PROFESSORS.

JOSEPH PANCOAST, M.D., General, Descriptive, and Surgical Anatomy *(Emeritus)*.
SAMUEL D. GROSS, M.D., LL.D., D.C.L., Oxon. Institutes and Practice of Surgery.
ELLERSLIE WALLACE, M.D., Obstetrics and Diseases of Women and Children.
JOHN B. BIDDLE, M.D., Materia Medica and General Therapeutics.
J. AITKEN MEIGS, M.D., Institutes of Medicine and Medical Jurisprudence.
J. M. DA COSTA, M.D., Practice of Medicine.
WILLIAM H. PANCOAST, M.D., General, Descriptive, and Surgical Anatomy.
ROBERT E. ROGERS, M.D., Medical Chemistry and Toxicology.

SPECIAL COURSES ARE ALSO GIVEN ON THE FOLLOWING SUBJECTS:

DERMATOLOGY and **SYPHILITIC DISEASES**, by Dr. F. F. MAURY, one of the Surgeons to the Philadelphia Hospital.

PATHOLOGICAL ANATOMY, by Dr. M. LONSTRETH, Pathologist to the Pennsylvania Hospital, with practical illustration by autopsies, to sections of the class of convenient size.

OPERATIVE SURGERY, with operations on the Cadaver, by Dr. JOHN H. BRINTON, one of the Surgeons to the Philadelphia Hospital.

OPHTHALMOLOGY is treated both clinically and didactically during the entire course, by Dr. WILLIAM THOMSON, one of the Surgeons to the Wills Ophthalmic Hospital.

LARYNGOSCOPY, with DISEASES OF THE THROAT, by Dr. J. SOLIS-COHEN.

DISEASES OF THE URINO-GENITAL ORGANS, by S. W. GROSS, M.D.

THE DEMONSTRATOR OF SURGERY, Dr. J. EWING MEARS, delivers a distinct course of Demonstrations of Surgery, with illustrations on the Cadaver, during the entire Session.

PRACTICAL CHEMISTRY, with *Qualitative* and *Quantitative Analysis*, the *Examination of Normal and Abnormal Products*, and *Manipulations* by the Student himself, is taught by the Professor of Chemistry, assisted by the Demonstrator.

EXPERIMENTAL PHYSIOLOGY. By Dr. H. C. CHAPMAN, Demonstrator.

THE USE OF THE MICROSCOPE. By Dr. J. GIBBONS HUNT, Demonstrator.

PRACTICAL ANATOMY AND MORBID ANATOMY. For the study of Practical Anatomy, a full supply of material is furnished *free of charge*. The Anatomical Rooms are spacious and provided with every convenience, and not only are subjects for dissection to be had without expense, but there are no incidental or extra charges of any kind.

CLINICAL INSTRUCTION is given daily at the College Hospital. The SURGICAL CLINIC is held on Wednesdays and Saturdays, by Professors GROSS, JOSEPH PANCOAST, and W. H. PANCOAST. The MEDICAL CLINIC, on Mondays and Thursdays, by Profs. DA COSTA, BIDDLE, and MEIGS. The CLINIC of Diseases of Women and Children, on Tuesdays, by Prof. WALLACE. The CLINIC of Diseases of the Eye, on Fridays, by D. THOMSON. The PENNSYLVANIA HOSPITAL is near the College, and the corps of lecturers includes Profs. DA COSTA, and MEIGS. Prof. PANCOAST and Drs. MAURY, BRINTON, and S. W. GROSS are connected with the staff of the PHILADELPHIA HOSPITAL.

THE NEW HOSPITAL OF THE JEFFERSON MEDICAL COLLEGE was begun in November, 1875, and is now in operation. It is situated immediately west of the College, bounded on three sides by streets and a wide space on the fourth side, and will afford accommodation for at least one hundred beds. It is constructed according to the most approved principles of hospital architecture and is furnished with every necessary appliance for heating, ventilation, etc. A spacious amphitheatre, seating more than 600 students, is provided for Clinical Lectures, which, with daily visits to the wards, form part of the regular services of the College.

FEES.

For a Full Course,	$140
Matriculation Fee (paid once only),	5
Graduation Fee,	30

Students who have attended two Courses on Anatomy, Materia Medica, Chemistry, or Institutes, may be examined on any of these branches at the end of the second year.

A SUMMER COURSE of Supplementary Lectures is given, beginning 17th March, 1879, and extending through the months of April, May, and June. There is no additional charge for this Course to Matriculates of the College except a registration fee of five dollars.

The Annual Announcement will be sent on application to

J. B. BIDDLE, M.D., Dean.

Official Announcements of the Medical Colleges of the U. S.

WOMAN'S MEDICAL COLLEGE
OF THE
NEW YORK INFIRMARY,
128 SECOND AVENUE, Cor. 9th St., New York.

REGULAR SESSION of 1878-79 will open October the 1st. A thorough course of three years' instruction by Lectures, Clinics, and practical work in Laboratory, Drug-room, and different wards of the Infirmary.

For Catalogues, &c., address the Secretary of the College,
MERCY N. BAKER, M.D.,
128 Second Avenue, New York City.

MEDICAL DEPARTMENT
OF THE
UNIVERSITY OF BUFFALO,
BUFFALO, N. Y.
Session of 1878-79.

Preliminary Term begins.....Oct. 9.
Regular Term " .....Nov. 6.

FEES.—Matriculation, $5.00. Faculty, $100.00. Perpetual Ticket, $150.00. Graduation Ticket, $25.00.

THOMAS F. ROCHESTER, M.D., Dean,
Buffalo, N. Y.

MIAMI MEDICAL COLLEGE
OF CINCINNATI.

Next Session will commence October 3d, 1878. Professors' Tickets, $40.00.

FACULTY.—JOHN A. MURPHY, M.D., Dean; E. WILLIAMS, M.D.; WM. CLENDENIN, M.D.; WM. H. TAYLOR, M.D.; J. B. HOUSER, M.D.; W. H. MUSSEY, M.D.; T. H. KEARNEY, M.D.; J. C. MACKENZIE, M.D.; W. B. DAVIS, M.D.; BYRON STANTON, M.D.

For Circulars, address, JOHN A. MURPHY, M.D., 163 W. 7th St.

STARLING MEDICAL COLLEGE,
COLUMBUS, OHIO.

The Thirty-second Session of Starling Medical College will begin October 2, 1878, and continue until March, 1879. It will be preceded by a preliminary course beginning September 4, 1878. Extensive additions have recently been made to the Museum and other teaching facilities of the College.

FACULTY.—F. Carter, M.D., Dean; H. G. Landis, M.D.; J. H. Pooley, M.D.; S. Loving, M.D.; J. M. Wheaton, M.D.; E. B. Fullerton, M.D.; W. J. Conklin, M.D. (of Dayton); Alex. Dunlap, M.D.; Otto Frankenberg, M.D.

Lecture tickets, including matriculation, $45.

College, cor. of State and Sixth Sts.; Dean's Office, 181 E. State St.

Letters of Inquiry should be addressed to the Dean.

FRANCIS CARTER, M.D., Dean, Columbus, Ohio.

CLEVELAND MEDICAL COLLEGE,
Cor. St. Clair and Erie Sts. Founded 1843.

FACULTY:— J. L. Cassels, M.D., LL.D.; Proctor Thayer, M.D.; H. K. Cushing, M.D.; John Bennitt, M.D., Dean; Jacob Laisy, M.D.; John E. Darby, M.D.; E. W. Morley, M.D.; Isaac N. Himes, M.D.; X. C. Scott, M.D.; B. W. Holliday, M.D.; Lewis Buffett, M.D.; H. H. Powell, M.D.; Jno. F. Isom, M.D.; W. W. Holliday, M.D.

FEES.— Lecture Tickets, including Matriculation Ticket, $50.00.

WINTER SESSION.— Commences on the third Wednesday in September, and continues 24 weeks.

SUMMER SESSION.— Commences on the first Monday in April.

H. H. POWELL, M.D., Secretary, 333 Euclid Avenue.

UNIVERSITY OF MICHIGAN.
DEPARTMENT OF MEDICINE AND SURGERY.

The 29th annual course of lectures will commence on Oct. 1, 1878, and continue *nine months*.

Course separate but equal for women.

Matriculation Fee, *paid but once*—Residents of Michigan, $10; non-residents, $25

Annual Dues—Residents of Michigan, $30; non-residents, $35.

Graduation Fee—For all alike, $10.

Send for Circular and Catalogue.

A. B. PALMER, M.D., DEAN, Ann Arbor, Mich.

IOWA STATE UNIVERSITY,
IOWA CITY, IOWA.
MEDICAL DEPARTMENT.—SESSION OF 1878-'79.

The next term will commence on Wednesday, October 9th, and continue until the first Wednesday in March, 1879. No preliminary course. Six lectures daily, including clinics at Mercy Hospital, to which there is free admission. Advanced students will be entrusted with the care of cases. Candidates will be required to perform operations upon the Cadaver. Dissecting and clinical material abundant. Requirements of the Am. Ass. of Med. Colleges strictly complied with.

FEES.—For the entire Course, $20.00. Matriculation Ticket, $5.00. Demonstrator's Ticket, $5.00. Examination Fee, $25.00. For circular or further information, address

W. F. PECK, M.D., Dean, Davenport, Iowa; or,
E. F. CLAPP, M.D., Sec'y, Iowa City, Iowa.

N. H. MEDICAL INSTITUTION AT
DARTMOUTH COLLEGE.

The *Eighty-second* Annual Course of Lectures begins Aug. 1, 1878, and continues fourteen weeks. Recitations from Dec. 5 to June 20.

FACULTY:—E. E. Phelps, M.D., LL.D., Practice Emeritus; O. P. Hubbard, M.D., LL.D., Chemistry; J. Ordronaux, M.D., LL.D., Medical Jurisprudence; C. P. Frost, M.D., Practice; P. S. Conner, M.D., Surgery; E. S. Dunster, M.D., Gynecology and Obstetrics; H. M. Field, M.D., Therapeutics; L. B. How, M.D., Anatomy and Physiology.

FEES:—Matriculation, $5; Lectures, $77; Graduation, $25; Recitations, $40.

For Circular, address C. P. FROST, M.D., Dean, Hanover, N. H.

MEDICAL DEPARTMENT OF
HARVARD UNIVERSITY,
BOSTON, MASS.
NINETY-FIFTH ANNUAL ANNOUNCEMENT. (1878-79.)

Instruction is given by Lectures, Recitations, Clinical Teaching, and Practical Exercises throughout the Academic year. The year begins Sept. 26th, 1878, and ends the last Wednesday in June, 1879. Persons who hold no degree in arts or science must pass an *examination for admission* to this School in Latin, in the *elements of Physics*, and in English. French or German will be accepted instead of Latin. The admission examination will be held in June both at Boston and at Cincinnati, in September at Boston only. Examination for advanced standing Sept. 26th.

A Catalogue, containing detailed information and specimens of examination papers, will be sent on addressing

DR. R. H. FITZ, Secretary, 186 Boylston St., Boston, Mass.

MEDICAL INSTITUTION OF
YALE COLLEGE.

Spring Term begins February 14, and closes June 26, 1878.

Winter Term begins October 3, 1878; closes January 30, 1879.

FEES.—Matriculation Fee, $5.00. For the Spring Term, $60.00. Contingent Expenses of Laboratory, Spring Term, $10.00. Winter Term, Lecture Fees, $105. Demonstrator's Ticket, paid once a year by those who dissect, $5.00. Graduation Fee, $25.00.

For further information, address

CHAS. A. LINDSLEY, M.D., Dean, New Haven, Conn.

CHICAGO MEDICAL COLLEGE.
(Medical Department of the Northwestern University.)

The Winter Session will commence on the first day of October, and close on the third Tuesday in March. The Summer Session begins on the first Monday in April, and closes on the last Thursday in June. This session is *free* to all who have taken the Matriculation Ticket.

FEES.—Lecture Fees for the Winter Term, $50.00. Graduation Fee, $30.00. Matriculation Fee, $5.00. Dissecting Ticket, $5.00. Hospital Ticket, $5.00.

All Fees are payable in advance to the Registrar, Prof. HOLLISTER.

Any further information that may be desired can be promptly obtained by addressing

J. H. HOLLISTER, M.D., Secretary and Registrar of the Faculty.
No. 75 Randolph Street, Chicago, Ill.

COLLEGE OF MEDICINE
(Medical Dept. Syracuse University),
SYRACUSE, N. Y.

The distinctive features of this school are a proper gradation in medical studies; laboratory work for students of the first year; frequent clinical exercises for advanced students; a college year of sufficient length to admit of *thorough* preparation in all the branches taught, and frequent recitations and examinations.

The Year embraces two terms of equal length, commencing on the first Thursday in October, and ending on the last Wednesday in June. There is a vacation of two weeks between the terms.

For further information, address the Registrar,

WM. T. PLANT, M.D., Syracuse, N. Y.

WOMAN'S HOSPITAL MEDICAL COLLEGE,
337 and 339 S. Lincoln St., Chicago.

The *Ninth Annual Course of Lectures* will commence on Tuesday, October 2, 1878, and continue twenty-one weeks. College building new. Clinical and dissecting advantages unsurpassed.

FACULTY.—Wm. H. Byford, A.M., M.D., Pres., Obstetrics; T. D. Fitch, M.D., Sec'y, Gynecology; Chas. W. Earle, M.D., Treas., Diseases of Children; I. N. Danforth, M.D., Pathology; J. R. Owens, M.D., Surgery; Wm. E. Quine, M.D., Practice of Medicine; D. R. Brower, M.D., Therapeutics and Nervous Diseases; Sarah H. Stevenson, M.D., Cor. Sec'y, Physiology; D. W. Graham, A.M., M.D., Anatomy; Flyn. S. Haven, M.D., Chemistry.

For information or announcement, address either of the Secretaries, at 125 State St. W. H. BYFORD, A.M., M.D., Pres.

Official Announcements of the Medical Colleges of the U. S.

The Fourteenth Annual Course of Lectures in the

Medical Department of the University of Wooster,

LOCATED AT CLEVELAND, OHIO,

Will begin Wednesday, October 3d, 1878, and continue until the last Wednesday in February, 1879. Medical and Surgical Clinics, Monday and Tuesday, Thursday and Friday of each Week, at Charity Hospital. The Preliminary Term commences Sept. 19. The Summer Course of Recitations and Clinics begins April 2, 1878, and continues 12 weeks.

FACULTY:—G. C. B. WEBBER, M.D., Dean; L. FIRESTONE, M.D., LL.D.; W. J. SCOTT, M.D.; H. J. HERRICK, M.D.; CONWAY NOBLE, Esq.; A. C. MILLER, M.D.; JOEL POMERENE, M.D.; D. B. SMITH, M.D.; H. W. KITCHEN, M.D.; T. CLARK MILLER, M.D.; JOHN H. LOWMAN, M.D.; G. T. GENTSCH, P.C. For Circular and Catalogue, address H. W. KITCHEN, Sec'y, No. 3 Euclid Avenue, Cleveland, O.

Medical School of Maine,

AT BOWDOIN COLLEGE.

Fifty-Eighth Annual Course of Lectures for 1878 will commence February 14, and continue sixteen weeks.

FEES.—Matriculation (payable each term), $5.00. Full Course (in advance), $75.00.

ALFRED MITCHELL, M.D., Secretary, BRUNSWICK, ME.

WANTED.

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WM. WOOD & CO., 27 Great Jones St., New York.

LONG ISLAND COLLEGE HOSPITAL, BROOKLYN, N. Y.

Annual Announcement and Circular, 1877-78.

The READING AND RECITATION TERM will commence October 4, 1877, and close February 14, 1878.
The REGULAR TERM will open March 5, 1878, and close the last week in June following.

FACULTY OF THE COLLEGE.

SAMUEL G. ARMOR, M.D., LL.D., Professor of the Practice of Medicine, and Dean.
GEORGE W. PLYMPTON, A.M., Professor of Chemistry.
JOSEPH H. RAYMOND, M.D., Professor of Physiology.
DANIEL AYRES, M.D., LL.D., Emeritus Professor of Surgery.
ALEXANDER J. C. SKENE, M.D., Professor Diseases of Women and Children.
EDWARD SEAMAN BUNKER, M.D., Professor of Obstetrics.
CORYDON L. FORD, M.D., Professor of Anatomy.
JARVIS S. WIGHT, M.D., Professor of Surgery, and Registrar.
JOHN D. RUSHMORE, M.D., Professor of Materia Medica.

THE CLINICAL ADVANTAGES OF THE LONG ISLAND COLLEGE HOSPITAL ARE UNSURPASSED IN THIS COUNTRY.
For circulars, address DEAN or REGISTRAR.

University of Pennsylvania, Medical Department.

113th ANNUAL SESSION, 1878—79.

The Higher plan of Medical Education is now enforced, requiring attendance upon three graded courses of five months each. Didactic instruction is increased. Bedside instruction of each student in Physical Diagnosis, Clinical Medicine and Surgery, and Gynæcology is provided. The clinical and laboratory facilities are unrivalled in America. Pharmacy, Analytical and Medical Chemistry, Histology, Normal and Morbid Anatomy, and Operative Surgery are taught practically.

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For particulars, see ANNOUNCEMENT, for which address

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When you want any Medical Books, or any information concerning them, write to

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DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast, and at a moderately high temperature, if prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

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Instruction, Retreats, Private Hospitals, &c., &c.

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ST. PETER'S HOSPITAL,

CORNER HICKS & CONGRESS STREETS, BROOKLYN.

There will be an examination at the Hospital, on Wednesday, 26th June ensuing, at 4 P.M., of candidates for the appointment of House Physician. Application may be made to either of the undersigned Committee of Examination.

J. D. RUSHMORE, M.D., 127 St. James Place,
W. H. MARTIN, M.D., 229 Harrison St.
B. A. SEGUR, M.D., 281 Henry St.

DR. GEO. C. S. CHOATE

Continues to receive cases of Mental and Nervous Disease, at his residence in

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Application for admission may be made to Dr. Choate, by mail, at Pleasantville, or personally, at his Office, 10 East 28th St., New York, on Mondays, Wednesdays, and Fridays, between 11 A.M. and 1 P.M.

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This Home, unsurpassed for its beauty of location and surroundings, and with handsomely furnished apartments, receives a limited number of cases of either sex, of *Mental* and *Nervous Diseases*, *Dipsomania* and *Opium Habit*, and offers to such patients all the attentions, comforts and attractiveness of a home, together with medical treatment. Applications may be made either by mail or personally at 153d St., bet. 10th Ave. and Boulevard.

Twelve trains daily from Hudson River Depot, 30th St. and 10th Avenue. DR. EDWARD C. MANN, M.D., late Medical Superintendent N. Y. State Emigrant Insane Asylum.

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Established June, 1848,

Offers to parents and guardians, superior facilities for the improvement of this class of persons, and the comforts of an elegant country home. A few cases of *Insanity*, of mild type, have always been received.
GEO. B. BROWN, M.D., *Superintendent.*

NEW YORK, JUNE 4, 1878.

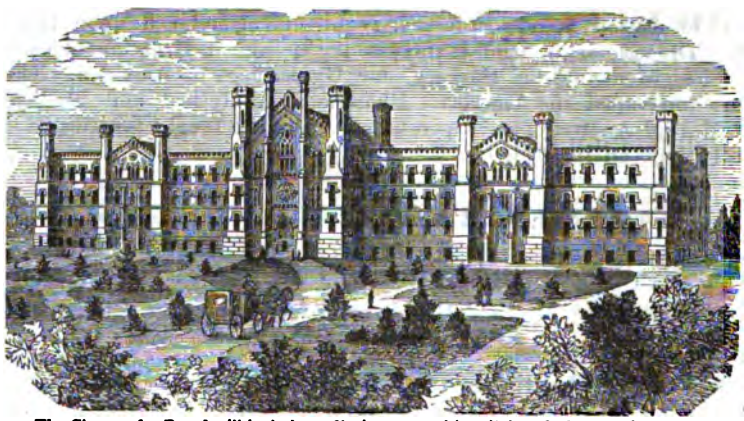
AN EXAMINATION of candidates for the position of Assistant to the House Surgeon at St. Luke's Hospital will be held on June 25th, at the Hospital. Candidates are requested to apply on or before June 18th, to Dr. Geo. A. Peters at No. 12 West 29th Street.

This Examination will be strictly competitive.

CHAS. McBURNEY, MD., *Secretary of the Medical Board.*

NEW YORK STATE INEBRIATE ASYLUM,

Binghamton, Broome County, N. Y.



This Asylum is admirably situated, overlooking a fine section of country, and is complete in all the appointments of a first-class home, with ample means to meet the wants of every case. It is located three miles from the city, and removed from all temptation. Its management is the same as all other State charities, under the control of a Board of Managers appointed by the Governor. The law provides for the maintenance of indigent inebriates, similar to that of the insane, but patients from other States may be admitted.

The experience of this Asylum, for the past ten years, indicates an increasing usefulness and necessity for such institutions, and the original intention of making this an Asylum Hospital, where this disorder may be thoroughly understood and treated on broad scientific principles is nearer realized than ever before. All rules are strictly enforced, and no patient permitted to go beyond the Asylum grounds without permission from the Superintendent, or in the care of an attendant.

The Charges for Board will include medical care, washing, lights, fuel, etc., with ordinary attention. The exigencies of each particular case will be acted upon, as it may present itself, to those of moderate and limited means as well as the rich.

All inquiries and applications for admission should be addressed to the Superintendent.

DANIEL H. KITCHEN, M.D., Superintendent,
Binghamton, Broome Co., N. Y.

WILLARD PARKER, M.D., New York, N. Y.,
President Board of Managers.

ANIMAL VACCINE VIRUS

OF THE

NEW YORK DISPENSARY.

The New York Dispensary Virus is as well-known if not better than any other Vaccine Virus in the United States, and it still continues to keep up its reputation.

Dr. N. A. Robbins succeeds Dr. Foster as Vaccine Director. Dr. Robbins is well known as a Vaccine Producer, and will maintain the standard of the Virus to its highest point. Liberal terms made with Druggists, Health Boards, and Public Institutions, etc.

Quill Slips (¼ quill charged at square cut end convex surface)..... **$0.25.**
Capillary Tubes,..... **1.00.**

We would recommend Quill Slips as preferable, and in all cases of primary vaccination will fully guarantee.

Fresh supplies of Vaccine, every three days, can be obtained of New York Dispensary, Centre and White Streets.; at Laboratory, 94 Pineapple Street, Brooklyn; New York Hospital, West 15th Street, and of all the leading Druggists in the City.

NEW YORK DISPENSARY, Cor. Centre and White Sts., New York.

Drs. ROBBINS & LEWIS, 94 Pineapple Street, Brooklyn. *Quote* MEDICAL RECORD.

In corresponding with Advertisers please mention **The Medical Record.**

THE LATEST IMPROVEMENT IN ATOMIZERS!

For Inhalation, Local Anæsthesia, and Antiseptic Surgery.

Price $4.50, with Handle, Metal and Glass Atomizing Tube.
With Apparatus for giving Fomentations to any part of the Body, **$6.00.**

All joints are hard-soldered. Every one is tested, and they cannot be injured by exhaustion of water or any attainable pressure. It does not throw spirts of hot water. A perfect safety-valve, guaranteed to remain in thorough working order, and never to stick; and connection for steaming any part of the body locally, complete it.

The Apparatus without the Atomizer, - - - **$3.50**
Antiseptic Atomizer, throwing spray for two hours, **10.00**
Stand throwing the spray in any direction, - **5.00 extra.**

Perfect Steam Atomizer.

Perfect Croup Bottle,
For confining and conducting lime fumes and acid vapors in Croup and Diphtheria.

L is a tray with handle. O is a cup which is filled ¼ full of lime and with sufficient water; the warm lime slackens as soon as it becomes hot, and the fumes will escape through the nozzle. If acids are used, place them directly in cup P, so that the steam will pass through the fluids and evaporate them.

Price, complete, with Nozzle for Fomentation, - **5.00**
Atomizer and Croup Bottle combined, - - - **$9 00**

Medicated Steam Bath.

This apparatus consists of a large boiler four times the size of the atomizer, a steam distributor and a cloak, **price $6.00.**

If with nozzle for local application of steam to any part of the body, **$2.00 extra.** With box for carrying, 12 x 6 x 6 inches.

For sulphur baths a lamp to burn the sulphur is supplied, and also a rubber cloak to which is attached a rubber tubing for the purpose of conveying the fumes out of the room, making it a perfect sulphur bath for family use and office practice.

Price of the Sulphur Bath, **$11.00;** with nozzle for Local Applications, **$13.00.**

Send for Illustrated Descriptive Circular to

J. DE BEER, M.D.,

25 Bromfield Street, Boston.

FOUGERA'S COMPOUND IODINIZED

COD LIVER OIL

Since the introduction of this oil in 1858 it has been found to be superior to all other kinds of Cod-Liver Oil for the treatment of **General Debility, Consumption, Scrofula, Rickets, etc.**

It possesses not only all the **nourishing** qualities of the best Cod-Liver Oil, but also the **tonic, stimulant, and alterative** properties of **Iodine Bromine** and **Phosphorus,** which are added in such proportions as to render it therapeutically five times as efficacious as pure Cod-Liver Oil.

Through its **increased curative action, FOUGERA'S COD-LIVER OIL** will be found to cure disease in a much shorter time than the pure oil; while favorable results will be obtained by its use in many advanced cases when the pure Cod-Liver Oil would fail entirely.

Fougera's Ready-Made Mustard Plasters.

A most useful, convenient, clean and economical preparation. Not liable to change, if kept in a dry place. Made of two strengths:—Plasters No. 1, of pure mustard; Plasters No. 2, of one-half mustard. Price 40 cents, the tin box, or tin roll of 10 plasters each. DIRECTIONS.—Dip the plaster or plasters, a minute or two, in cold water; apply on the part, and cover with a band.

Fougera's Compound Iceland Moss Paste.

(Iceland Moss, Lactucarium Ipecac and Tolu.)

Used with great success against nervous and convulsive coughs, Whooping Cough, Acute Bronchitis, Chronic Catarrh, Influenza, &c. Wakefulness, Cough and other sufferings in Consumption, are greatly relieved by the soothing and expectorant properties of this paste.

Fougera's Iodo-Ferro-Phosphated Elixir of Horse-Radish.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of anti-scorbutic and aromatic plants, and acts as a **tonic, stimulant, emenagogue,** and a **powerful regenerator of the blood.** It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

E. FOUGERA, Pharmacist,
372 7th Street, Brooklyn, L. I.
SOLE PROPRIETOR AND MANUFACTURER OF THE ABOVE
To whom all special communications should be addressed.

E. FOUGERA & CO.,
30 North William Street, New York,
SOLE GENERAL AGENTS FOR THE ABOVE,
To whom all orders should be addressed.

SOLD BY DRUGGISTS GENERALLY.

TO ADVERTISERS.—Permit us to direct your attention to "THE MEDICAL RECORD." It has now been published over twelve years, and has become the most popular and most extensively read of any medical journal in America. Its circulation is widespread over the entire continent—probably there are few of the active, intelligent members of the Profession who are not among its regular readers. The value to Advertisers of this large list of subscribers has long been recognized, as practically shown by the great number of pages of advertisements, rendered necessary by the patronage of those who have found that **IT PAYS TO ADVERTISE IN THE MEDICAL RECORD.**

THE MEDICAL RECORD HAS THE LARGEST CIRCULATION OF ANY JOURNAL OF ITS KIND IN AMERICA.

Issues over 800,000 a Year.

ITS CIRCULATION IS WELL DISTRIBUTED OVER THE NORTH, SOUTH, EAST AND WEST.

Recent Testimony of Experienced Medical Advertisers who have Tried it.

GENTLEMEN:—Having advertised for a term of about two years in THE MEDICAL RECORD, I cheerfully express to you my appreciation of its value. Its high professional standing entitles it to the first place as an advertising medium, and the results I have obtained for all my goods through it, verify this. I likewise consider its rates, in proportion of the number of copies which it distributes to the best class of the medical profession, as cheaper by far than most all the so-called, low-priced papers. Very truly yours, F. ALFRED REICHARDT, Pharmacist.
NEW YORK, *January* 30, 1878.

GENTLEMEN:—The results obtained by our advertising in THE MEDICAL RECORD have been very satisfactory, and we cheerfully recommend it as being one of the best mediums for reaching physicians. Yours truly, W. H. SCHIEFFELIN & Co.
NEW YORK, *January* 31, 1878.

GENTLEMEN:—We have renewed our contracts with you this year, as we are well satisfied with our advertisements in your MEDICAL RECORD, which have extended over a number of years. We believe the RECORD to be very ably edited, and its large subscription list of physicians is well merited. Yours respectfully, MCKESSON & ROBBINS.
NEW YORK, *January* 28, 1878.

GENTLEMEN:—Having advertised in THE MEDICAL RECORD almost continuously from the time it was first published, we consider it the best medium for reaching the medical profession of this country. Yours respectfully, CASWELL, HAZARD & Co.
NEW YORK, *January* 28, 1878.

GENTLEMEN:—It gives us great pleasure to speak of the merits of THE MEDICAL RECORD. The able manner in which it is edited and managed give it a wide influence amongst the medical profession of this country. Sincerely yours, WM. R. WARNER & Co.
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GENTLEMEN:—Continued advertisement in THE MEDICAL RECORD, lead us to say that we regard it as the *best* journal for reaching the medical profession that we know of, owing to its wide circulation and the thorough manner in which it is circulated. Yours truly,
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GENTLEMEN:—Having advertised in THE MEDICAL RECORD for a number of years, we can confidently recommend it to advertisers as one of the best mediums known to us.
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GENTLEMEN:—As constant advertisers in THE MEDICAL RECORD, we are happy to state that we consider the RECORD one of the very best mediums for reaching the medical profession.
NEW YORK, *January* 28, 1878. We are yours truly, E. FOUGERA & Co.

GENTLEMEN:—Your MEDICAL RECORD has been very satisfactory as an advertising medium; nearly every mail bringing orders and inquiries from its readers. From letters received, the "RECORD" must reach all quarters of the globe. Yours truly, A. J. DITMAN, Druggist.
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GENTLEMEN:—We are entirely satisfied with the results of advertising in THE MEDICAL RECORD. There is no better medium for reaching the medical profession in the United States.
Very respectfully, TROMMER EXTRACT OF MALT Co.
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Advertising Terms furnished on application.

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A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris.

To be had of all Respectable Chemists throughout the world.

LEBAIGUE'S DIALYSED IRON,

Or PURE PEROXIDE OF IRON,

IN SOLUTION, WITHOUT THE AID OF ACIDS OR OTHER SOLVENTS.

It is nearly tasteless, does not blacken the teeth, is very readily absorbed, will not constipate, nor cause any disturbance of the digestive apparatus, and is tolerated by persons who could not support any other preparation of iron. It is offered in the form of a **solution**, which is generally preferred; or of an **elixir**, when a slight stimulant is desired.

E. FOUGERA & CO.'S

MEDICATED GLOBULES.

The form of Globules is by far the most convenient as well as the most elegant form for administering liquid preparations or powders of unpleasant taste or odor. The following varieties are now offered:

Globules of **Ether; Chloroform; Oil of Turpentine; Apiol;**
Phosphorated Oil, containing 1-60th grain of Phosphorus;
Phosphorated Oil, containing 1-30th grain of Phosphorus;
Tar; Venice Turpentine; Copaiba; Copaiba and Tar;
Oleo-Resin of Cubebs; Balsam of Peru;
Oil of Eucalyptus; Cod-Liver Oil; Rhubarb;
Bicarb. of Soda, Sulph. Quinia, &c.

The superiority of these Globules over other forms consists in the ease with which they are taken, and in their ready solubility, and hence promptness of action.

They are put up in bottles of 100 each.

BLANCARD'S PILLS.

OF UNCHANGEABLE IODIDE OF IRON.

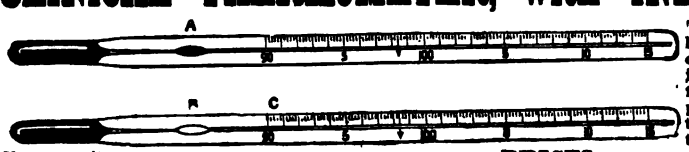
Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Pharmacien, No. 40 Rue Bonaparte, Paris,
without which none are genuine.

BEWARE OF IMITATIONS.

L. CASELLA'S NEW PATENT SELF-REGULATING

CLINICAL THERMOMETER, with INDESTRUCTIBLE INDEX.



"This Thermometer, secured by letters-patent in England and the United States, is guaranteed not to become disarranged by any amount of violence, as the index is effectually prevented from descending below a fixed point. By this means medical men may, with implicit confidence, obtain personal observations of the temperature even from their patients, as no inadvertance in use, or rough usage in traveling, can possibly disarrange it.

PRICES:

No. 3. Casella's Patent Safety Clinical Thermometer, four or six inch, in neat pocket case..... $6 00

We also offer:

No. 2. Casella's Standard Clinical Thermometer, all sizes, in neat pocket case..... 3 50

Sent free by mail on receipt of price. Manufactured by L. CASELLA; London.

E. FOUGERA & CO., Agents, 30 North William St.. New York.

In corresponding with Advertisers please mention **The Medical Record.**

Warranted that the register of this thermometer will not unite with the mercury in the bulb A.

F. G. Otto & Sons' Patent Truss Pad.

The advantages this Thermometer possesses over *all others*, consist in the reservoir B, in which the registering part of the mercury is collected, forming a body of oblong shape. The surface of this body being large in comparison to the contracted bore, makes it impossible to unite the register with the mercury in the bulb A.

These Thermometers are well seasoned before graduating, and, consequently, are as correct as they can be made.

PRICES:

Four inch in	fifths,	$4.25
" " "	fourths,	4.00
Five " "	fifths,	4.75
" " "	fourths,	4.50

In Hard Rubber or Boxwood Case, and will be forwarded on receipt of price.

F. G. OTTO & SONS' PATENT TRUSS

Has been described in No. 275 of the MEDICAL RECORD, and has proved to be by far the best of any yet put before the profession.

SKELETONS, ANATOMICAL PREPARATIONS, &c.

SEND FOR PRICE-LISTS.

F. G. OTTO & SONS,

Successors to OTTO & REYNDERS,

MANUFACTURERS AND IMPORTERS OF

Surgical Instruments and Orthopedical Appliances,

64 Chatham Street, New York.

THE PATENT SPIRAL SPRING RING PESSARY.

The engraving below shows the manner of manufacturing the Ring Pessary. In a spiral spring of brass spring wire about eight coils of thin rounded whalebone are inserted, which is bound loosely by the spiral spring, thus allowing the coils of whalebone to revolve around themselves, giving, as will readily be seen, more elasticity than they would were they bound tightly by a soft wire of any material; the ends of the spring are then screwed together, and the whole covered with soft rubber of exceedingly smooth surface. We manufacture in the above manner the Bow Pessary, Albert Smith's, and all other shapes. *Manufactured only by*

F. G. OTTO & SONS, 64 Chatham Street, New York.

PHILIP H. SCHMIDT,
(Twenty-five Years with GEO. TIEMANN & CO.)
Manufacturer and Importer of
SURGICAL & ORTHOPŒDIC INSTRUMENTS,
Trusses, Supporters, Elastic Stockings, Splints, and Braces.
Repairs promptly attended to. A complete assortment of Geo. Tiemann & Co.'s Instruments.
No. 1275 BROADWAY, corner 34th Street,
Over J. W. Shedden & Co.'s Drug Store, NEW YORK.
A lady in Regular Attendance to wait upon Lady Customers.

Circulation of The Medical Record
Over 300,000 Copies a Year.
Write for Terms.
WM. WOOD & CO., Publishers, 27 Great Jones St., N. Y.

KNAUTH & CO.,

Wholesale and Retail Dealers in

SURGICAL INSTRUMENTS, ORTHOPEDICAL APPLIANCES, &c., &c.

274 Third Avenue,

Between 21st and 22d Streets, NEW YORK.

GEORGE TIEMANN & CO.,
ESTABLISHED 1826.
SURGEONS' INSTRUMENTS,
67 CHATHAM STREET, NEW YORK.
BRANCH STORE.—STOHLMANN, PFARRE & CO., 107 East 28th Street, New York.
RECEIVED AT
INTERNATIONAL EXHIBITIONS.
2 Awards, Philadelphia, 1876.
2 First Premiums, Santiago, Chili, 1875.
2 Silver Medals, 1 Bronze Medal, } Paris, 1867.

G. TIEMANN & Co.'s Patent Bent Thermometer. Warranted not to lose the Registering Index. Price, in morocco case (lancet case style) $3.50.

HORATIO G. KERN,
MANUFACTURER OF
Surgical and Dental Instruments, &c.
ESTABLISHED 1837.

The subscriber would again remind the Medical and Dental profession that he still continues to manufacture his celebrated Instruments in all the various branches. Assiduous attention to the details of the business, which an experience of thirty-five years has afforded, has enabled him to make many improvements in his

UNRIVALLED Extracting Forceps.

Both as regards their quality and adaptation to the purposes for which they are intended, a desideratum which will be appreciated by all wishing to purchase Instruments, that are reliable and of long and well established reputation.

Prize Medal Awarded to HORATIO G. KERN, International Exhibition, 1876.

ALL THE LATEST IMPROVEMENTS AND NOVELTIES. All orders entrusted to his care will be promptly attended to.
☞ *CATALOGUES FURNISHED ON APPLICATION.*

HORATIO G. KERN, 21 North Sixth St., Phila.

Please mention MEDICAL RECORD.

MEDICAL BOOKS.

When you want any Medical Books, or any information concerning them, write to

WM. WOOD & CO., Publishers and Dealers in Medical Books,
27 Great Jones Street, New York.

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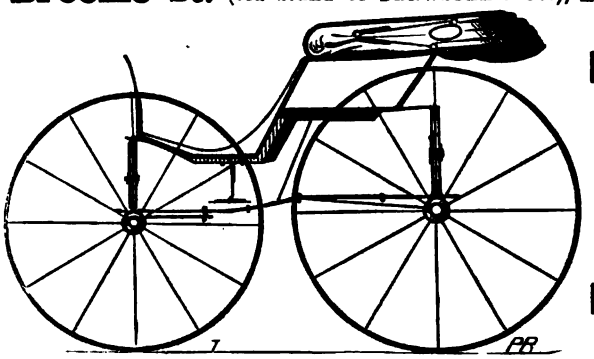

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Original Communications.

THE RATIONAL TREATMENT OF STRICTURE OF THE URETHRA.

By SAMUEL W. GROSS, M.D.,

SURGEON TO THE JEFFERSON MEDICAL COLLEGE HOSPITAL AND TO THE PHILADELPHIA HOSPITAL.

With the view of obtaining a radical cure, or delaying as long as possible a return of the symptoms, I have long been convinced that the only rational treatment of organic stricture of the urethra is to restore that passage to its normal distensibility at the affected portion. Gradual dilatation, as ordinarily practised, is powerless to effect the object, since the process ceases with the insertion of the largest instrument that comfortably fills the meatus, which, it need scarcely be said, is many millimetres smaller in circumference than the canal behind it. My measurements, which differ very slightly from those of Dr. Weir and Dr. Otis, show that the average meatus is equal to 24 mm., or nearly one inch, in circumference; while the circumference of the spongy portion, which is itself narrower than the bulbous division, is equal to 32 mm., being a difference which is represented by a No. 3 English, or a No. 8 French catheter. If a stricture be seated in the spongy urethra, a No. 24 bougie cannot restore its normal distensibility or calibre, and it is to this fact that the unsatisfactory results of this mode of treatment are to be ascribed.

While it is true, the more particularly if the coarctation be soft and recent, and does not contain elastic fibres, that the symptoms will be palliated, it is equally true, even in strictures of large size, and these are the ones most commonly met with, that after the cessation, or even intermission, of instrumentation, the prominent symptoms are sure to recur. In these cases I have invariably found that the stricture was as clearly defined by the bulbous explorer as it was before the treatment was commenced, thereby affording convincing proof that little progress had been made towards permanent relief. Even after incision of the meatus and the employment of conical steel bougies up to the normal size of the urethra, as determined by previous measurement, I can conscientiously declare that I have never effected a cure, although many patients have been greatly benefited and rendered temporarily comfortable. Hence I only employ dilatation when, from the existence of contraindicating disease of other portions of the urinary apparatus, or from disinclination on the part of the patient to submit to operation, it is the only recourse at my command.

To restore the urethra to its normal calibre it becomes necessary to insert a piece of new, soft, pliant tissue between the divided sides of the cicatricial tissue upon which the narrowing of the passage depends. This may be accomplished, in the great majority of cases, either by divulsion or internal urethrotomy, or by a combination of both procedures, in accordance with the indications presented by each individual case. Previous to the performance of any operation, however, the experienced surgeon will remember that he has to deal with something more than a mere passive obstacle to the free passage of the urine or the introduction of an instrument. In every case there is associated with the contraction a subacute or chronic urethritis, which is a source of spasm and irritability, to the latter of which most of the reflected symptoms are due. Hence, in the rational treatment of this affection the indications are, first, to allay congestion, spasm, and tenderness, whereby the urethra will be placed in the best possible condition for operative interference; secondly, to bring the coarctation up to the normal calibre of that portion of the urethra in which it is seated; and, thirdly, to mitigate or prevent an attack of urethral fever.

I need not detain you with a consideration of the local and general measures calculated to fulfil the first and third indications, as you are perfectly familiar with them. Suffice it to say that upon their proper employment will depend, in great measure, a satisfactory result. In the event of the meatus being the seat of a stricture, or being much smaller than the rest of the urethra, it should be cut, as a preliminary measure, up to the size of the largest instrument that will be demanded in the subsequent management of the case. Another point—and its recognition is of great practical importance, not only in regard to the diagnosis, but also to the treatment—is to search for and remedy strictures seated in the anterior portion of the urethra before operating upon those situated posteriorly. I have found that when a coarctation is present with the first inch of the urethra, or at the meatus and in the navicular fossa, it not only gives rise to spasmodic stricture, but is, as a rule, associated with one or more organic contractions farther back. Thus my notes show that of 180 cases, representing 322 strictures, in 67, or more than one-third, was the trouble seated in that locality. Of these only 7 were solitary, 34 were double, 20 treble, 3 quadruple, 2 quintuple, and 1 was multiple. In other words, in 100 examples of organic stricture within the first inch of the urethra, in only 10 will it be found to be single, while in 50 an additional one will be detected; in 30 two more will be detected, and in 9 several more will be discovered. A knowledge of these facts will lead the surgeon to explore for additional strictures when one is seated at or near the meatus: and if he will bear in mind that coarctations in this locality are very liable to provoke spasm in the deeper portions of the urethra which may simulate an organic contraction, he will not only avoid an error in diagnosis, but also an error in treatment. For this reason, whenever it is possible, I always cut the anterior stricture before I attempt anything farther back.

After these preliminary measures and minor operations have received proper attention, the calibre of that portion of the urethra in which the stricture is seated is determined by the urethrameter of Dr. Weir, or with a somewhat similar instrument of my own device, which, however, possesses no advantages over the former except in being less costly, and, on that account, within the reach of the profession at large. Measurements taken after irritability and spasm have been relieved are far more reliable than when the distensibility of the urethra has been fixed, when the patient is first seen, since, at this time, the use of the urethrameter is liable to provoke spasmodic contraction, which may be mistaken for organic stricture.

With the view of inserting a splice in the contracted part, divulsion or internal incision may be resorted to. Of late years I have practised the former operation less frequently than the latter; not because I deem it unsafe, but because it is not always effectual. On three occasions I had the opportunity of inspecting the urethræ of persons who had died after the procedure in the hands of other surgeons. In one instance the rents were so short that suitable splices could not have been inserted, and, in addition, there were oblique lacerations in the healthy portions of the passage. These appearances are exhibited in the sketch that I

made at the time. In the other two, although the tears were clean and long, there were submucous bands that had resisted the action of the divulsor. Both of these specimens were very similar to Fig. 27, p. 65, of Dr. Gouley's work on "Diseases of the Urinary Organs." In actual practice I have met with the same difficulty. Thus of 29 private cases, all of which recovered without a single accident, and in only two of which was there a chill, which occurred in patients who had not been subjected to preliminary treatment, in 8, or 27 per cent., the operation had to be supplemented by internal urethrotomy, with the view of cutting undivided bands. For these reasons I consider divulsion as being far inferior to urethrotomy; but when the symptoms are urgent, as in the event of retention of urine, or when the patient cannot spare the time for having the urethra sufficiently dilated to admit a cutting instrument, this much-abused procedure possesses undoubted merits, and is worthy of imitation, provided care be taken to search for unruptured bands and submit them to the knife.

Of the two modes of inserting a soft, pliable splice in the contracted part, and in the sound tissues in its immediate vicinity, I give decided preference to internal urethrotomy from behind forwards. As I have pointed out, in forcible rupture, short oblique rents are liable to be made in the healthy mucous membrane, which, after the healing process is completed, may form partial traumatic strictures. In internal urethrotomy, on the other hand, the contracted part can be divided with the utmost precision, while the sound portions of the urethra are free from injury.

Fig. 1.

The instrument which, from the simplicity of its construction, perfection of action, accurate definition of the stricture, and moderate cost, I prefer for retrograde division, is the one devised by myself three years ago. It is nothing more, as may be seen in the woodcut, Fig. 1, than a metallic exploratory bougie, the slender shaft being provided with a handle, and grooved for the reception of a steel rod, to one end of which is attached the blade, and to the other a button, through the retraction of which the former is thrown out of the under surface of the bulb, so that the incision may be made along the floor of the urethra. The extent to which the blade can be projected is regulated by a lateral screw near the handle. The length of the contrivance is eleven inches, of which three are taken up by the handle, button, and screw. In actual practice I have found two such instruments to be all that are required. In one, which is intended for strictures of moderate calibre, the bulb is equal to No. 15 of the French catheter scale; while in the other, the bulb corresponds with No. 23, which suffices to define coarctations of much larger size. In exceptional cases, still larger bulbs may be demanded.

To use the exploratory urethrotome, the stricture having been passed, and its posterior face having been accurately defined by the projecting shoulder of the bulb, the latter is carried at least half an inch towards the bladder—as the object is to cut, along with the coarctation, the sound tissues to that extent behind and in front of it—when the blade is protruded by sliding the button, and the parts divided, as the instrument is withdrawn, the penis being put upon the stretch to render the urethra tense. Should the tissues be thick or resistant, the section may be materially aided by counter-pressure with the fingers of the left hand along the median line. The bulb is then used as an explorer to detect any undivided bands, which, if discovered, should next be severed, since thorough section of all constricting bands is essential to success.

Up to the present time I have used this instrument in forty-six private cases, representing eighty-seven strictures; and I do not include in this number contractions seated within the first inch of the canal, which I divide with a bistoury or tenotome. All recovered; in one there was free hemorrhage, and in six there were rigors; but in two of these there had been no preparatory treatment, while in four the urethra and system had been brought into good condition, but the operation was practised under ether. These are the only cases in which I employed anæsthesia, and I believe that the urethral fever was due partly, if not entirely, to the depressing effects of the agent used, since not a single one of the remaining cases suffered in this way.

It will thus be seen that all of the seventy-five patients subjected to divulsion and internal incision got well; in only one was there embarrassing hemorrhage, while in eight there were chills, which occurred in persons who had either not been prepared for operation, or who were under the influence of ether. These good results I attribute to the care which I exercise in preparing the part and system for operative measures; and I am convinced that, if this precaution be observed, and the kidneys be healthy, little need be feared from divulsion or internal urethrotomy.

Such is a brief outline of the practice, which is essentially that of Dr. Otis, that I have heretofore resorted to for restoring the diseased urethra to its natural dimensions. Recognizing the facts that the canal varies in its capacity for distention in its different divisions, and that no two urethræ are alike in regard to their normal calibre, no limit was placed upon the size of the bougies employed in the subsequent treatment, as each case had to be managed upon its individual merits. Hence, there are certain disadvantages in this method, which depend upon the normal anatomy of the urethra. Not only, in the vast majority of cases, does the meatus require to be enlarged, as a preliminary measure—and I have only met with two examples in which the size of that orifice corresponded with the size of the passage behind it—but violence is liable to be inflicted upon the sound portions of the canal, which correspond to its actual normal contractions at the end of the navicular fossa and at the bulbo-membranous junction, and occasionally to one present about an inch in advance of the latter locality, or possibly others in the spongy portion, as demonstrated by Dr. Weir.*

To place the subject in a clearer light, let it be assumed that a stricture is seated in the middle of the spongy portion, which latter equals 32 mm. in circumference, while the meatus measures 24 mm. To act efficiently upon the coarctation, an instrument 32 mm. in circumference must be passed; but to do this, the orifice will have to be divided to the extent of producing, in many instances, a deformity. In addition to this operation, which is not only painful, but is inconvenient to the patient on account of the hemorrhage which attends the subsequent passage of the bougie, with a view to keep the lips of the incision separated during the healing process, an instrument of the size specified is liable to sever not only the natural

* New York Medical Journal, April, 1876, p. 377.

contractions at the end of the navicular fossa and at the commencement of the membranous portion, if it be carried so far back, but also to produce one or more tears in the ante-bulbous urethra, as is exemplified in the sketch, and is further illustrated by two cases recorded by Dr. Gouley.* In the event of the stricture being seated in the bulb, the meatus will have to be cut still more freely, while the danger of tearing sound tissue will be greatly increased.

From these considerations, which are not theoretical, but are based upon actual observations, I have arrived at the conclusion that enlargement of the meatus is uncalled for when the relation between its size and that of the spongy urethra is normal. Hence, I have been trying for some months past, to devise an instrument with which, after divulsion or internal incision, the severed parts could alone be stretched during the healing process, without detriment to the remainder of the urethra, and I have finally succeeded in perfecting the dilator shown in Fig. 2. It consists of a No. 16 steel sound, the terminal two-thirds of which are split into two halves to form the blades. These are united at the vesical extremity, where they are carefully bevelled, and can be separated laterally, so as to form a spindle-shaped body, by a flattened cone attached to a rod, which is acted upon by a wheel at the proximal end of the handle, the extent to which the blades can be parted being indicated by a register, marked in millimetres, attached to the handle.

FIG. 2.

In using the instrument, the blades are expanded sufficiently to traverse the meatus without overstretching it, when its centre is made to correspond with the divided stricture, and the wheel is slowly turned until the register indicates that the desired degree of distention has been reached. By reversing the wheel, the blades are approximated and the dilator withdrawn.

In the event of the meatus being congenitally contracted, or smaller, from any cause, than it ought to be, it should be enlarged only to the extent of being 8 mm. less in circumference than the spongy portion of the urethra. By preserving these normal relations,† which are obviously intended to increase the projectile force of the seminal fluid and the stream of urine, the natural functions of the urethra will be preserved, extensive cutting will be avoided, and the patient be spared suffering and discomfort.

As the sides of the expanding cone of the dilator protrude through narrow ovoidal openings in the blades, the instrument may be used as an explorer to define the anterior face of a stricture, when it may be employed for ordinary dilatation, by gradually and progressively expanding the blades; or it may be utilized as a divulsor, by rapidly turning the wheel. I have recently resorted to it on two occasions for forcible rupture, and found that it answered every purpose.

With regard to the ultimate results of the operation as practised in the way that I have described, my experience is, as yet, too limited to speak authoritatively.

Within the past month I have twice used the dilator, instead of conical steel bougies, after internal incision, and I have every reason to be satisfied with its action.

It is proper to state that Dr. Gouley * has described an instrument which he has found advantageous not only for overstretching the passage in cases of granular urethritis, but also for replacing conical steel bougies in the process of gradual dilatation, whereby he does away with division of the meatus.

In conclusion, I may be permitted to incorporate the substance of the preceding considerations in the following axioms:

1. The rational treatment of stricture of the urethra consists in restoring the natural expansibility, or calibre, of the affected portion of the canal.

2. Before any operation, having this end in view, is practised, the sensibility of the urethra should be obtunded, lest it resent the violence to which it is about to be subjected.

3. After the spasm and hyperæsthesia have been relieved, the calibre of that portion of the urethra in which the stricture is located should be estimated by the urethrameter, with the view of bringing the affected portion up to that standard.

4. Internal urethrotomy from behind forwards is the most effectual mode of accomplishing that object.

5, and finally. The meatus should not be interfered with, provided its circumference is eight millimetres less than that of the spongy urethra.

[See discussion on paper, page 475.]

THE NEW YORK ORTHOPÆDIC DISPENSARY AND HOSPITAL.—Surgeon Shaffer's report for 1877, together with considerable information respecting the best methods of treatment, evidences a rather startling aggregate of spinal and other deformity, giving statistics of 986 cases, of which, however, only 407 were new. Of the whole number 256 were cases of hip-joint disease, 299 of humpback, 70 of white swelling, 56 of lateral curvature, 73 of deformities arising from infantile paralysis, and 62 of club-foot. Of the twenty-eight cases of hip-joint disease reported cured one has been under treatment for ten years, and one only three months; the average period for them all having been three years and three months. Still more obdurate were the sixteen cases of humpback reported cured; the average period of treatment having been six years. Nevertheless, Dr. Shaffer regards lateral curvature as the most obstinate deformity that he has been called upon to treat. He reports cures in only three cases out of fifty-six, while of the whole number of cases of club-foot ten have been radically cured. Of the twenty-five deaths eighteen were associated with white swelling. Only ten surgical operations were performed during the year, of which eight were for the relief of club-foot.

* Op. cit., Case III., p. 63, and Case V., p. 65.

† I believe that the meatus and spongy urethra in front of the bulb bear almost constant relative proportions to each other, so that the former really constitutes a gauge for the latter. Weir's estimates, based upon 114 measurements, show that the average meatus is 24.91 mm. in circumference, while the average spongy urethra averages 32 mm. Otis, from 100 observations, fixes them, respectively, at 24.72 mm. and 32.95 mm., while I have found them, in 83 trials, to be 24 mm. and 32 mm.

* Op. cit., Fig. 17, p. 45.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

PUBLISHED BY

WM. WOOD & CO., No. 27 Great Jones St., N. Y.

New York, June 15, 1878.

AMERICAN MEDICAL ASSOCIATION.

THE American Medical Association was a success, in the ordinary acceptation of the term; that is to say, the usual interest was manifested in the proceedings, and a goodly number of delegates and permanent members were present. The ordinary routine business was transacted with becoming dispatch, and altogether the dignity of a deliberative body of scientific medical men was well maintained. Some of the questions were, as we expected, almost hackneyed beyond the further tolerance of discussion; but courtesy and good feeling prevailed in favor of the tireless agitators, and they at least were satisfied.

The homœopathic question was brought before the Association in one of its many phases, as a sequel to a report by the Judicial Council. Charges were made last year against a member of the Faculty of the Michigan University for teaching medicine to students of said university who intended to practise homœopathy, it being claimed that such a proceeding was in violation of the letter and spirit of the code of medical ethics. The Judicial Council, in a special report upon the matter, failed to find any actual violation of the code, and was not inclined to take the responsibility of any decision in the premises. So far the action was judicious, conservative, and liberal. It is to be regretted, however, that as much cannot be said of subsequent proceedings bearing upon this question, and that the Association was tempted to recommend an addition to the code so openly opposed to the tolerance of medical opinion. The action was, in our judgment unnecessary, and really beneath the dignity and foreign to the recognized purposes of the Association. Indeed, we go farther by assuming that the Association exceeded its authority in attempting to place an embargo upon medical education by making the acquisition of the latter purely conditional with any arbitrary rules which it may adopt. This is so contrary to the spirit of our free institutions, to all the broad and liberal principles upon which our government is founded, that it appears not only absurd, but ridiculous. No one is accountable to any college or teacher for the use he shall make of his education, provided said use is not contrary to law, order, or morality; and no teacher has a moral or legal right to deny any educational advantages to a student simply because he does not choose to apply his knowledge in a particular way. We cannot resist the conviction that the proposition of the Association is in the direction of a long step backward, and savors of an intolerance which involuntarily arouses the antagonism of all true friends of progress. If homœopathy is founded on an exclusive dogma, we must overcome it by showing our own liberality in matters of opinion. We must treat the question by contraries rather than by similars. If homœopathy is founded on ignorance, the more education we give its prospective followers, the more effectually can we overcome the pernicious influences of its system. The principle proposed by the Association is wrong from beginning to end, and is a reflection upon the judgment and common sense of the whole regular profession.

The work in the Sections—an account of which must be deferred until the succeeding issue—was well performed, notably in that of the Surgical and Obstetrical. The question of shortening in fractures came up, and was settled in a very satisfactory way. Notwithstanding the radical assertion of one gentleman to the contrary, the Surgical Section promptly reaffirmed its previous decision, to the effect that, despite the most judicious plans of treatment known to surgeons, shortening after fractures of the long bones was the rule. So far as the matter may be one of mere individual opinion, it would be safe enough to leave it to rest upon its own merits, as each surgeon is capable of drawing his own conclusions based upon his own experience and observation. But the case is very different when an attempt is made to commit the profession authoritatively to a statement which is contrary to general experience. The deliberate expression of such an opinion, especially on such a subject extends beyond the pale of strictly professional influences, and, from a medico-legal point of view, has an importance which can scarcely be overrated, in giving every surgeon sued for malpractice a proper defence.

The President's address was well-timed, appropriate, and suggestive. The school question received its due share of attention, and the Association gracefully acknowledged the work of "the Apostles of School Hygiene in New York" by advocating medical representation upon educational boards. But it would be useless to allude in detail to the multitude of topics discussed, and so we refer our readers to our report.

Reports of Societies.

AMERICAN MEDICAL ASSOCIATION.

TWENTY-NINTH ANNUAL MEETING,

Held in the city of Buffalo, June 4, 5, 6 and 7, 1878.

TUESDAY, JUNE 4TH.—FIRST DAY.

THE Association met in St. James' Hall, and was called to order at 11 A.M., June 4, 1878, by the President, DR. T. G. RICHARDSON, of New Orleans, La.

Prayer was offered by Rev. L. Van Bokkelen, M.D.

The President invited Drs. S. D. Gross, of Philadelphia; Bowditch, of Boston; N. S. Davis, of Chicago, and J. M. Toner, of Washington, to take seats upon the platform.

DR. THOMAS F. ROCHESTER, of Buffalo, Chairman of the Committee of Arrangements, then delivered the

ADDRESS OF WELCOME.

In the name of the citizens of Buffalo and of Erie County, he extended a most cordial welcome to their city, to their hospitality, and to all that was within their power to offer towards the reaching of three objects for which the Association assembled:

1. The general good and advancement of medicine;

2. The making personal acquaintance with each other;

3. The taking a little of what was so often prescribed—namely, wholesome recreation.

To that end a most cordial welcome was extended to visit the various public buildings in the city, the prison, the alms-house, the Niagara elevator, the hospitals, the Institution for the Instruction of the Deaf and Dumb, the Medical College with its museum and laboratory, the public parks—in short, the physicians of Buffalo, through Dr. Rochester, resolved themselves into a "committee of the whole," and placed themselves at the service of the American Medical Association.

The report of the Committee of Arrangements on

THE CREDENTIALS OF MEMBERS

was read by the Secretary of the Association, Dr. Atkinson, of Philadelphia. As the names were read it was seen that a large number of the States were represented.

CHARGES AND PROTESTS.

DR. P. J. DWYER presented charges against the Medical and Surgical Society of Grand Rapids, Michigan.

The Arkansas State Medical Society presented a protest against the admission of certain members from Hot Springs, Arkansas.

Also a protest against the acceptance of Dr. James M. Keller, of Arkansas, as a member of the Association.

DR. KELLER rose to a question of privilege, and made explanation to the effect that the man who made the protest against his (Dr. K.'s) acceptance by the Association was the man who had been expelled from the Arkansas State Medical Society upon charges preferred by himself (Dr. K.).

The charges and protests were referred to the Judicial Council.

MEMBERS BY INVITATION.

DR. ROCHESTER made the following announcement of members by invitation: All the members of the Erie County Medical Society not now delegates or permanent members of the Association; Drs. George W. Stone, United States Marine Hospital Service; F. Lange, Kiel, Germany; and Edward Hutchinson, of Utica, N. Y.

FOR PERMANENT MEMBERS:

Drs. George I. Northrup, of Marquette, Mich., Stanford E. Chaille, of New Orleans, La., and L. G. Thacker, of Defiance, O.

The report was adopted.

TELEGRAM FROM DR. J. MARION SIMS.

The Secretary read the following telegram from DR. J. MARION SIMS, now in Paris:

"President American Medical Association—May your meeting be harmonious and contribute more than ever to the advancement of medicine. Truly sorry I cannot be with you."

PRESIDENT'S ADDRESS.

DR. JAMES P. WHITE, of Buffalo, Chairman of the Reception Committee, introduced the President, DR. RICHARDSON, who proceeded to deliver the annual address.

The vast benefits which the Association had wrought in uniting the interests of the profession in all the different sections of the country; the encouragement which it had given to a higher culture; the valuable contributions which it had made to some departments of medicine, and the dignified position which it had gained in the eyes of the whole nation, had been so often descanted upon by his predecessors, that it might seem somewhat trite and unprofitable to refer to them again; and yet there was one point which deserved to be brought to the attention of the Association anew, and that was

MEDICAL EDUCATION.

Although more than a generation had passed away since the first meeting of the Association in the city of New York, but few of the original members clustered around the venerable form of him whom we all delighted to honor as its projector and the ever-watchful guardian of its interests. The two most prominent objects in the minds of the earnest men who composed that assembly were the improvement of the system of medical education in the United States, and the elevation of the standard of requirement for the professional degree. It was equally well known that, down to within a very few years past, all the numerous efforts in that direction seemed to accomplish no permanent good, and the philanthropic and enthusiastic reformers, with the exception of a few hopeful and unconquerable spirits, had come to consider the cause as almost wholly lost. Although the result had been so discouraging, yet the Association was to be congratulated upon the evidences, which were now developing, that its work had not been in vain. It was true that the method of mixed teaching practised by the schools more than half a century ago was generally followed; but it must be clear to all unprejudiced observers that there was a growing dissatisfaction with the imperfections of that method, and a disposition to adopt the only philosophic plan, known as the graded system, which prevailed throughout all the other civilized nations of the world. We had just found out that the plan which we formerly

pursued of making war directly upon the medical colleges, endeavoring to compel them to conform their practices to our theories, or else surrender the prerogatives to which they had been so long accustomed, was altogether a mistake, and probably deserved the partial defeat which it encountered.

It was only by capturing the grand army of the profession throughout the country, from which the colleges derived their material and moral support, that we could reasonably hope to bring those institutions to terms. To that end there should be a more

THOROUGH ORGANIZATION

of State and County District Societies, and the President suggested that the Association adopt some uniform plan by which the sixty thousand physicians in the country might be encouraged to unite in district organizations, and through their representatives establish a living union with this, the central legislative body. When that was effected, no honest faculty would dare confer a diploma upon an unworthy candidate.

Leaving this subject, Dr. Richardson passed to the consideration of the question of

ORIGINAL INVESTIGATION.

In view of the very small amount of work that had been done in that direction in this country, it was suggested that it might be the duty of the Association to do something more than it had done to foster the spirit of investigation and discovery in those departments which related directly to medicine.

METHODS SUGGESTED.

Two methods of effecting that were suggested. One was to endeavor to concentrate the influence of the entire profession throughout the country upon the Federal Congress, with the view of convincing its members of the importance of scientific enterprises.

He was not prepared to propose a plan sufficiently elaborated to justify submitting it to the Association with the view of having it brought before the authorities at Washington. Yet it seemed to him that in the Army Medical Museum and Library the general government had, unintentionally no doubt, already founded a school, which, through the influences just indicated, might possibly be made the nucleus of a great national institute, in which original research in all the sciences upon which medicine more immediately drew could be conducted with the same wisdom and efficiency which characterized its present management.

The second method suggested was to incorporate the Association, and then stimulate to original investigations by offering prizes.

The President then passed to the subject of

STATE MEDICINE.

The objects of State medicine were threefold:

1. The prevention or arrest by official measures of all diseases which were not in their nature strictly limited to the individual, but which, from external causes, or from their specific characters, had a tendency to spread throughout families, institutions, and communities, and which could not be otherwise controlled.

2. The qualification of men by suitable education for the duties involved not only in the practice of medicine, but also of public hygiene, the State not only directing the studies which they should follow, but determining by examination when they had reached the standard of acquirement necessary for the proper performance of their great trusts.

3. The enactment and enforcement by the State of such laws as would secure to every citizen the benefit of the services of the best professional experts in all questions of a medico-legal character.

With a view of arriving at desired results in that department, it was suggested that a committee of leading sanitarians be appointed to prepare a somewhat elaborate address to the profession and the public, setting forth the transcendent importance of the subject, presenting a summary of sanitary science, pointing out the best methods of studying and teaching the same, and demonstrating the great benefits to be derived therefrom by the individual and the community in general. Without attempting to portray the special features that should appear in such an address, Dr. Richardson took the liberty of saying that it should not omit to insist upon the great necessity of teaching the young not only the laws of health, but the elements of physiology, which were essential to a proper comprehension of the principles of hygiene.

It had been proposed not to await the necessarily slow march of sanitary intelligence among the people, but to petition the Federal legislature at once to create a sanitary department in the general government, with an officer at its head who should be assisted in the performance of his duties by a

NATIONAL COUNCIL OF HEALTH,

composed of members from every State in the Union.

Dr. Richardson, however, believed there were but two great questions in State medicine which we could reasonably hope to have solved by Federal legislation. One concerned seaboard quarantine, and the other the pollution of water-courses. It was doubted by many eminent statesmen whether even those could be brought under Federal control; and yet the recent passage by Congress, of "an act to prevent the introduction of contagious and infectious diseases into the United States," encouraged us to hope that something might be expected from that quarter.

Whatever doubts there might be as to the extent of the authority possessed by the central government, there seemed to be no dispute that within the limits of each separate State resided a power which, with reference to all such matters, was practically supreme. It was, therefore, upon that power that the State medical societies should concentrate all their influence, professional and social, to effect the necessary legislation. They should employ their best endeavors to have

STATE BOARDS OF HEALTH

created where they did not at present exist, and they should by all means secure the right of nomination for appointments upon such boards. Whatever plan, however, might be advocated by societies, it should be borne in mind, in recommending legislation, that while it was true that a people ignorant of even the elements of hygiene could not be brought under sanitary legislation except by restraint, such restraint should be used with the greatest caution and moderation, and be sustained by an appeal to the common sense of those to whom it was applied. He therefore repeated with added emphasis the sentiment already expressed, that the hope of progress in State medicine was in the education of the people.

On motion made by Dr. Gross, the thanks of the Association were tendered to Dr. Richardson for his admirable, excellent, highly elaborate, and eloquent address.

On motion made by Dr. White and seconded by Dr. Gross, the President's address was referred to a

committee of *five*, of which the President was chairman. The remainder of the committee consisted of Dr. Richardson's *four* immediate predecessors.

REPORTS OF DELEGATES.

DR. WILLIAM BRODIE, of Detroit, made a report as delegate to the Canadian Medical Association.

Special mention was made of a paper read by Dr. James Workman, of Toronto, on "Crime and Insanity," which was read in the general meeting, and, after a full discussion, led to the adoption of the following resolution:

"*Resolved*, That, in the opinion of this Association, it is desirable, in all criminal trials, when medical opinion suggests the possibility of mental unsoundness, the accused should be placed under the supervision of experts for a sufficient time to enable them to determine whether he or she was insane or not at the time the crime was committed."

DR. LEWIS A. SAYRE, of New York, made a brief verbal report as delegate to the British Medical Association, which met in Manchester in July, 1877.

UNIFORMITY OF OBSERVATION AND RECORD.

DR. E. SEGUIN, of New York, made a report as delegate to the International Medical Congress of Geneva:

The Delegates of the American Medical Association to the International Medical Congress of Geneva were charged: "To advocate the adoption of a progressive uniformity of means of observation and record, with the concurrence, if possible, of the members of this Congress who would be found there engaged in advocating the application of uniformity in this and other departments of science."

The question was brought before the British Medical Association, and also before the French Association for the Advancement of Science prior to the direct mission at Geneva. The subject was carried from the Section of General Medicine to the General Congress, and the following resolutions were adopted:

For physicians and surgeons, the principle accepted by the Congress is a gradual international uniformity of their nomenclatures, scales, measures, calibres of instruments; of the records of private and hospital practice, of physiological experiments, of medical climatology, barometry, thermometry, statistics, etc.

In pharmacy the Congress of Geneva has accepted the conclusions voted at St. Petersburg and Brussels, as presented by Profs. Gille and Matsen:

1st. The adoption of a universal pharmacopœia, to be written in Latin.

2d. The decimal system for weights and measures, and the Centigrade scale for temperatures.

3d. A uniform nomenclature (probably that of Berzelius).

4th. The chemical preparations to be of determined strength and purity, and the pure drugs to be of essayed strength, if possible.

5th. The Galenic preparations made as simple as possible, and described according to a uniform plan.

6th. The other pharmaceutical preparations to be made uniform (that is, those which are powerful, like tinctura opii, aconiti, nucis vomicæ, hashish, podophyllin, elaterium, etc.).

7th. Physicians to be left free and responsible for the non-officinal ingredients and doses of their magistral prescriptions.

MARION SIMS,
THOMAS DRYSDALE,
EDWARD SEGUIN.

The reports were all accepted, and referred to the Committee of Publication.

The Association then adjourned to meet on Wednesday, at 9.30 A.M.

WEDNESDAY, JUNE 5TH.—SECOND DAY.

The Association was called to order at 9.30 A.M., by the President, Dr. Richardson.

MEMBERS BY INVITATION.

DR. ROCHESTER reported the names of the following gentlemen as members by invitation: Drs. Bray and Murphy, of Chatham, Ont.; J. E. Graham, M.D., of Toronto, Secretary of the Toronto Medical Society; Dr. T. Mack, Dr. T. Clark, of St. Catherine's; Dr. McCargo, of Caledonia, Ont.; Dr. Dunn, of Lodi, N. Y., and Dr. George Rightmire, of Jacksonville, N. Y.

FOR PERMANENT MEMBER.

Dr. Wm. S. Tremaine, U. S. A., Fort Dodge, Kansas.

Drs. Clark, Trenholme, and Botsford, delegates from the Canadian Medical Association, were invited to take seats upon the platform.

REPORTS FROM THE JUDICIAL COUNCIL.

The following report was presented by the Judicial Council:

The charges against Dr. J. M. Keller, presented by Dr. G. W. Lawrence, were dismissed as being unworthy of any consideration.

The charges against the Society of Grand Rapids, Mich., presented by Dr. P. J. Dwyer, were unsubstantiated and unaccompanied by witnesses and testimony whereby the Judicial Council might be able to act.

The Arkansas petitions referring to the State Medical Society were dismissed without action.

The charges against the Michigan State Society, by Dr. W. W. Jones, would be reported upon by Dr. N. S. Davis, Chairman of the Judicial Council.

The charges against W. T. Barr, M.D., of Abingdon, Va., presented by Dr. Ulrich, of Chester, Pa., were dismissed by the Council.

S. N. BENHAM, M.D., Secretary.

P. S.—In reference to the communication from the State Medical Society of Arkansas, notifying the Association that the Hot Springs and Garland County Medical Society was not recognized by the State Medical Society and protesting against the reception of any member of that Society, it is decided that under the by-laws of this Association said Hot Springs and Garland County Society loses its recognition with the Association from date of its severance from the State Society.

A PHASE OF THE HOMŒOPATHIC QUESTION.

DR. N. S. DAVIS made the following appended report of the Judicial Council concerning the charges against the Michigan State Medical Society, referred by the Association at the Annual Meeting in June, 1877:

"The charge in this case was alleged violation of the Code of Ethics on the part of the Michigan State Medical Society, in electing as a delegate to this Association Dr. E. S. Dunster, of the University of Michigan, knowing him to be engaged in aiding and abetting the graduation of students devoted to an exclusive dogma in medicine.

"After a most careful examination of the Code of Ethics, as it has appeared in the Transactions of this Association from year to year, the Judicial Council

fail to find any section or paragraph in it that refers even remotely to the practice that constitutes the foundation of the charge under consideration. That any member of the medical profession proper should ever engage in teaching, examining, and certifying to the qualifications of students, knowing that such teaching and examination was to aid said students in obtaining a diploma directly admitting them into a fraternity of irregular practitioners was evidently not contemplated by the framers of our Code of Ethics; and hence they inserted no clause or section bearing upon that subject. The only provision in the Code referring to those engaged in an attempt to practise medicine in accordance with some 'exclusive dogma,' is in the section regulating consultations at the bedside of the sick. If the Judicial Council of this national organization should assume that the section of the Code just referred to indicated the 'spirit' of those who framed and adopted it, and on that assumption apply it to matters and practices entirely foreign to those mentioned in the doctrine itself, it would not only violate all the accepted principles of judicial construction, but would establish a precedent in latitudinous construction of the Ethical Code more dangerous to the best interests of the profession than all the evils sought to be remedied in the case under consideration.

"It is true that this Association has adopted at different times two resolutions, having reference to the subject involved in the charge against the Michigan State Medical Society, which still stand as expressions of opinion unrepealed. But these resolutions constitute no part of the Code of Ethics; neither is obedience to them enjoined by the constitution and by-laws on State and local medical societies as a condition of representation in this Association. Therefore, while deprecating the practice of aiding or abetting in any way the teaching and graduation of students known to be supporters of irregular and exclusive dogmas in medicine, as beneath the dignity of right-minded teachers of an honorable and liberal profession, your Judicial Council can find no clause in either the constitution, by-laws, or Code of Ethics, as they now exist, under which the charge against the Michigan State Society can be entertained and adjudicated."

Dr. Toner, of Washington, in view of the fact that there was an unwritten law which governed such cases, moved to refer the report made by Dr. Davis back to the Judicial Council.

The motion was seconded and discussed by Dr. Busey, of Washington, and also discussed by Drs. Toner, Davis, Woodward, Brodie, and Menees.

The hour for the next order of business having arrived, the question was passed over without action.

Letters from Dr. B. A. Vaughn, of Columbus, Miss., and Dr. Robert Battey, of Rome, Ga., expressing regret at not being able to attend the Convention, were next read, and ordered entered upon the minutes.

ADDRESS OF DR. H. H. SMITH, OF PHILADELPHIA, CHAIRMAN OF THE SECTION ON SURGERY AND ANATOMY.

Dr. Smith departed somewhat from previous custom in relation to the character of the addresses from the chairmen of the Sections, and selected a single subject, to which he directed the attention of the Association. The subject was:

CERTAIN POINTS IN THE PATHOLOGY OF THE BONES, ESPECIALLY TUBERCLE.

Recently a new function had been assigned to the skeleton, and the bones had been regarded by many as a focus for the origin of red and white blood-corpuscles, and through which diseased matter was introduced into the general circulation. Certain results which followed operations on the bones—such as erysipelas, septicæmia—were doubtless due to impairment of the blood-forming functions of the myeloid cells in the medullary portion.

It was suggested that the cases of bone and joint disease, which had been reported as due to exanthematous fevers (Gibney), were perhaps cases in which the first departure from health was in the medulla of the bones, and that the exanthemata were symptoms, and not causes.

Passing to the consideration of

TUBERCLE IN BONE,

Dr. Smith gave a *résumé* of the opinions which had been given by Virchow, Rindfleisch, Wilson Fox, Rodenstein, of Yonkers, N. Y., and others, regarding the character of tubercle, and from those opinions reached the conclusion that tubercle was formed from the blood through the action of the lymphatic vessels.

The conclusion reached by Dr. Smith was—

1. That tubercle was closely connected with the lymphatics, and that it was deposited in the lymphatic vessels in Pott's disease, also in the epiphyses of the long bones as well as in the spongy bones of the ankle-joint.

2. That its development and progress in these localities was the same as when deposited in other tissues.

3. That tubercle affected the vessels and cancellated structure of the bones, and not the ligaments and cartilage.

4. That the destruction of cartilages and ligaments was the effect and not the cause of impaired nutrition.

5. That softening tubercle produced congestion and inflammation of the bone-cells about the deposit.

6. That perverted myeloid cell action was consequent upon such change, and reacted in the way of modifying the formation of blood-corpuscles.

7. That what was termed scrofulous disease of the bones was essentially a disturbance of the myeloid cells.

The practical lesson to be derived from such facts was that we should still hold to the teachings of our forefathers, and let constitutional treatment form an important and leading part of the management of the case, and that

MECHANICAL APPLIANCES SHOULD BE SECONDARY.

With reference to Pott's disease, Dr. Smith took the open position that *external violence* had nothing whatever to do with it, but that destruction of the cancellated structure of the vertebra was the result of caseous deposit and evacuation of softened tubercle.

He also believed that hip disease was due to the same cause, and that the cancellated structure was first affected. The treatment of Pott's disease by suspension was at least two hundred years old, and the splint which kept the diseased surfaces in hip disease apart was an admirable instrument; but no matter what the mechanical apparatus might be, it should not supplant a proper tonic and alterative plan of treatment.

The treatment of phthisis by injecting the cavities in the lungs had met with some success in the hands of Dr. Pepper, of Philadelphia, and it might yet be a plan of treatment for bone disease to inject the cancellated structure with substances such as phosphoric and lactic acids, etc., which favored the evacuation of the caseous material.

The address was referred to the Section on Surgery.

INTERVENTION OF PHYSICIANS IN EDUCATION.

In the Section on State Medicine and Public Hygiene, June 4th, Dr. E. Seguin, of New York, read a paper upon the above subject, and it was referred to the general Association.

Dr. Frank H. Hamilton, of New York, in behalf of Dr. Seguin, presented the paper, from which he read several extracts, and then opened the discussion. He spoke at some length, and made special reference to the hygienic condition of the public-school rooms in the city of New York, and how unavailing all efforts thus far had proved in the way of securing a medical representation in the Board of Education. The only remedy for correcting the growing evils in connection with school hygiene was in an united action upon the part of the medical profession. Dr. Hamilton closed his remarks by the introduction of the following resolution, which was unanimously adopted:

"*Resolved*, That in the opinion of this Association medical men ought to have a voice in the construction and location of public-school buildings; in the question as to the age at which children should be admitted, the hours of study, the size of type used, and the general management of these institutions; and to this end it is believed to be necessary that one or more intelligent physicians should be placed upon Boards of Education, Boards of Trustees, and upon other similar boards having the control of public education and schools."

Owing to the lateness of the hour, farther discussion was prevented, and the President introduced

Dr. E. W. Jenks, of Detroit, Chairman of the Section on Obstetrics and Diseases of Women, who delivered an address upon

THE CAUSES OF SUDDEN DEATH IN PUERPERAL WOMEN.

After reviewing the literature of the subject, Dr. Jenks studied his subject under four heads:

1. Lesions of the Circulatory System.
2. Lesions of the Respiratory System.
3. Lesions of the Nervous System.
4. Puerperal Septicæmia.

The following conclusions were reached:

Septicæmia in its most malignant form was one of the chief causes of sudden death in puerperal women, and it was more than probable that small and large emboli were formed by the disorganizing effect which that condition produced upon the white blood-corpuscles.

Of the various valvular lesions of the heart, mitral stenosis was the most dangerous for the pregnant or puerperal woman. The usual mode of sudden death with the valvular lesions was through pulmonary œdema.

Endocarditis, old and recent, was extremely liable to be rekindled in the puerperal condition, result in ulcerative puerperal endocarditis, and give rise to embolism. The practical deduction was that women who had suffered from endocarditis should be discouraged from getting married, lest embolism and sudden death should occur in the puerperal condition.

Endocarditis might result from one of the forms of puerperal fever.

Fatty heart was a possible cause of sudden death in the puerperal woman. Only two cases, however, had been reported, and one was by Dr. Jenks.

Arterial degeneration might cause sudden death in the puerperal woman in two ways: 1. By allowing rupture of the vessel. 2. By favoring the development of thrombosis and embolism.

Arteritis of itself rarely caused sudden death in the puerperal woman.

Phlebitis was a frequent source of sudden death in these cases, terminating in pulmonary obstruction.

The injection of large quantities of air into the veins caused sudden death, but relatively the entrance of air into the veins of the puerperal woman was an infrequent cause of sudden death. The introduction of the hand into the uterus occasionally caused sudden death by facilitating the introduction of air into the veins.

Puerperal eclampsia was a most conspicuous cause of sudden death, but the mortality in that class of cases had been very much decreased by the progress which had been made in treatment.

Tetanus might give rise to sudden death in the puerperal woman.

Every physician should feel bound by professional obligation to thoroughly study the pathological anatomy of any case of sudden death, with the view, if possible, of arriving at the cause of death in any case which came under observation.

There were many other causes, such as ruptured heart, ruptured uterus, apoplexy, profound moral emotion, post-partum hemorrhage, mental excitement, shock, traumatism, etc., which were well recognized, and for that reason their special consideration was omitted.

The address was referred to the Section on Obstetrics.

COMMITTEE ON NOMINATIONS.

The Committee on Nominations was announced as follows: A. Linthicum, Arkansas; J. F. Bancroft, Colorado; B. H. Catlin, Connecticut; J. M. Toner, District of Columbia; W. F. Westmoreland, Georgia; Moses Gunn, Illinois; Jas. F. Hibbard, Indiana; G. P. Hanawald, Iowa; C. V. Mothram, Kansas; J. M. Bodine, Kentucky; O. P. Langeworthy, Louisiana; C. T. Collins, Massachusetts; T. B. Evans, Maryland; S. H. Weeks, Maine; J. R. Thomas, Michigan; C. P. Adams, Minnesota; W. M. Compton, Mississippi; J. M. Allen, Missouri; S. Lilly, New Jersey; J. P. Gray, New York; Dr. Adams, New Hampshire; Chas. Duffee, Jr., North Carolina; J. W. Russell, Ohio; A. Fricke, Pennsylvania; T. C. Lawton, Rhode Island; J. H. Van Deman, Tennessee; J. L. Cabell, Virginia; W. Kempster, Wisconsin; Jno. C. Hupp, West Virginia; Dr. Duvall, United States Navy; Dr. J. R. Smith, United States Army.

PREAMBLE AND RESOLUTION.

Dr. J. R. Bronson, of Massachusetts, offered the following preamble and resolution:

"*Whereas*, By the report of the Judicial Council submitted this day, we are informed that the Ethical Code of this Association is imperfect, in that it does not recognize by its letter a conceded violation of the spirit of our profession in its relation to irregular medicine; therefore,

"*Resolved*, That said Council be instructed to submit to this Association, at their next meeting, for its consideration, an amendment to the Code covering this omission."

The resolution was referred to the Judicial Council as a committee.

Dr. Foster Pratt, of Kalamazoo, Michigan, offered a resolution in relation to the legal status of the insane, which was referred to the Section on Medical Jurisprudence.

The Association then adjourned to meet on Thursday, June 6th, at 9.30 A.M.

WEDNESDAY EVENING.—SECOND DAY.

MORPHOLOGICAL CHANGES IN SYPHILITIC BLOOD.

In the Section on Practical Medicine,

DR. EPHRAIM CUTTER, of Boston, gave a microphotographic exhibition of the morphological changes which occurred in the blood in consequence of syphilis. The diagnosis of syphilis was based upon the presence in the blood of a *copper-colored* filiform growth with rounded and enlarged extremities and spores. Dr. Cutter regarded the demonstration as corroborative of the claims made by Dr. Salisbury in connection with the same subject.

He thoroughly believed that positive diagnosis of syphilis could be made by miscroscopical examination of the blood.

He also believed that Lostorfer was correct in his statement that the white blood-corpuscles were enlarged in syphilis; but he should have insisted upon the *copper color* of the spores.

THURSDAY, JUNE 6TH.—THIRD DAY.

The Association was called to order at 9.30 A.M. by the President.

The Secretary read the names of those who had registered since June 5th.

MEMBERS BY INVITATION.

DR. ROCHESTER, Chairman of the Committee of Arrangements, made the following report:

For members by invitation—Drs. Lawrence D. Trowbridge, of Niagara, N. Y.; Thomas McLean, of Goderich, Ont.; W. W. Potter, of Batavia, N. Y.; D. H. Kitchen, Superintendent of New York State Inebriate Asylum at Binghamton, N. Y.; H. R. Clark, Geneva, N. Y.; I. N. Goff, Cazenovia, N. Y.

A letter of regret from Dr. R. O. Howard, of Montreal, was read by the Secretary.

REPORT FROM THE JUDICIAL COUNCIL.

The Judicial Council reported that the charges against the Iowa State Medical Society, and Scott County Medical Society, presented by Dr. P. J. Farnsworth, were dismissed, because the subject had been already adjudicated by the Council at their Detroit meeting in 1874. They also reported that in the matter of the Washtenaw County Medical Society, it was decided that the Ann Arbor Society was entitled to two delegates to the present meeting.

DR. A. C. POST, of New York, moved that the first two on the list from the Ann Arbor Medical Society be received as delegates, the others remaining as members by invitation. Carried.

CONSOLIDATION OF SECTIONS.

DR. A. N. BELL, of Brooklyn, offered the following resolution, which was laid over until next year:

"*Resolved*, That Section Four, on Medical Jurisprudence and Psychology, and Section Five, on State Medicine and Public Hygiene, be consolidated into one Section as Section Four."

REPORT OF JUDICIAL COUNCIL AS A COMMITTEE.

DR. N. S. DAVIS, Chairman of the Judicial Council, presented the following report as an amendment to the Code of Ethics:

"In obedience to the instructions of this Association, the Judicial Council, acting in the capacity of a committee, have unanimously instructed me to report to your Honorable Body the following amendment and addition to paragraph 1, article 1. of the second division of the Code of Ethics, under the general heading, 'Of the Duties of Physicians to each other, and to the Profession at Large,' and the special heading, 'Duties for the Support of Professional Characters.' The same, when finally adopted, to be added at the end, and to constitute a part of said paragraph 1, of article 1. The proposed addition is in these words: 'And hence it is considered derogatory to the interests of the public, and the honor of the profession, for any physician or teacher to aid, in any way, the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine.'"

The report, under the rules, went over for one year.

REPORT OF THE COMMITTEE ON NECROLOGY.

DR. J. M. TONER, of Washington, Chairman, presented the report, which contained sketches of seventy-five members. He further remarked that there were 850 names now upon the list of necrology of the Association.

The report was referred to the Committee of Publication.

COMMITTEE ON NATIONAL LIBRARY.

The Secretary stated that the Committee on Catalogue of National Library was not prepared to report, and asked that the committee be continued. Granted.

ADDRESS OF DR. A. L. LOOMIS, OF NEW YORK, CHAIRMAN OF THE SECTION ON PRACTICAL MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

DR. LOOMIS opened his address by making brief reference to a few of the more important advances in medicine which had been made during the past year, and then passed to the consideration of the *climatic treatment of pulmonary phthisis.*

With reference to the *germ theory* of disease it was believed that the facts as now presented did not warrant its acceptation.

With reference to the *etiology of typhoid fever* no new facts had been elicited regarding its spontaneous or specific origin.

The experiments of Heidenham had gone far to establish the fact that *croupous pneumonia had a specific* origin, and could not be excited by simple irritation of the respiratory passages.

Reference was made to Lancerot's description of a new form of diabetes, due to changes occurring in the pancreas.

Reference was also made to several new discoveries made in physiology. Among these, Dr. J. W. S. Arnold, of New York, had demonstrated by a series of experiments that the *first sound of the heart* had a muscular origin.

Mention was also made of several comparatively new therapeutic agents, such as jaborandi, hydrobromic acid, thymol, and the alkaloids used as a substitute for formic.

THE CLIMATIC TREATMENT OF PULMONARY PHTHISIS.

Dr. Loomis then passed to the consideration of the chief topic in his address, namely, some of the indications and considerations which should influence one in arriving at a decision with reference to the climate and locality best suited to each phthisical patient amenable to climatic treatment. [This portion of the address will be published in full in a subsequent number of THE RECORD.]

SANITARIUMS.

In order to obtain the greatest success in the climatic treatment of phthisis, it was necessary to have sanita-

riums under the direction of intelligent physicians, where patients could go and be free from all exciting causes of the disease. For the phthisical patient not the first step had yet been taken towards the proper construction and equipment of such resorts. Such sanitariums as could receive the endorsement and sanction of the leading medical men were needed in all parts of the country.

Dr. Loomis closed his address with the following practical suggestion:

OUR MINERAL SPRINGS.

"It seems to me that the necessities of our time are demanding the establishment not only of well-organized and thoroughly equipped sanitariums by the sea, in the mountains, in the cold regions of the North, and in the warm regions of the South, but that our mineral springs should be utilized for the cure of disease. No one doubts but they are equal, if not superior, to those of the old world; yet to-day we know more of the virtues of Carlsbad, Kissingen, Vichy, and Hunyadi waters than those of Saratoga, Virginia, Arkansas, and Colorado. Has not the time come, gentlemen, when some organized action should be taken in this matter?"

Dr. C. N. Palmer, of Lockport, moved that the address be referred to the Section on Practical Medicine. Carried.

Dr. Bowditch, of Boston, made a few remarks, and stated that in his experience for phthisical patients sanitaria upon the sea-shore were injurious.

Dr. James B. White, of Buffalo, offered the following resolution:

"*Resolved*, That a committee of five be appointed to confer with General Meyer upon the subject of making observations as to the existence of ozone in various localities, and take such other steps and measures in the matter as may be necessary for the success of the object."

In seconding the above, Dr. Davis, of Chicago, briefly stated what had already been done to attain the object by the profession since 1874. After a discussion by Drs. Busey, White, Bell, Bronson, Leonard, Loomis, and Davis, the resolution was adopted.

REPORT OF THE COMMITTEE ON NOMINATIONS.

Dr. Toner, Chairman of the Committee on Nominations, announced that they were ready to make their report.

Dr. Hupp, Secretary of the Committee, read the following, which, upon motion made by Dr. James P. White, of Buffalo, was accepted and unanimously adopted:

After due consideration the Committee on Nominations respectfully report that they have nominated the following gentlemen for the various offices named, to wit:

For President—Theophilus Parvin, M.D., of Indiana.

For Vice-Presidents—A. J. Fuller, M.D., of Maine; W. F. Westmoreland, M.D., of Georgia; John Morris, M.D., of Maryland; John H. Murphy, M.D., of Minnesota.

For Treasurer—Richard J. Dunglison, M.D., of Pennsylvania.

For Librarian—Wm. Lee, M.D., of District of Columbia.

Committee on Library—John Eliot, M.D., of District of Columbia.

Next place of meeting—Atlanta, Ga.

Time of meeting—The first Tuesday in May, 1879.

For Assistant Secretary—Scott Todd, M.D., of Atlanta, Ga.

Committee of Arrangements—J. P. Logan, Chairman; H. V. M. Miller, G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Charles Pinckney, V. H. Tallioferro, J. T. Johnson, of Atlanta, Ga.

Committee on Prize Essays—Robert Battey, of Rome, Ga.; J. G. Westmoreland, of Atlanta, Ga.; Wm. A. Love, of Atlanta, Ga.; Robert Kidley, of Atlanta, Ga.; Henry F. Campbell, of Augusta, Ga.; J. H. Van Deman, of Chattanooga, Tenn.

Committee on Publication—Dr. Wm. B. Atkinson, Chairman; T. M. Drysdale, M.D., A. Fricke, M.D., S. D. Gross, M.D., C. Wister, M.D., R. J. Dunglison, M.D., of Pennsylvania; and Wm. Lee, M.D., of District of Columbia.

The Committee also report the following nominations for Chairmen and Secretaries of Sections for 1879:

I. *Practice of Medicine, Materia Medica, and Physiology*—Dr. Thomas F. Rochester, of Buffalo, N. Y., Chairman; W. C. Glasgow, of St. Louis, Mo., Secretary.

II. *Obstetrics and Diseases of Women and Children*—E. S. Lewis, of New Orleans, Chairman; J. R. Chadwick, of Boston, Mass., Secretary.

III. *Surgery and Anatomy*—Moses Gunn, M.D., of Illinois, Chairman; Dr. J. R. Weist, of Indiana, Secretary.

IV. *Medical Jurisprudence, Chemistry, and Psychology*—Dr. Wm. M. Compton, of Mississippi, Chairman; L. M. Eastman, of Maryland, Secretary.

V. *State Medicine and Public Hygiene*—Dr. John S. Billings, of District of Columbia, Chairman; Dr. J. T. Reeve, of Wisconsin, Secretary; Alabama, Jerome Cochran; Arkansas, W. B. Welsh; California, W. F. Cheeny; Colorado, C. Dennison; Connecticut, C. A. Lindsley; Delaware, Wm. Marshall; District of Columbia, T. Antisell; Georgia, J. W. Bailey; Illinois, H. A. Johnson; Indiana, James F. Hibbard; Iowa, J. A. Blanchard; Kansas, D. W. Stormont; Kentucky, S. Brandeis; Louisiana, Sanford E. Chaillé; Maine, A. P. Snow; Maryland, T. B. Evans; Massachusetts, H. I. Bowditch; Michigan, H. B. Baker; Minnesota, C. P. Adams; Mississippi, Wort Johnson; Missouri, Jacob Geiger; New Hampshire, G. P. Conn; New Jersey, E. M. Hunt; New York, A. N. Bell; Ohio, J. C. Reeve; Pennsylvania, Benjamin Lee; Rhode Island, E. M. Snow; South Carolina, R. A. Kinlock; Tennessee, T. A. Achesón; Texas, H. W. Brown; Virginia, F. D. Cunningham; Vermont, L. C. Butler; West Virginia, E. A. Hildreth; Wisconsin, J. T. Reeve; Florida, G. W. Betton; North Carolina, C. J. O'Hagen; United States Army, Joseph Smith, of Fortress Monroe; United States Navy, Joseph Wilson, of Washington, D. C.; Oregon, H. Carpenter.

Committee on Necrology—J. M. Toner, M.D., of the District of Columbia, Chairman; Alabama, J. S. Weatherby; Arkansas, R. G. Jennings; California, Henry Gibbons; Colorado, R. G. Buckingham; Connecticut, G. W. Russell; Delaware, L. P. Buck; District of Columbia, W. W. Johnson; Georgia, T. S. Hopkins; Illinois, J. H. Hollister; Indiana, John Moffit; Iowa, C. C. Bradley; Kentucky, L. P. Yandell; Maine, E. F. Sanger; Massachusetts, J. R. Bronson; Maryland, J. H. Hartman; Michigan, W. F. Breakley; Minnesota, C. C. Cross; Missouri, A. J. Steele; New Jersey, John Blaine; North Carolina, N. J. Pitman; Louisiana, Samuel Logan; New York, J. P. Gray; Ohio, Thad. H. Reamy; Oregon, — ——; Pennsylvania, Thomas H. Helsby; Rhode Island, C. H. Fisher; South Carolina, Manning Simmons; Tennessee, Thomas Menees; Texas, J. H. Stalnaker; Virginia, L. S. Joynes; Wisconsin, D. Mason;

Vermont, O. F. Fassett; Mississippi, P. F. Whitehead; Kansas, C. V. Mattram; New Hampshire, L. G. Hill; West Virginia, Robert W. Hazlett; United States Army, J. J. Woodward, of Washington, D. C.; United States Navy, Joseph Wilson, of Washington, D. C.; Nebraska, J. H. Peabody.

Judicial Council—To fill a vacancy caused by death, John P. Gray, of Utica, N. Y.; in place of the seven whose terms expire at this meeting, D. A. Linthicum, of Arkansas; Foster Pratt, of Michigan; A. Woodward, of Connecticut; J. M. Toner, of District of Columbia; J. H. Van Deman, of Tennessee; S. M. Benham, of Pennsylvania; R. N. Todd, of Indiana.

REPORT ON RECOMMENDATIONS IN EX-PRESIDENT BOWDITCH'S ADDRESS.

DR. N. S. DAVIS, Chairman of the Committee, made a somewhat lengthy report, and closed as follows:

"After a careful review of the whole subject, indeed by many years of careful observation in the Sections of the Association, the undersigned would recommend no change in the present by-laws and ordinances regulating the working of the Sections, except the striking out of the paragraph in Section 11 of the by-laws, commencing with 'Papers appropriate to the several Sections,' etc., and inserting in its place the following:

"'It shall be the duty of every member of the Association, who proposes to present a paper or report to any one of the Sections, to either forward the paper, or a title indicative of its contents and its length, to the Chairman of the Committee of Arrangements at least one month before the annual meeting at which the paper or report is to be read. It shall also be the duty of the President and Secretary of each Section to communicate the same information to the Chairman of the Committee of Arrangements concerning such papers and reports as may come into their possession or knowledge for their respective Sections the same length of time before the annual meeting. And the Committee of Arrangements shall determine the order of reading or presentation of all such papers, and announce the same in the form of a programme for the use of all members attending the annual meeting. Such programme shall also contain the rules specified in the by-laws and ordinances concerning the consideration and disposal of all papers in the Sections.'

"All of which is respectfully submitted.

N. S. DAVIS,
S. D. GROSS."

DR. BOWDITCH presented the following *minority report:*

"The undersigned still holds to the opinion that the submission to trained experts of all papers read or presented to the various Sections of the Association would tend to make our published Transactions more interesting, and vastly to increase their scientific merits, although perchance making them less bulky.

"He believes, moreover, that some other of the amendments suggested by him would ultimately be of service to the Association.

"He admits the cogency of the arguments of the majority of the committee in regard to permanent membership.

"He still adheres to the idea that the time spent in discussions in regard to the by-laws in any scientific body is commonly so much time wasted, which should be spent in more congenial and appropriate work, and that no changes, even though deemed very important by a few, should be made in the organic law, if they do not meet with favor with a large majority of the body.

"And, finally, in full confidence that with our present by laws, if the Chairmen and Secretaries of the Sections and of the Committee of Arrangements will do thoroughly their respective duty, the meetings of this Association and its transactions will annually grow better, as they have done in the past, the undersigned will not oppose the report of the majority of the committee. HENRY I. BOWDITCH."

The majority report was unanimously adopted.

STATE MEDICINE AND PUBLIC HYGIENE.

DR. J. L. CABELL, of the University of Virginia, Chairman of the Section, delivered an address, in which he maintained that the establishment of a general Board of Health was the indispensable measure to any systematic effort to inaugurate State medicine in any of the States of the Federal Union.

As to the value of sanitation in general in diminishing the death-rate, reference was made to the address of Mr. Edwin Chadwick, delivered before the British Social Science Association at Aberdeen, September 13, 1877.

Speaking with reference to the maintenance of the purity of the air within and around dwellings, Dr. Cabell remarked that the evidence of advance in public hygiene consisted not so much in the discovery of new facts or principles, as in more careful, exact, and honest methods of sanitary engineering, in conformity with well-known laws of sanitary science. It could scarcely need be said that one of the most fruitful sources of the impurity of the air around dwellings, and consequently of the air within dwellings, since the latter was constantly being replaced by the former, was the damp condition of the ground, which, however well drained of subsoil water at first, was liable to subsequent contamination with liquid filth, whether arising from slops thrown upon the surface of yards or gardens, or from the dejections of animals. A soil well aerated by proper water-drainage, would, in a measure at least, oxidize the organic matters, and mitigate the generation of malaria. It would not, however, be safe to rely upon that to disinfect the excrement-sodden soil in the streets of cities, and it became an important problem of sanitary engineering how to protect the atmosphere of cities from that source of contamination. That end could probably be secured by the best asphalt pavements, such as had been largely used in some of the cities of Europe, and had been successfully introduced in some parts of Brooklyn, and on the principal avenues of the national metropolis. No water or filth could penetrate them, and they were easily cleaned at less expense than any other pavement. A necessary condition, however, of the beneficial action of impervious pavements was the absolute freedom of the subsoil from the contamination which might arise from defective sewers, or from percolation of the contents of cesspools.

Reference was then made to what had been accomplished by sanitary measures in preventing the spread of contagious diseases, and from that point Dr. Cabell proceeded to discuss at considerable length the theory of *contagium vivum*.

The address was referred to the Section on State Medicine and Public Hygiene.

QUESTION OF PRIVILEGE—SHORTENING IN FRACTURES.

DR. LEWIS A. SAYRE, of New York, rose to a question of privilege, and asked that he be recorded upon the minutes as opposed to the passage of the resolution, adopted by the Association at its meeting held in Chicago in 1877, relating to the occurrence of shortening in fracture of long bones.

The purport of the resolution was that shortening was the rule, in spite of all treatment, and he wished to be recorded as opposed to the doctrine that fractures could not be treated without such result.

The request was granted.

The Association then adjourned to meet on Friday, at 9.30 A.M.

FRIDAY, JUNE 7TH.—FOURTH DAY.

The Association was called to order at 9.30 A.M. by the President, Dr. Richardson.

COMMITTEE ON OZONE.

Pursuant to resolution offered by Dr. White in yesterday's session, the President announced the Committee on Ozone as follows: Dr. N. S. Davis, of Illinois, Chairman; Dr. J. S. Billings, of United States Army; Dr. W. N. Geddings, of South Carolina; Dr. J. M. Toner, of the District of Columbia, and Dr. S. M. Bemis, of Louisiana.

MEMBERS BY INVITATION.

DR. ROCHESTER, Chairman of the Committee of Arrangements, announced the following as members by invitation: Drs. W. J. A. Case, of Hamilton, Ont.; George N. Burrell, of Brigham Hall, Canandaigua; George Waters, of Coberg, Ont.; H. C. Hill, of Lockport, N. Y.; V. A. Ellsworth, of East Otto, N. Y.; A. A. Hubble, of Leon, N. Y.; John W. Whitbeck, of Rochester, N. Y.; Milan Baker, of Warsaw, N. Y.

The Secretary read a letter of regret from Dr. George E Fenwich, of Montreal, which was ordered on the minutes.

DUTY OF THE COMMITTEE ON NECROLOGY.

The following resolution was offered by Dr. J. S. HIBBARD, of Indiana:

"*Resolved*, That hereafter it shall be the duty of the Committee on Necrology to confine their reports to the death of medical men who have been members of this Association, and at the time of death were still in good fellowship or honorably separated from the Association." Adopted.

ORGANIZATION OF STATE BOARDS OF HEALTH.

DR. A. N. BELL, of Garden City, moved the continuance of the committees appointed two years ago for the organization of State Boards of Health. Carried.

METRIC SYSTEM—COMMUNICATION FROM THE MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

The following communication from the Medical Society of the State of Pennsylvania was read by the Secretary:

"At the annual meeting of this body held in Pittsburg, May, 1878, it was unanimously

"*Resolved*, That the Medical Society of the State of Pennsylvania, recognizing the advantages of the metric system from its universality, simplicity, and scientific character, does recommend the use of the same to the members of this Society, and urges them to familiarize themselves with it, and to advise their students to use it exclusively when they commence their medical career.

"*Resolved*, That in all communications made to this Society, in which reference is made to weights and measures, the metric system only should be used.

"*Resolved*, That the Secretary of this Society is instructed to bring this action of this Society to the notice of the American Medical Association at its next meeting, and urge upon the National Association a similar action."

On motion by Dr. Atkinson, and seconded by Dr. N. S. Davis, the communication was received and placed upon the minutes.

MEDICAL UNIFORMITY—COMMISSIONERS AND DELEGATES TO EUROPE.

On motion, Drs. Marion Sims, Thomas Drysdale, and E. Seguin, were confirmed as delegates to Europe, upon the question of medical uniformity, to report next year.

COMMITTEE ON THE ADDRESS OF THE CHAIRMAN OF THE SECTION ON PRACTICAL MEDICINE.

DR. N. S. DAVIS, of Chicago, offered the following resolution, which was adopted:

"*Resolved*, That the Section on Practical Medicine, Materia Medica, and Physiology recommend the appointment by the American Medical Association of a committee of five members, to whom shall be referred so much of the recommendations in the address of the President of that Section as relates to the establishment of proper sanitaria for consumption, and the more accurate utilizing of the various mineral waters of our country, with instructions to report at the next meeting of the Association."

The President appointed the following members as such committee: Dr. H. I. Bowditch, of Massachusetts; Dr. A. N. Bell, of New York State; Dr. J. L. Cabell, of Virginia; Dr. S. E. Chaillé, of Louisiana; and Dr. Charles Dennison, of Colorado.

DELEGATES TO FOREIGN SOCIETIES.

The President announced the following delegates: *To European Medical Societies*—Drs. Sims, Drysdale, Seguin, Daly, Halberstadt, Levis, and W. H. Pancoast. *To the Canadian Medical Association*—Drs. Brodie, Todd, E. N. Brush, and W. Clarke.

LEGAL RELATIONS OF THE INSANE.

The following resolutions concerning certain legal relations of the insane, offered by Dr. Foster Pratt, of Michigan, in Section V., and referred to the Association, were received and adopted:

"*Resolved*, That the personal restraint of the insane is an essential element of the medical treatment of their disease, the use of which, as a therapeutical agency, may be justified by their insanity, just as the use of it as a public agency, for the prevention of injury to person or property, is justified by their dangerous conduct.

"*Resolved*, That while none question the necessity for specific statutory provisions to regulate the restraint of those insane persons who are wholly or partly a public charge, we maintain

"That it is the duty of relations and friends, and it is also their natural and inherent right, whether declared or understood by statute, to retain and to care for their sick or insane relations as a private patient at his or their expense, in his or their home, or in a legally recognized and regulated hospital; and

"That the exercise, by them, of so much restraint as is essential to their proper treatment of his disease is not a violation of his rights of personal liberty; and

"That their duty and right to exercise such remedial restraint are subject to State surveillance or legal limitations only so far as may be necessary to prevent their neglect of that duty or to punish their abuse of the right."

REPORT OF COMMITTEE APPOINTED TO SECURE THE FORMATION OF STATE BOARDS OF HEALTH.

"Your committee, consisting of the President and Permanent Secretary, who are required to report annually the results of their efforts for the organization of State Boards of Health, respectfully report that they have addressed the Governor of each State where a Board of Health has not been organized with a suitable memorial. A few Executives have courteously acknowledged this communication and expressed their earnest desire to further our efforts. We are happy to announce that three additional State Boards have been organized, making nineteen in all, viz.: Alabama, California, Colorado, Connecticut, Georgia, Illinois, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, New Jersey, North Carolina, Tennessee, Rhode Island, Virginia, Wisconsin." Adopted.

NEW SECTION.

DR. X. C. SCOTT, of Ohio, called up the resolution of last year, creating a new Section of Ophthalmology, Otology, and Laryngology, to be known as Section VI., and moved its adoption. Carried.

On motion of Dr. E. SMITH, of Detroit, Dr. H. Knapp, of New York, was made Chairman of the new Section, and X. C. Scott, of Ohio, was made Secretary.

ADDRESS OF DR. WALTER KEMPSTER, OF OSHKOSH, WISCONSIN, CHAIRMAN OF THE SECTION ON MEDICAL JURISPRUDENCE, CHEMISTRY, AND PSYCHOLOGY.

DR. KEMPSTER first considered the pathological brain lesions characteristic of insanity. The blood-vessels were changed in appearance, the morbid process beginning in the walls of the capillaries. Miliary aneurisms occurred, and as they ruptured speedily became the centres for changes in the brain tissue. The interstitial tissue of the brain was also affected, and changes were also found in the nerve-cells in the way of hypertrophy, atrophy, nucleus becoming diseased. There was also change in the substance of the cell. The cell changes might be so extensive that in the place of nerve-cells there were seen masses of granular material having no relation whatever to the appearance of a normal cell. With reference to the membranes of the brain, Dr. Kempster thought that they were quite uniformly found affected in all cases of insanity, and that there existed adhesions between the membranes and the brain, especially over its anterior portions, thus affecting the motor centres. Absence of such adhesions at the posterior part of the brain was a noticeable feature.

The question of

LOCALIZATION OF FUNCTIONS

was discussed at some length, and the cases reported by Charcot, E. C. Seguin, and others were referred to as evidence of the correctness of the doctrine. Reference was also made to the teachings of Brown-Séquard and Schiff in opposition to the theory of localization of functions. Dr. Kempster believed that the weight of accumulative testimony went to show that the localization doctrine was correct.

Reference was made to a case of

TEMPORARY AND TRANSIENT APHASIA

which had fallen under his observation. It was believed to be due to cerebral anæmia.

Special mention was made of two cases in which convulsions could be produced by pinching the dura with a pair of forceps through an opening made in the skull by a fracture.

In the department of

MEDICAL JURISPRUDENCE

nothing had occurred during the past year worthy of special mention, unless it was that Wisconsin lawyers and a judge had recognized the fact that the "knowledge test" was unreliable.

DR. KEMPSTER expressed the hope that the time would come when the *court* would call expert testimony, if the obscurity of the case seemed to make it necessary.

The address was referred to the Committee on Publication.

TREASURER'S REPORT.

DR. RICHARD J. DUNGLISON, Treasurer, reported as follows:

"The Treasurer has the honor to report a balance in the treasury at the end of the fiscal year of $2,446.02. This amount is much larger than would have been found there had any deduction been made to pay the Permanent Secretary an honorarium for his services for the previous year. For the first time for a number of years the Association at its last meeting omitted to pass a resolution appropiating money to this end, and the Treasurer was thus left without authority to devote the funds of the Association to such a purpose. The annual amount, whatever it might be, voted by that body to its Secretary, was an honorarium, and not a salary, the Association having decided in 1873, upon the adverse reports of a committee appointed in 1872 to decide upon the propriety of making the office a salaried one, that 'no amount of specified salary be attached to the office.' Ever since that time an honorarium, not a salary, has been paid him by the Treasurer, but never without the authoritative order of the Association, as conveyed by annual resolution.

"The Treasurer is in constant receipt of applications from members for volumes of the Transactions of the Association which are entirely out of print. As some of the members are in possession of scarce volumes, which they may not wish to retain, the Treasurer will willingly act as a medium of exchange, and thus accommodate those who are anxious to complete their sets." [Here followed a financial statement.]

The report was adopted and referred to the Publication Committee.

The annual report of the Publication Committee was received and adopted.

HONORARIUM TO THE PERMANENT SECRETARY.

DR. N. S. DAVIS, of Chicago, moved that the Treasurer be authorized to draw his warrant and pay to the Permanent Secretary the sum of $700 as an honorarium for the faithful performance of his duties. Carried.

REPORT OF COMMITTEE ON PRIZE ESSAYS.

"Your committee to determine the merits of prize essays would respectfully report: That they have had three separate papers submitted to their inspection. Two of these papers present subjects of very great interest, and show original researches, but are too imperfect, in the estimation of the committee, to command a prize. The remaining paper, in the judgment of your committee, is fully up to the requirements. Indeed, the paper is so elaborate as to fill a large space in the volume of the Transactions of the Association. The paper should be considered as *two* and not as *one*. The analysis of 789 cases of operation on the carotid

artery, and the careful and minute measurements of the artery and its branches in one hundred and twenty-one subjects, showing the range of variation and the percentage of the same, followed by inferences bold and original, naturally constitutes a paper complete in itself. Another one on the same plan with reference to the innominate and subclavian, being an analysis of 300 cases, and the observation of fifty-two subjects, is presented to us in such a manner, that we may consider the whole as one prize, or they may compete for both.

"Your committee believe that both prizes should be awarded to the two essays by one person. The motto is, 'Tempora mutantur et nos mutamur in illis.'

E. M. MOORE, Chairman;
THOS. LOTHROP,
H. R. HOPKINS,
W. W. MINER."

The recommendation of the committee was unanimously adopted.

On opening the sealed envelope the name of the successful essayist was found to be DR. JOHN A. WYETH, of New York City.

THE LIBRARIAN'S REPORT

was read and referred to the Committee on Library.

On motion made by DR. BRODIE, of Detroit, the Treasurer was authorized to pay to the Librarian the sum of two hundred dollars, to be used by him according to the recommendation contained in his report—namely, for binding pamphlets and loose papers.

On motion of DR. DAVIS, of Chicago, the recommendation of the Librarian adding Dr. J. M. Toner, of Washington, to the Library Committee, was adopted.

DR. J. M. KELLER, of Arkansas, offered the following, which was laid over for one year:

"*Resolved*, That in future the Committee on Nominations shall present the name of no person for appointment or election to office or position, save on the Committees on Necrology and Climatology, unless the party nominated be in attendance on the Association at the time."

PROPOSED NEW SECTIONS.

DR. J. J. CALDWELL, of Maryland, offered a resolution creating a new Section upon "Neurology and Electrology." Action deferred for one year.

DR. MADDOX, of Baltimore, Md., offered a resolution creating a Section on "Diseases of the Genito-Urinary Organs, including Dermatology and Syphilis." Action deferred for one year.

IN MEMORIAM.

DR. J. M. TONER, of Washington, offered the following preamble and resolutions, which were adopted:

"*Whereas*, A short time previous to the meeting of this Association, Professor Joseph Henry, late Secretary of the Smithsonian Institute, departed this life full of years and honors; therefore, be it

"*Resolved*, That the American Medical Association hereby offers its tribute of respect to the name of this illustrious man, whose pure and noble life, as well as his great attainments and actual discoveries, have long since placed him at the head of the men of science in this land.

"*Resolved*, That while we share the common grief of all his fellow-countrymen on the occasion of his death, we believe his name will be established in the memory of posterity, and we hold up his example for the emulation of all lovers of the truth, now and hereafter.

"*Resolved*, That a copy of these resolutions be transmitted to the Regents of the Smithsonian Institute and to the family of the deceased."

AMENDMENTS TO THE BY-LAWS.

DR. DAVIS, of Chicago, offered a resolution with reference to the following amendments proposed by him last year, which was adopted:

"Strike out all of third paragraph, Section VIII.: 'It shall be the duty of every member of this Association, who learns that any existing medical school departs from the published conditions of graduation, to report the fact at the annual meetings; and, on proof of the fact, such school shall be deprived of its representation in this body.'

"Strike out all of second paragraph, Section IX.: 'This Association recognizes as a "regular organized" medical college one that has been represented at any meeting, and that complies with the rules and directions found in the published *Transactions*, vol. xiii., page 38.'"

DR. HITCHCOCK, of Michigan, offered an amendment to the by-laws with reference to the nomination of officers.

Laid over for one year.

DR. RICHARDSON, with complimentary remarks, then introduced Dr. PARVIN, the President-elect, who, in most eloquent and appropriate words, addressed the Association and returned thanks for the high honor it had conferred upon him.

DR. J. H. VAN DEMAN, of Tennessee, offered resolutions, which were unanimously adopted, expressive of the appreciation of the hospitalities and courtesies extended to the members of the Association by the medical profession and the citizens of Buffalo, and also thanking the officers of the Association for the promptness with which they had discharged their several duties.

On motion, the President declared the Association adjourned, to meet in Atlanta, Ga., on the first Tuesday in May, 1879.

NEW YORK MEDICAL JOURNAL ASSOCIATION.

Special Meeting, May 24, 1878.

DR. ROBERT F. WEIR, PRESIDENT, IN THE CHAIR.

THE RATIONAL TREATMENT OF STRICTURE OF THE MALE URETHRA.

DR. S. W. GROSS, of Philadelphia, on invitation, read a paper upon the above subject, which is published in full in the present number of THE RECORD. [See p. 461.]

The paper being before the Association for discussion,

DR. J. W. S. GOULEY remarked that he could endorse a majority of the statements made by Dr. Gross, but that there were some upon which he wished to make a few remarks.

TREATMENT BY GRADUAL DILATATION.

First, with reference to gradual dilatation, which Dr. Gross had rejected entirely as a method of cure. In order to speak intelligently upon the treatment of stricture of the male urethra, it was necessary to come to some understanding with reference to classification. If strictures were divided into two general classes—1. Idiopathic, such as resulted from some form of urethritis, and 2. Traumatic—it would be found that the two varieties demanded somewhat different methods of treatment. Again, with reference to idiopathic

strictures, *permeability* and *impermeability* by means of instruments varied the treatment.

The *situation* of the stricture also varied the treatment, and those which occurred in the deep portions of the urethra demanded a different method from those which were situated in the pendulous portion of the organ.

TREATMENT OF DEEP-SEATED STRICTURES.

With reference to deep-seated idiopathic stricture. Dr. Gouley preferred to adhere to the old plan of treatment by gradual dilatation. Strictures of recent formation were amenable to that plan of treatment, and even old and indurated strictures, he firmly believed, should be *first* treated by gradual dilatation. He thought that the cutting operations should not be made until gradual dilatation had been thoroughly tested.

The stricture should be dilated to the *fullest* capacity of the portion of the urethra in its immediate vicinity. In ascertaining the capacity of the urethra it should be *fully distended*, and then dilatation of the stricture should be gradually carried up to that point. It was of trifling importance as to what method was employed; whatsoever instrument would effect the object was acceptable.

It had been suggested to Dr. Gouley by a Russian army surgeon, Wywodzoff, that when dilatation was carried to that extent there was really a rupture of stricture tissue; that in reality the stricture was *divulsed*. Dr. Gouley thought it possible that such was the case, but whatever might be the facts with reference to that point, he had had cases under observation in which recontraction had not occurred at the end of ten or twelve years after complete distention had been made, and maintained for one or two years. He should therefore continue to believe in gradual dilatation as a *means of cure* for stricture of the urethra until he had more convincing proof of its futility than had yet been offered.

DR. GROSS—Did I understand Dr. Gouley to say that dilatation is to be limited by the size of the meatus?

DR. GOULEY replied that with his own instrument he was able to overdistend the urethra at the seat of the stricture without in any way disturbing the meatus; and that he never interfered with the meatus except there were special indications for its division.

DIVULSION OF THE URETHRA.

With reference to *divulsion* Dr. Gouley agreed substantially with the views expressed by Dr. Gross.

Divulsion was a *good* operation for those strictures, even though indurated, which were situated in the perineal portion of the urethra, but it was a *bad* operation when applied to those strictures which were situated between the posterior extremity of the fossa navicularis and the peno-scrotal junction. Free divulsion of stricture in the fixed portion of the urethra, had, with him, as well as others, been a successful operation. He preferred that it should not be done, as a rule, with a double-bladed divulsor. His method had been, in cases of narrow stricture, to introduce a filiform bougie into the bladder, pass over it a tunnelled sound—the smallest, perhaps—and then follow with a larger and larger instrument until No. 14 or 15 was reached, and then with an ordinary sound carry the divulsion as far as might be done with the instruments at hand. Of course, in such an operation, the meatus was to be divided if it interfered with the introduction of instruments. Then, following the example of Reybard, he employed a urethral expander and carried divulsion up to the point desired. The important point in the operation was to make the urethra four or five numbers larger than the natural size at the seat of, stricture, in order to allow for the subsequent contraction which would take place in the course of one or two years. In that manner he had performed divulsion in something over 300 cases by simply wedging in conical sounds one after another. He thought it was unnecessary to make an enormous rent; a number of small rents in the cicatricial tissue was more in the aggregate than a single large one.

INTERNAL URETHROTOMY.

Under what circumstances was internal urethrotomy to be performed? Dr. Gouley believed that in some cases a great deal of good could be done by the operation; but, although a great deal of good could be done, a more than corresponding amount of harm had been done by its improper use. Unfortunately, Reybard, who had cut the urethra so extensively, had entirely too many followers, both in this country and in England. Dr. Gouley had seen cases in which the urethra had in reality been destroyed, throughout its entire length, by internal cutting operations. By such repeated cutting operations the spongy tissue of the urethra was blocked up with new interstitial tissue, and became like an old india-rubber tube which had lost its contractility and distensibility. For those strictures situated in the pendulous portion of the urethra, internal urethrotomy was an excellent operation; but for strictures situated in the deeper part of the canal it was usually unnecessary.

In his entire experience, commencing in 1851, he had performed internal urethrotomy in *not to exceed* forty-three cases, and of that comparatively small number he boasted, while there were many young men in the profession who had performed it a much greater number of times.

With reference to the manner of making the incision, that from behind forward, in cases of permeable stricture, was a most excellent method, but in very narrow strictures it is necessary to incise from before backwards. With regard to the instruments to be employed, he favored Maisonneuve's urethrotome, or any of its modifications, for the anterograde, and Civiale's, or any of its modifications, for the retrograde operations.

In reply to questions from Dr. Gross, Dr. Gouley said that the object of divulsion was the same as that of internal urethrotomy, but that he preferred it to internal urethrotomy because the latter was a much more dangerous operation.

DR. GROSS.—Do you think divulsion restores the calibre of the urethra as readily as does internal urethrotomy?

DR. GOULEY said that he believed it did, and that divulsion had given him better results than he had obtained by internal urethrotomy in the treatment of strictures in the deeper portion of the urethra.

What he had termed the "cicatricial splice" was provided for equally as well, but when formed it must be kept a little larger than the other portions of the canal.

DR. GROSS remarked that he was unable to understand how the "cicatricial splice" in the deeper portions could be better provided for than by internal urethrotomy

DR. GOULEY remarked that he did not think it could be *better* made by divulsion than by internal urethrotomy, but that divulsion was a much safer and more easily performed operation, and one which in his hands had yielded more favorable results.

With reference to dividing the meatus, he regarded

it as an unnecessary operation when it held a normal relation to the posterior portion of the urethral canal.

Dr. Otis remarked that he was glad to find himself thoroughly in accord with Dr. Gross on nearly all important points. In answer to a direct question by Dr. Gross, with reference to the normal calibre of the meatus urinarius, he would say that he was opposed to all *standards* of measurement for the meatus and the urethra. Because the *average* size of the meatus was twenty-four or twenty-two millimetres, it should not be taken as a *basis* for operations. No average should ever take the place of exact individual measurements for either meatus or urethra. In regard to the statement that a narrow meatus was required to increase the projectile power of the urethra, he would say that the urethra was simply a conducting tube from the bladder to carry the urine to a convenient distance, and not for the *competitive* projection of urine. In its normal condition the urine passed through it, and was thrown to a proper distance. He had repeatedly divided the meatus, as far as could be done without making a hypospadias, and yet the urine was expelled with considerable force quite three feet. Practically, he believed it to be a very great mistake to regard the average circumference of the meatus as a guide to the calibre of any urethra. It had been found, through the repeated observations of Prof. Thos. R. Brown, of Baltimore, and others, that in the fœtus, and in the new-born child, there was no such thing as a fossa navicularis, but that the urethra was of uniform size from the bulbous enlargement down to the orifice, unless distended through the influence of a contracted meatus. With reference to dividing the meatus urinarius, cases were frequently met with in which it was so small that division became necessary, and such division was a recognized necessity by those who did not approve of cutting operations. Every surgeon had met with such cases more or less frequently, and had not hesitated to divide the meatus when it was narrowed so as to interfere with the proper treatment of the canal behind it. There occurred, also, various reflex disturbances of grave character as a consequence of contracted meatus urinarius. Division of the contractions under such circumstances became a necessity before cure of the reflex phenomena could be effected. Sir Henry Thompson had merely mentioned the fact that certain obscure urinary troubles, which had existed for a long time, had been cured by division of the meatus urinarius, but Dr. Otis was the first, in late years, to direct special attention to this fact and report cases. He supposed that it was original with himself until a recent thorough study of Civiale's writings revealed the fact that he (Civiale) had, in his *Traité Pratique des Maladies Genito-urinaires*, 1843, called attention to the point, and had thus anticipated Dr. Otis in every respect. Dr. Otis believed that he was the first to exhume those important observations, which had quite dropped out of the literature of the profession, and which so fully confirmed his own published experience. Civiale had spoken of contraction of the meatus urinarius as a cause of profound disease of the genito-urinary apparatus. He had recognized it as a cause of neuralgia of the testicle, cystitis, orchitis, etc., etc., and Dr. Otis maintained that it was for the cure of such cases the meatus urinarius should be divided until its calibre equalled that of the canal behind it. In many cases the reflex irritation from a contracted meatus was such that it became necessary to divide the meatus until its calibre was equal with that of the fossa navicularis before the irritation would cease.

Again, Dr. Otis divided the meatus in cases of gleet. He had found it necessary to make the orifice so free that irritating fluids could not be retained at that point, and thus keep up the gleet indefinitely. In most cases, if the meatus was kept free so that no irritating fluids could be retained in the urethra, the formation of strictures would often be avoided, and it was at that point that he would begin the "rational treatment" of stricture. The *rational* treatment consisted *in guarding against its formation*, and he believed that the time would arrive when close strictures would be considered an opprobrium of surgery. It was a well-known fact that urethral stricture occurred as a direct consequence of gonorrhœa, and yet this fact seemed to be lost sight of in practice. Surgeons treated a gonorrhœa during its continuance, and dismissed the patient in complete ignorance that in all probability the foundation of strictures, more or less numerous, had been laid. In a few months, perhaps years, a gleet made its appearance—the legitimate result of a stricture already formed—and still no warning was given. An injection was prescribed or a copaiba mixture, and the stricture left to go on contracting until finally retention of urine occurred, and the patient was coolly told that he had a stricture, which possibly had already done serious damage to bladder or kidneys, or both. Dr. Otis regarded it as the fault of the surgeon that stricture in such cases should be permitted to occur without warning or treatment, and especially so, as discovery of incipient stricture was easy, and its removal rapid, almost painless, without danger. When stricture of the urethra had occurred, Dr. Otis believed that it was decidedly the best treatment, instead of waiting for serious trouble, to restore the calibre of the canal to its natural size as soon as possible by the operation of internal urethrotomy.

He regarded it as a matter of great importance whether or not the patient was obliged to visit the office of his physician once or twice a week for several years, and then go away with the expectation of returning for further treatment. The stricture was composed of contractile tissue; it did contract; its tendency was always to contract, in spite of bougies and sounds; and the best treatment for such tissue was division with the knife. His experience had varied somewhat from that of some, in the fact that his operations had not been followed by disastrous results. For, out of 600 operations in about 400 cases, he had not seen a single fatal result, and *the strictures had disappeared in every instance where the division had been complete.* Of these cases there were about fifty in which the operation was performed from one to seven years ago, and up to the present time, as far as he was able to ascertain, they had remained free from all recontraction.

Dr. E. L. Keyes believed that the urethra should not be explored for stricture until some symptoms made it necessary. The first principle laid down by Dr. Gross, namely, that in cases of stricture of the urethra the expansibility of the canal should be restored, Dr. Keyes regarded as undoubtedly an axiom, because symptoms generally did not yield until that had been effected. When stricture produced symptoms, he would proceed to remove them by gradual dilatation with conoidal steel instruments. The size to which the urethra should be brought, he regarded as a matter not of paramount importance so long as the symptoms were removed. He believed gradual dilatation to be an effective method of treatment, because he had had many cases under observation in which by that method symptoms had been relieved, and had not returned.

Again, *the safety* of an operation was a question of great importance. If a man could be cured of a slight gleet by dilating the urethra, why not cure him by that method rather than submit him to a more dangerous one? So far as inconvenience to patients was concerned, in the frequent passage of an instrument, there were but few who could not quickly learn to use the sound, and thus the objection to the method of treatment, because it necessitated too frequent visits to the surgeon, was overcome.

Dr. Keyes did not disapprove of internal urethrotomy, but he did not favor it as a *substitute* for other methods; he regarded it simply as an adjuvant to other methods, and one which could be resorted to for the relief of certain conditions of the stricture, such as resiliancy and special undilatable nature of strictures found very far forward in the canal.

But the operation should be employed preferably for the strictures situated in the anterior portion of the canal, as hemorrhage, if it occurred, could then be easily controlled. When serious hemorrhage occurred after the cutting operation in the deeper portions of the urethra, it could not be readily controlled, and that fact was an important objection to the performance of the cutting operation in those parts.

When, therefore, gradual dilatation was not applicable to close stricture in the deeper portion of the urethra, he resorted to *divulsion*.

With reference to the meatus there was no reason whatever for cutting it, unless such an operation became a necessity in order to afford relief from symptoms, or for the management of strictures lower down. If the symptoms did not cease, and especially if a small pocket was found in the skin, the meatus by all means should be slit.

Dr. Keyes recognized it as a fact that there were certain strictures which were not removed by any amount of cutting. As evidence, cases were cited in which he had cut the urethra until it admitted 42 French, and yet 40 bulb detected rib-like prominences in the cut portion of the canal.

He believed, finally, that in case of *tight stricture deep in the canal*, a necessity for the occasional use of a dilating instrument indefinitely in the future existed in a majority of cases after any form of treatment whatsoever, external or internal urethrotomy, divulsion, or dilatation. But he was certain, also, that occasional permanent cures were effected in that region by each of the methods, and was confident that gradual dilatation was the safest and the best. Making positive rules for the whole canal by the results obtained in treating strictures of large calibre in the anterior section, he believed was begging the question.

Dr. Weir thought that, when speaking of the treatment of stricture of the urethra, a distinction should be made according to the portion of the canal in which the contraction was situated. He did not believe that it had yet been proved that internal urethrotomy was a better operation than gradual dilatation, so far as ultimate results were concerned, and certainly was not so safe. Reference was then made to statistics given by Tecvan, of London, who had collected 1,095 cases with only six deaths. Dr. Weir thought that such was not a proper ratio to put forth, with reference to the success of the operation of internal urethrotomy, because in the collection were 291 cases reported by Mastin, of Mobile, without any deaths. The reason why Dr. Mastin had been so successful in such a large number of cases was because the strictures occurred for the most part in the anterior portion of the canal, where the cutting operation could be performed with almost absolute safety. It was well known that strictures returned after external urethrotomy, and Dr. Weir did not believe that absolute guaranty could be safely given against their return after any operation or method.

He thought the advocates of the cutting operations were not able to prove that every stricture of large calibre, so-called, would contract and form a tight stricture. He further believed that there was a possibility of error in regard to statistics obtained from private practice, and regarded statistics made up from hospital cases as more valuable, because the unsuccessful as well as the successful cases were included. He then gave an analysis of cases of stricture treated in the New York, St. Luke's, and Roosevelt Hospitals. He had collected 150 cases, and among those 14 deaths occurred. There were 51 cases treated by *internal urethrotomy*, and of those 22 were tight strictures, admitting only a filiform bougie. In 10 cases the average-sized bougie used was No. 10. In 31 cases the stricture was situated at the bulbo-membranous junction. In 11 cases the stricture was situated in the front portion of the urethra.

Dilatation was resorted to in 47 cases and with only a single death.

There were 28 cases of external urethrotomy and six deaths.

There were 51 cases of internal urethrotomy and three deaths.

Dr. Otis remarked, in explanation, that in the greater proportion of his cases in which he had performed internal urethrotomy, the stricture had been situated within the anterior four inches of the urethra. He believed it would be found that in the greatest proportion of cases, stricture occurred in the anterior portion of the canal.

He believed it to be true also that the greatest portion treated by dilatation of the deep urethra were spasmodic and dependent upon reflex irritation from anterior strictures, which had been overlooked.

A very common mistake made by surgeons was to institute treatment for deep-seated stricture where no examination for anterior stricture had been made; the difficulty, as a rule, was in the anterior portion of the urethra, and when the strictures situated there were cured, the supposed contraction, in nine out of ten cases, at the deeper portion of the canal had disappeared. The condition at the deeper portion of the canal, in such cases, was a spasmodic stricture, the result of irritation produced by the anterior stricture. He was opposed to urethrotomy in the deep portion of the urethra, unless it was absolutely necessary, and its necessity depended very much upon the fact whether or not the anterior portion of the canal was perfectly free from contractions. No operation should be performed upon the deep portion of the urethra until strictures in the anterior portion had been thoroughly removed.

Dr. Gross remarked that no surgeon should determine the existence of stricture in the deeper portion of the urethra until its anterior portion had been relieved entirely of disease, whatsoever the disease might be—stricture, hyperæsthesia, etc., etc. In the rational treatment of stricture the object should be to overcome all irritability and hyperæsthesia even before exploring the urethra for any purpose.

Dr. Weir had suggested the possibility of error in statistics gathered from private practice as compared with hospital cases. Of Dr. Gross's cases seventy-five were in private practice and no deaths occurred among them. He had met with a mortality as high as three in twelve cases operated upon in the Blockley Hospital. Philadelphia.

With relation to dilatation, divulsion, and internal urethrotomy, Dr. Gross simply maintained *that no gentleman in the room had ever cured a case of stricture of the urethra by gradual dilatation.* The symptoms were perhaps relieved, and the patients were made comfortable, but when the use of the instrument was ceased for a short time the symptoms returned. Simple gradual dilatation, especially as practised by some surgeons in New York who stopped dilatation with the size of the instrument which distended the meatus, was useless as *a method of cure.* Dr. Gross was willing to stake his reputation upon the statement, and asked the appointment of a committee by the President to test it, that while dilatation did good, relieved symptoms and made the patient comfortable, it *did not* rid him of the cicatricial tissue which was deposited in the submucous, the mucous, and the erectile tissue.

The result of inflammatory action and the deposit of new material was adhesion of the normal longitudinal folds in the mucous membrane of the urethra, so that when the patient made water the urethra was not normally distended, because the mucous membrane was not unfolded. The simple passage of an instrument, even repeatedly, would no more unfold those adhered folds of mucous membrane than would efforts at stretching the tendo-Achillis bring the heel down in old talipes equinus. The idea had been advanced by Dr. Gouley, that in *divulsion*, and possibly in full dilatation, there was more or less divulsion; a cicatricial splice was put in, so that when the bladder was being emptied it was possible for the urethra to expand to its natural size.

Dr. Gross maintained that such splice could *not* be put in by dilatation simply. He believed in divulsion in cases in which the symptoms were urgent. It was a bad operation, however, unless followed by the bulbous explorer for the purpose of detecting undivided bands, and having detected them, they should be divided by the urethrotome. Dr. Gross did not hesitate to say that it was as safe to divide the deep portion of the urethra as any other when a proper instrument was employed. He objected to Dr. Otis's instrument on the ground that it was a *divulsor*, as well as a dilating urethrotome.

Internal urethrotomy, in any portion of the urethra, was as safe an operation, *if the kidneys and other portions of the genito-urinary apparatus were healthy*, as the simple introduction of a catheter. He had had two cases in which simple introduction of the catheter had been followed by death, and yet he had not ceased to introduce the catheter because two patients had died in consequence. In conclusion he stated that the rational treatment of stricture consisted in restoring the normal calibre of the urethra, but that it could not be done by dilatation, for the bands would be just as apparent after such treatment as before; and that to permanently cure stricture a new piece must be put into the unfolded mucous membrane, which was best done by internal urethrotomy.

Dr. Stein thought that internal urethrotomy should not be undertaken without due consideration of the seat of the stricture and the condition of genito-urinary apparatus of the patient. His experience had been that cutting operations on the deep portions of the urethra were dangerous, on account of hemorrhage and urethral fever. The danger of the operation, either divulsion or internal urethrotomy, was very much increased when performed at a depth of more than four and a half inches from the meatus, and the danger increased in proportion to the contraction of the urethra. The pathological changes in the urethra, as was well known, in cases of stricture of large calibre were not so great as in connection with close strictures, hence they were more amenable to treatment, and operations upon them were less dangerous than operations upon tight strictures.

On motion by Dr. Sayre a vote of thanks was extended to Dr. Gross for his interesting paper, and the Association adjourned.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from June 2 to June 8, 1878.

Head, Jno. F., Lieut.-Col. and Surgeon. Granted leave of absence for two months. S. O. 47, Div. of the Atlantic, June 4, 1878.

Winne, C. K., Capt. and Asst. Surgeon. Granted leave of absence for one year from June 1, 1878, on Surgeon's certificate of disability. S. O. 120, A. G. O., June 4, 1878.

O'Reilly, R. M., Capt. and Asst. Surgeon. Assigned to duty as Post-Surgeon at Charleston, S. C. S. O. 65, Dept. of the South, June 4, 1878.

Newlands, Wm. L., 1st Lieut. and Asst. Surgeon. Granted leave of absence for four months, with permission to go beyond sea. S. O. 121, A. G. O., June 5, 1878.

Medical Items and News.

Contagious Diseases — Weekly Statement.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending June 8, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
June 1, 1878.....	0	6	69	3	28	39	0
" 8, 1878.....	0	12	81	1	40	57	0

American Neurological Association.—The (adjourned) Fourth Annual Session of this Association will be held on Wednesday, June 19th, at 2 o'clock P.M., in the lower lecture-room of the College of Physicians and Surgeons, Twenty-third street and Fourth Avenue, and will continue three days.

J. S. Jewell, M.D., *President.*
E. C. Seguin, M.D., *Rec. Secretary.*

Prof. v. Siebold, of Munich, the Nestor of German zoölogists, celebrated, on April 22d, his fifty-year Doctor-jubilee. The Royal Academy of Sciences and the University of Munich sent deputations to bear their congratulations to the aged professor, and many other Universities and learned societies, both German and foreign, sent congratulatory letters. The King of Bavaria signalized the occasion by conferring on Dr. Siebold the cross of Commander of the Order of St. Michael.

The Plague.—Advices from Bagdad to May 7th state that it is rumored there that the plague has broken out in Ispahan. In Körsandjak, which lies to the south of the Urmia Sea, an epidemic disease,

which resembles the plague, has broken out. According to Russian advices from Teheran, the plague has raged in Sondj-Bulak (Persian Kurdistan) for three months, and has already caused 400 deaths. The epidemic of supposed malignant erysipelas in Hamada has turned out to be an epidemic of pustula maligna. The disease attacks principally the leather-workers of the town.

MEDICAL EDUCATION IN ILLINOIS.—At a recent meeting of the Illinois State Board of Health, held at Cairo, the following resolutions were unanimously adopted: *Resolved*, That on and after July 1, 1878, the Board will not consider any Medical School in good standing which holds two graduating courses in one year. *Resolved*, That on and after July 1, 1878, the Board will not recognize the diplomas of any Medical School which does not require of its candidates for graduation the actual attendance upon at least two full courses of lectures, with an interval of six months or more.

NEW YORK ACADEMY OF MEDICINE.—At a stated meeting held May 2, 1878, Dr. E. L. Partridge was elected Resident Fellow, and Francisco Rizoli Corresponding Fellow of the Academy. Drs. Willard Parker, Fordyce Barker, and E. R. Squibb were appointed a committee to confer with committees from other Societies in relation to an effort to secure the passage of a law to prevent the adulteration of food and medicine.

LOSSES OF THE RUSSIAN ARMIES.—According to the *Golos* and other Russian journals, the united losses of the Russian armies in Europe and Asia by death, up to the 30th of last January, amounted to between 120,000 and 150,000 men. This includes those who perished from disease and exposure, as well as those who died from their wounds, or were killed in battle. According to the official *ordre de bataille*, the effective force of the Russian armies in the Balkan peninsula was from 300,000 to 320,000 men, and that of the armies in Asia from 180,000 to 200,000 men. To these must be added from 40,000 to 60,000 Cossacks, divided between the two fields of operations.

BREVET BRIG.-GENERAL J. J. B. WRIGHT, a veteran medical officer of the United States Army, and among the most widely known and esteemed of the medical staff, died at his residence in Carlisle, Pa., May 14, 1878. General Wright was born in Wilkesbarre, Pa., in May, 1801, where his parents had long previously resided. He received the degree of A.B. from Washington College, Pa., and, a few years subsequently, graduated in medicine at the University of Pennsylvania; he afterwards received an honorary degree of Doctor of Medicine from the Jefferson Medical College. Dr. Wright commenced the practice of his profession near his native town, and though soon engaged in a large practice, he was induced by his brother, Major Thomas Wright, Paymaster, U. S. A., to present himself for examination before the Army Medical Board—was approved, and appointed Assistant Surgeon, U. S. A., Oct. 25, 1833. During the first ten years of Assistant Surgeon Wright's official career, his services were at stations far beyond the centres of commerce and the busy marts of trade, and at ports accessible only after weeks of travel. He participated in the operations against the Seminole Indians in Florida, 1841–42, and here rendered efficient and valuable service.

In 1846 he was attached to General Zachary Taylor's "army of occupation," was present at the battles of Palo Alto, and Resaca de la Palma, and received especial commendation from his commanding officer for efficiency and zeal in the performance of arduous duties; immediately subsequent to these operations he had charge of the General Hospital at Matamoras; during the campaign from Vera Cruz to the city of Mexico, Surgeon Wright was Medical Purveyor of the army; he was especially commended for efficiency at the battle of Cerro Gordo; at Contreras and Churubusco he performed his duty in such manner as to elicit especial mention in the report of General Worth, who also alludes to him in terms of high commendation in the report of the operations of his division at Molino del Rey. Soon after the Mexican war, Surgeon Wright was on the staff of Major-Gen. Worth, with headquarters at San Antonio, Texas; he served here during the prevalence of an epidemic of Asiatic cholera of unprecedented violence. Subsequently he was engaged in various expeditions in the West during 1857 and 1858. During the late war, Surgeon Wright, while on the staff of Generals McClellan and Rosecrans, participated in some of the engagements in West Virginia. Afterwards he was Medical Director, Department of the Missouri, on the staff of General Halleck. He attained the grade of Colonel and Brevet Brigadier-General, and was retired from active service in December, 1876. General Wright was a man of great urbanity, a true soldier in his instincts, never permitting any personal considerations to interfere with the strictest discharge of duty; of acknowledged professional skill; fair and honorable in all his official and social relations. He had many warm personal friends among the old enlisted men of the army, and held a high place in the esteem of his associates, both in and out of the medical staff. *Requiescat!*

STATE MEDICAL SOCIETY OF ARKANSAS.—Since the disbandment of the old Arkansas State Society by a decision of the Judicial Council of the American Medical Association, the new society has issued a conciliatory circular inviting the old members to join.

A CASE OF ABSCESS FOLLOWING A HYPODERMIC INJECTION OF DIALYZED IRON.—Dr. W. M. Kemp, of this city writes: "The statement of a very flattering result following the hypodermic use of dialyzed iron in the treatment of anæmia published by Prof. Da Costa, leads me to report a case of abscess following a similar experiment. Mrs. I., a very anæmic woman, who had taken various preparations of iron without any marked benefit, received a hypodermic injection of ten minims of dialyzed iron in the left arm about the insertion of the deltoid muscle. Immediately following the injection she became much cyanosed and unconscious, the respiration and pulse being barely perceptible. The recumbent position, air, and stimulants, together with artificial respiration, overcame this condition, but for the remainder of the day any effort to raise the head was followed by a recurrence of the above symptoms, which however gradually wore off. The point of puncture remained very much swollen, tender, and inflamed; the swelling extended over a surface of four inches. At the end of a week the abscess became pointed and discharged about a drachm of fluid resembling in color and consistence the iron injected. After poulticing for a few days about three ounces of pus were discharged and the abscess healed. The preparation of iron used was a freshly opened bottle from Wyeth, of Philadelphia. Notwithstanding the unpleasant result in this case, the patient is desirous of having the remedy used again, but before attempting it, I wait the report of other cases in which the remedy has been successfully used."

THE

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{ Pulv. Aloes S cot., 1-4 gr.
Quiniæ, Arseniosi, et Nucis Vomicæ.
{ Quiniæ Sulphatis, 1 gr.
{ Acidi Arseniosi, 1-60 gr.
{ Ext. Nucis Vomicæ, 1-4 gr.
Quiniæ Comp.
{ Quiniæ Sulphatis, 1 gr.
{ Ferri Redact., 1 gr.
{ Acidi Arseniosi, 1-32 gr.
Quiniæ Comp. et Extracti Taraxaci.
{ Quiniæ Bisulph., 1 1-4 grs.
{ Ferri Sulph. Exsic., 2 grs.
{ Acidi Arseniosi, 1-24 gr.
{ Ext. Taraxaci, 1 1-4 grs.
Quiniæ Comp. et Strychniæ.
{ Quiniæ Sulph., 1 gr.
{ Ferri Redact., 1 gr.
{ Strychniæ, 1-20 gr.
{ Acidi Arseniosi, 1-20 gr.
Quiniæ et Ferri.
{ Quiniæ Sulph., 1 gr.
{ Ferri Redact., 1 gr.
Quiniæ et Ferri Carbonat.,
{ Quiniæ Sulph., 1 gr.
{ Ferri Carb. (Vallet's Mass), 2 grs.
Quiniæ Ferri et Nucis Vomicæ.
{ Quiniæ Sulphatis, 1 gr.
{ Ferri Carb. (Vallet's Mass), 2 grs.
{ Ext. Nucis Vomicæ, 1-4 gr.
Quiniæ Sulphatis, 1-2, 1, 2, 3, 4, and 5 grs.
Quiniæ, Bi-Sulphatis, 1-2, 1, 2, 3, 4, and 5 grs.
Quiniæ, Phosphori, et Nucis Vomicæ.
{ Quiniæ Sulphatis, 1 gr.
{ Phosphori, 1-50 gr.
{ Ext. Nucis Vomicæ, 1-4 gr.
Quiniæ, Phosphori, Ferri et Nucis Vomicæ.
{ Quiniæ Sulphatis, 1 gr.
{ Phosphori, 1-10 gr.
{ Ferri Carb. (Vallet's Mass), 1 gr.
{ Ext. Nucis Vomicæ, 1-4 gr.
Quiniæ, Valerianat., 1-2, 1, and 2 grs.
Quinidiæ Sulphatis, 1-2, 1, 2, 3, 4, and 5 grs.
Rhei, U. S. P.
{ Pulv. Rhei, 3 grs.
{ Pulv. Saponis, 1 gr.
} 4 grs.
Rhei, Comp., U. S. P.
{ Pulv. Rhei, 2 grs.
{ Pulv. Aloes Socot., 1 1-2 grs.
{ Pulv. Myrrh, 1 gr.
{ Ol. Menth Pip.
Sellin, 1-2, 1, 2, 3, and 5 grs.
Strychniæ, 1-20, 1-30, 1-40, 1-50, and 1-60 gr.
Tripler.
{ Pulv. Aloes Socot., 2 grs.
{ Pil. Hydrarg., 1 gr.
{ Resin Podophyllin, 1-4 gr.
Zinci Phosphid., 1-12, 1-6, 1-4, and 1-2 gr.
Zinci Phosphid. et Nucis Vomicæ.
{ Zinci Phosphid. 1-10 gr.
{ Ext. Nucis Vomicæ, 1-4 gr.
Zinci Valerianat., 1 gr.

Physicians, upon examining these pills and giving them a trial, will be convinced that they can rely upon them as confidently as if made under their immediate supervision. They can be procured either through pharmacists or directly from us. The above is only a partial list, and we shall be happy to supply a complete one, priced, and samples of the pills upon application.

W. H. Schieffelin & Co., 170 William St., N. Y.

Druggists when ordering, and Physicians when prescribing, will please be particular to specify *Schieffelin's* Pills.

SAVORY & MOORE beg to call the attention of the Profession to some of their Special Preparations, the purity and uniform strength of which are Guaranteed.

PANCREATIC EMULSION

Prepared in accordance with the direction of the Physician who introduced this purely

MEDICINAL FOOD FOR CONSUMPTION AND WASTING DISEASES.

Pancreatic Emulsion will always take precedence of Cod-Liver Oil by reason of its introducing the STABLE SOLID FATS INTO THE SYSTEM instead of the evanescent fluid fats or oils.

Neither Cod-Liver Oil nor EMULSIONS of COD-LIVER OIL can supply the kind of fat necessary for sound and vigorous human life. In addition to this, all the Oily Emulsions are liable to rancidity, and most of them are highly objectionable in consequence of the SAPONIFICATION and ULTIMATE PUTREFACTION, produced by the chemical agents used instead of Pancreatic Juice.

Pancreatic Emulsion (properly so-called), is THE NECESSARY FOOD OF THE CONSUMPTIVE, and the most reliable form of nutriment for counteracting the tendency to Phthisis and other wasting diseases. It presents to the lacteals fat in essentially the same condition for assimilation and absorption as in a vigorous human frame, and THE AGENT of the important change is THE NATURAL SECRETION of the PANCREAS.

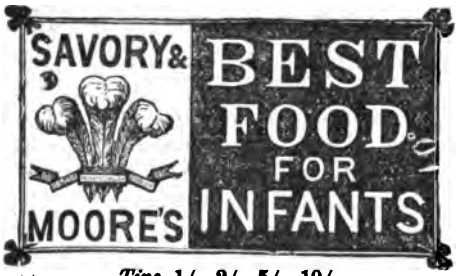
Pancreatic Emulsion, may therefore be regarded as Chyle obtained by nature's own process.

In certain cases both Cod-Liver Oil and Pancreatic Emulsion are required—one to supply the blood with oil or liquid fat, the other with the more stable solid fats; but it cannot be too strongly urged that both PANCREATIC EMULSION and Cod-Liver Oil are *not to be regarded as Medicines, but as articles of diet*, without which patients, with their defect of health, will as surely starve as healthy persons would if deprived of the most nutritive part of their food.

Pancreatized (Digestive) Cod-Liver Oil. By Pancreatizing Cod-Liver Oil, the active digestive priciple of the Pancreatic Juice is imparted to it, which renders it in a highly favorable condition for rapid and complete digestion and assimilation, preventing nausea, and largely increasing the beneficial properties of the Oil.

Peptodyn, the New Digestive, is a combination of the whole of the digestive secretions—Pepsine, Pancreatine, Diastase, &c., forming an invaluable remedy in the treatment of all forms of Dyspepsia, and all diseases arising from imperfect nutrition.

N.B.—*The success of this Remedy has led to several imitations of it*, which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.



Tins, 1/-, 2/-, 5/-, 10/-

AS SUPPLIED TO

THE ROYAL NURSERIES

of England, Russia, Etc.,

AND CONTAINING THE

HIGHEST AMOUNT OF NOURISHMENT

IN THE

MOST DIGESTIBLE AND CONVENIENT FORM.

THE MOST PERFECT SUBSTITUTE FOR HEALTHY MOTHER'S MILK.

DATURA TATULA FOR ASTHMA, ETC.

A powerful and universally adopted Remedy.

"By immediate contact with the air cells and passages, instant relief is given."—Dr. LATHAM, *Physician to the Queen.*

"A remedy of great power and usefulness in Asthma, Chronic Bronchitis, &c."—Dr. W. BARKER.

"The smoke causes no nausea. I have never known an instance in which relief was not obtained."—GENERAL ALEXANDER.

In Tins, for use by means of a pipe, Cigars and Cigarettes, and Pastilles for Inhalation.

SAVORY & MOORE, 143 New Bond Street, London.

Agents for America—E. FOUGERA & CO., NEW YORK.

In corresponding with Advertisers please mention **The Medical Record.**

TO PHYSICIANS AND DRUGGISTS.

THE subject of Unbleached and Hospital Quinine has been so much discussed of late, and appears to be so little understood, that it is deemed proper to submit the following, which is in accord with our best knowledge and experience in the purchase and use of this article, for it should be remembered that the processes used in the manufacture of Quinine in all countries are kept secret by the various manufacturers, who are a limited number, and said to be comprised within about fifteen establishments of much importance.

Bleached Sulphate of Quinine is recognized as pure when it will bear what is called the ether test, which, while it is not an absolute standard, is the recognized and accepted test, and should be applied in accordance with the directions of the United States Pharmacopœia to all white or Bleached Sulphate of Quinine.

Unbleached Quinine has been regarded with favor in pharmaceutical manufactures, because it has been usually quoted by our manufacturing chemists at from 30 to 40 cents per oz. cheaper than the Bleached, and there has existed among many physicians a prejudice in its favor as a more natural preparation, even if it did contain a small percentage of the other alkaloids of bark. It has been used in general by many of our best and most accomplished pharmacists under this supposition, and was used by us extensively until last fall, when our experiments in manufacturing Quinine from Bark and recovering Quinine from Gelatine-Coated Pills (which we had from time to time rejected on account of irregular shape or imperfect coating) taught us in reality that our previous methods of analysis and determination of this important salt were defective; further, that there were in market two quite distinct articles in proportion of constituents, the one being evidently an arrested manufacture, or Quinine as the result of probably a single crystallization in place of four, as usually required to separate completely the cinchonidia and quinidia, and bring the result up to the ether test; and another article, the result of concentration and crystallization of the so-called mother waters used in successive crystallizations, as before explained, which carry, with the salts of cinchonidia and quinidia in solution to be eliminated, a nearly equal amount of quinia, the result being, as far as our experience goes, from 35 to 45 per cent. of quinia sulphate in combination with cinchonidia sulphate mainly and a small portion of quinidia sulphate.

This latter article, which we have denominated Hospital Quinine to distinguish it from the first described Unbleached (although the terms have often been applied synonymously), we have reason to believe was sent us in the last shipments we received, notwithstanding the manufacturers' contract and our former erroneous method of analysis to the contrary.

The discovery of these facts, on our part, *for the first time* last autumn, led to consultation with several distinguished chemists and pharmacists, and the whole ground was carefully reviewed and examined, and the conclusion arrived at was that all ordinary tests in inexperienced hands for quantitative analysis of Quinine, when it was in natural combination with the other alkaloids of cinchona bark, could not be relied upon, and the only safety in general pharmaceutic manufacture consisted in the use of bleached or white Quinine.

This determination was announced by us last fall in the various journals, as was supposed in sufficient explanation, it having always been our custom to fully explain and inform the trade in regard to our methods of business, which are always open.

We regret only that we are not able to give more specific and positive additions to knowledge about this matter of Quinine and the other cinchona alkaloids, because it deserves and is receiving very much attention and investigation at the hands of Physicians and Chemists as one of the most valuable of all remedies, and that since our change from unbleached to bleached Quinine last November, evil disposed persons have taken occasion to misrepresent and misconstrue the facts for selfish purposes. There are fortunately a few facts that cannot be misconstrued. From our first connection with the inventor of the machinery for making Gelatine-Coated Pills, which commenced with the furnishing of materials for manufacture to the inventor in 1871 till November 24th, 1877, only unbleached Quinine was used, and it was as carefully examined as could be by various analysts until 1876, when our present analyst entered into our employ, highly recommended for general knowledge and experience, and deservedly so outside of Quinology, which is the most difficult of subjects, because of variety in raw material and in alkaloids that are so very similar as to be most difficult of entire separation. Since November 24th, 1877, we have *only used Bleached Sulphate of Quinine* in our Sulphate of Quinine Pills, as stated in our circulars.

We will remark that we believe, as the result of much experience, that a natural combination of the alkaloids of cinchona bark in good proportion is a better therapeutic for general use than any single alkaloid separated, and we attribute much of the favor attending our peculiar form of coating to the use of Unbleached Quinine as employed up to November last in the proportion of 111 ozs. (more or less according to our then supposed analysis) in place of 100 oz. of Bleached, as has been formerly carefully explained, but we defer this subject to the experience of the physician, being out of the province of the druggist.

It is the duty of the druggist and pharmacist to be well informed and not to misrepresent or conceal any fact in experience in manufacture or investigation, and we will be pleased to do this at all times, when called upon, as only thus can knowledge be advanced or confidence maintained; hence this article, which is respectfully submitted.

McKESSON & ROBBINS.

COLLEGE OF MEDICINE

—OF—

SYRACUSE UNIVERSITY.

Syracuse, New York.

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Professor of Chemistry and Toxicology.

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Principles and Practice of Medicine and Clinical Medicine.

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Professor of Operative and Clinical Surgery.

ALFRED MERCER, M.D.,
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Demonstrator of Anatomy

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Instructor in Chemistry.

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Instructor in Materia Medica.

This school was organized in 1872. In the arrangement of its curriculum, special reference has been had to the increasing demand for a more thorough and systematic culture than is usually given in American Medical Colleges.

Experience having shown it to be impossible to present even the essentials of medicine in a series of lectures extending through four or five months, the course in this school has been graded and extended to meet the varied needs of students.

The College Year begins on the first Thursday in October, and ends on the second Thursday in June. It is divided into two terms nearly equal in length. There is a vacation of two weeks between the terms.

The studies are divided into those of the first, the second and the third years.

1st Year Studies—Anatomy; Physiology; General Chemistry; Histology and Botany.

2d Year Studies—Continuation of Anatomy and Physiology; Medical Chemistry; Materia Medica; Practice; Surgery; Clinical Medicine and Surgery.

3d Year Studies—Materia Medica; Practice; Surgery; Clinical Medicine and Surgery; Obstetrics; Diseases of Children; Forensic Medicine; Gynecology and Ophthalmology.

Instruction is given by lectures, recitations and frequent and various practical exercises. Students of the first year are taught the use of the microscope and practical histology, and receive a thorough course in analytical chemistry.

Botany is taught during the second term of the first year.

To students of the second and third years all necessary facilities for clinical instruction are afforded by two good hospitals and the *College Dispensary*.

This school makes no distinction as to sex. Women and men receive precisely the same instruction. The system of co-education has been pursued since the school was organized *with results that fully warrant its* continuance.

Examinations are frequent and thorough. Students who join the school for the regular course are examined as to their qualifications for the study of medicine, unless they present evidence of scholarship from some creditable source. At the end of the second year final examinations are given in Anatomy, Physiology and Chemistry.

Students at home or in an office who may desire to join our second year will come prepared for examination on the bones and muscles in Anatomy; on nutrition, in Dalton's Physiology; and on the inorganic part of Attfield's Chemistry.

☞ Students who do not intend to become candidates for the degree may be received at any time and make their own choice of studies. A certificate of time will be given on application to the Registrar.

Requirements for Graduation.—Twenty-one years of age; good character; three full years of medical study: one continuous year at this school, and *satisfactory examinations*. Thesis not required.

FEES AND EXPENSES.

For Matriculation	$5 00	**For Graduation**	$25 00
Tuition for the Year	100 00	**Demonstrator's Fee**	5 00
For either Term alone	65 00		

The fee for the third year to students who have fully paid the first and second years will be $50.00.

Students in the Chemical Laboratory will be charged $5.00 per term for Laboratory expenses.

Students not in the regular course, receiving instruction in one or two branches, are charged, after matriculation, $18.00 per term for a single study.

Board may be obtained for $3.50 and upwards.

For other information, address the Registrar,

WM. T. PLANT, M.D., Syracuse, N. Y.

Pneumatic Aspiration

AFTER THE MANNER OF DIEULAFOY.

"It is always possible, owing to Aspiration, to search for a fluid collection without any danger, whatever may be its seat or its nature."

"I have thrust these needles into almost every part of the body; into the Joints, the Liver, the Spleen, the Bladder, the Intestines, the Lungs and the Meninges; and I can affirm, and a great number of observers affirm with me, that we have never seen consecutive accidents."—*Dieulafoy on Pneumatic Aspiration*, pp. 21, 24.

We invite the attention of the Medical Profession to this New Apparatus for Aspiration, constructed upon the general plan of Potain's modification of Dieulafoy's Aspirator, but containing the following improvements and inventions of our own:

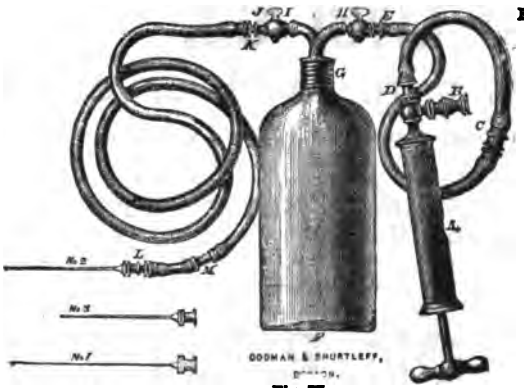

Fig. 77.

Fig. 68.

Fig. 78.

The Stopper and Cocks supplied with Apparatus No. 2.

1st. Means of changing the pump from an exhaust to a force-pump, and *vice versa*, thereby enabling the operator not only to draw an abnormal fluid, but to inject the cavity through the tubes and needle of the apparatus with one adapted to induce healthy action.—*See Dieulafoy on Aspiration*, pp. 276, 278.

2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condensed air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

3d. The substitution, for the ordinary oiled silk valves of other apparatus, of a kind indestructible, both in form and material.

4th. A simple and comparatively inexpensive attachment for evacuating the contents of the stomach, equal, if not superior, to any in use hitherto.

Commendations bestowed upon our Aspirators, by physicians familiar with the latest European and American ones, lead us to believe that, in some important particulars at least, they are superior to any.

In his work on Pneumatic Aspiration, Dieulafoy shows the harmlessness of the Aspiratory puncture and its great superiority to the Exploring Trocar as a means of accurate diagnosis in all collections of Pathological Fluids. It has been used with unprecedented success in the Retention of Urine, Reduction of Strangulated Hernia, in Ascites, Hydrothorax, Empyema, Pneumothorax, Effusions into the Pericardium, Serous, Purulent and Hematic Effusions of the Knee, Hydrocele, Hydatid Cysts, Abscesses of the Liver, and in various other Pathological Lesions.

PRICES OF APPARATUS

No. 1. Air Pump—exhaust or condensing as described; 16 oz. receiver, of strong glass, with screw-cap; three steel, gold-plated Aspiratory Needles, together with the necessary tubes, stop-cocks, etc., as shown in Fig. 77, fitted in a neat case, accompanied with printed directions..... $18 00

No. 2. The same, without receiver, and with rubber stopper (see Fig. 78), to fit almost any bottle of quart capacity, or less, instead of screw-cap arrangement, also with printed directions, 16 00

No. 3. Dieulafoy's Notched Aspirator, Nickel-plated, with two Needles, Tubes, etc., in case..... $14 00

No. 4. Stomach Attachment, as described, adapted to pump accompanying Nos. 1 and 2, additional..... 6 00

The foregoing are the product of our own factory, and are warranted in every respect.

Also, **Dieulafoy on Pneumatic Aspiration,** post-paid, by mail, on receipt of..... 3 40

☞ *Full description on application.*

An Illustrated Catalogue of Surgical Instruments, also a New Pamphlet on Atomization of Liquids, with description of Improved Apparatus and Formulæ of Remedies successfully employed, will be forwarded, post-paid, on application.

CODMAN & SHURTLEFF,

Makers of Surgical Instruments,

13 and 15 Tremont Street, Boston.

N.B.—See our other Advertisement in alternate numbers of the RECORD.

The Trommer Extract of Malt Company guarantee to the Medical Profession the excellent quality and absolute reliability of their Extract of Malt, and all its combinations.

EXTRACT OF MALT,

With Cod Liver Oil,

FIRST PROPOSED BY DR. F. H. DAVIS, OF CHICAGO

(See Transactions of American Medical Association, for 1876, page 176),

Is presented to the Medical Profession as an efficient, palatable, and very stable combination, consisting of equal parts of the **Extract of Canada Barley Malt** and the best quality of genuine **Norwegian Cod Liver Oil.** Many patients take this preparation who can not take the oil in any other form. It may be employed in all cases where Cod Liver Oil is appropriate, but is peculiarly adapted to those complicated with disordered digestion.

EXTRACT OF MALT,

With Cod Liver Oil and Phosphorus,

Consists of equal parts of Extract of Malt and pure fresh Norwegian Cod Liver Oil, Phosphorus being added in the proportion of 1-100 grain to the dose, and so combined, as to be perfectly protected from oxidation. The **Trommer Extract of Malt Company** prepare this combination agreeably to the suggestion of **Dr. Wilson Fox.** It is specially adapted to cases of phthisis, bronchitis, pernicious anæmia, and diseases of the nervous system.

EXTRACT OF MALT,

With Cod Liver Oil and Iodide Iron

Added in the proportion of one grain to the dose. This combination is intended to meet those cases where the physician desires to add a more energetic alterative and restorative to the treatment with Cod Liver Oil and Extract of Malt. The manufacturers have received numerous letters from prominent physicians referring to it in terms of high praise.

MANUFACTURED BY

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

In corresponding with Advertisers please mention **The Medical Record.**

NEW REMEDIES.

☞ Your Special Attention is Called to the Note below.

QUININE FLOWER.—Used in the South during the late war, to some extent as a substitute for quinine, and now introduced to the profession by us.

YERBA REUMA.—From the Pacific slope, now introduced by us. Used in diseases of the mucous passages, especially in catarrh, acute and chronic, leucorrhœa, gonorrhœa, and dysentery.

KAVA KAVA.—From the Sandwich Islands. First introduced by us. An efficient and agreeable remedy in gonorrhœa, gleet, gout, and rheumatism.

CASCARA SAGRADO.—Introduced by us. It has long been regarded by the residents of the Pacific Coast as a sovereign remedy for habitual constipation and dyspepsia.

COTO BARK.—From Bolivia. First introduced by us. It is said to be almost a specific against diarrhœa in its various modifications.

COCA LEAVES.—A powerful nervous excitant, giving great vigor to the muscular system and sustaining the human frame under extreme physical exertion and fatigue.

PARAGUAY TEA.—Largely used in South Africa as a stimulant to sustain the system when undergoing hunger, or great fatigue during the summer heats.

GRINDELIA ROBUSTA.—From the Pacific Slope. Since this drug was first introduced by us, it has earned for itself a reputation for almost specific curative action in asthma.

GUACO LEAVES.—This valuable remedy was also first introduced by us. Its use is indicated in cholera, diarrhœa, chronic rheumatism, etc.

BERBERIS AQUIFOLIUM.—A new California drug, now introduced by us, possessing extraordinary powers as a combined alterative and tonic, and valuable in syphilitic and scrofulous diseases, salt rheum, etc.

BOLDO LEAVES.—First introduced by us. The new South American tonic. In France it has been employed in cases where quinine could not be tolerated.

ARECA NUTS.—First introduced by us. From India. Strongly astringent. Used by Dr. Morris, of England, in the removal of tape worm.

GRINDELIA SQUARROSA.—From California. First introduced by us. An excellent and efficient remedy in malarial diseases, enlarged spleen, etc.

YERBA SANTA.—From Northern California. First introduced by us. This drug is a standard remedy in Western States in bronchial and laryngeal disorders.

FUCUS VESICULOSUS.—First introduced by us. An anti-fat remedy of great merit. No derangement of the stomach or general system seems to result from its use.

NOTE.—There are several false varieties of this plant, which are offered as genuine. Physicians will readily perceive the difference in the taste of the fluid extract, as compared with our preparation of the TRUE plant.

KOOSO,
GUARANA,
BAEL FRUIT,
BUCKEYE BARK,
URTICA DIOICA,
SOAP TREE BARK,
SANDAL WOOD,
PULSATILLA,
SUNDEW.

USTILAGO MAIDIS,
MAGNOLIA FLOWERS,
AILANTHUS GLANDULOSA,
FIVE-FLOWERED GENTIAN,
NIGHT-BLOOMING CEREUS,
GRINDELIA COMPOUND,
XANTHIUM SPINOSUM,
WATER FENNEL SEED,
POMEGRANATE BARK,
EVENING PRIMROSE.

DAMIANA,
BEARSFOOT,
BROOM TOP,
COUCH GRASS,
CASTOR LEAVES,
PARSELEY SEED,
ARBOR VITÆ,
CHIRETTA,
KAMALA.

NOTE.—For a detailed description of the botanical history and medicinal application of each drug, send stamp for our descriptive circular. We will also furnish our price list if desired. Any inquiry regarding these New Remedies will be promptly answered.

PARKE, DAVIS & CO.

Manufacturing Chemists,

Quote MEDICAL RECORD. **DETROIT.**

DENNISON'S ABSORBENT COTTON.

WHAT PROMINENT PHYSICIANS SAY ABOUT IT:

"Your *Absorbent Cotton* seems to be perfect. I can and do speak of it in the highest terms."—SAMUEL SEXTON, M D., *New York, March 14th.*

"I am greatly pleased with your *Absorbent Cotton.* It will be a decided and valuable acquisition to our surgical appliances. It absorbs like a sponge."—W. W. DAWSON, M.D., *Cincinnati, April 18th.*

"Its delicate fibre and peculiar elasticity, enables me to cleanse the most sensitive surface without any pain."—LEARTUS CONNOR, M.D., *Detroit Medical College, April 22d.*

Sold by Apothecaries and Dealers in Surgical and Dental Goods.

A liberal Sample Package sent by mail for 25 cents, by

DENNISON & CO., Proprietors, 198 Broadway, New York.

Quote MEDICAL RECORD.

CHAMPION SPOUTING SPRING NATURAL WATER

FROM SARATOGA.

For sale by all respectable Druggists and Dealers in Mineral Waters, on Draught and in Bottles.

THE CHAMPION SPOUTING SPRING contains a very large preponderance of the elements which render mineral waters valuable as medicine, and which are in constant use by Physicians of the various schools; and the remarkable cure of some of the prevailing diseases has given the water of this Spring great favor among professional men. For *Headache*, or disordered state of the Stomach arising from the use of wines or hearty eating, it is a fine corrective, giving immediate relief. It is invaluable for the treatment of Biliousness, Dyspepsia, Constipation, Piles, Rheumatism, Neuralgia, Cutaneous Diseases, Scrofula, &c., and owing to the presence of Lithia, Magnesia and Bi-Carbonate of Lime, is recommended by Physicians for Bright's Disease of the Kidneys, and Diseases of the Bladder.

DIRECTIONS.—As a cathartic, take half a pint or more, as experience may dictate, before breakfast and at a moderately high temperature, if prompt action is desired. As a tonic, half a glass three or four times a day, between meals. As the Cathartic principles of the CHAMPION WATER are double those of the Congress Spring, only half the quantity is required.

The constant and increasing success of the CHAMPION WATER is due to its hygienic properties; it is *refreshing* and *healthful*, and should be found in every home.

PRICES:

In New York. *Delivered free of Charge.*

Pints, 4 dozen in a case $9 00
Quarts, 2 dozen in a case 7 00

In Saratoga. *Delivered at the Cars.*

Pints, 4 dozen in a case $6 00
Quarts, 2 dozen in a case 6 00

Orders addressed to **Champion Spouting Spring, Saratoga, N. Y.**, or to the Company's office, **205-213 E. 12th St., New York**, will receive prompt attention.

TAMAR INDIEN

A laxative, refreshing, and medicated Fruit Lozenge, very agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of

CONSTIPATION,

CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris, notably Drs BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success. Prepared by E. GRILLON, Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris.

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The HYPODERMIC DISCS are now sold in boxes, which have been found to be of greater advantage for their preservation than the leather wallets originally employed.

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QUINETUM PILLS

(Sugar-Coated.)

The name **Quinetum** was given by Dr. De Vry to the collective alkaloids obtained from Peruvian bark; it has been extensively used by physicians throughout Holland in cases where the salts of quinine had been habitually employed. Dr. H. J. Vinkhuysen, Physician to the Household of the King of the Netherlands, has closely observed its effects, and arrived at the following conclusions:

1. The action of Quinetum in cases of marked or larval malaria, and especially in rheumatic affections due to malarious influences, is incomparably greater than that of quinine.

2. The tonic action of Quinetum is similar to, and even greater than that of quinine.

3. The influence of Quinetum in chronic cases is greater than that of quinine.

4. Persons who are liable to suffer from the toxic effects of quinine, and who therefore cannot take it without the greatest discomfort, can take Quinetum without this unpleasant effect, and yet obtain a similar therapeutical result.

5. Quinetum never causes noises in the ears.

6. Quinetum does not produce the unpleasant and even dangerous symptoms of quinine when given during the fit, and may be taken during the fit without causing any unpleasant feeling.

7. In all forms of pure malarial intermittent fever, Quinetum has the same apyretic effect as quinine, but is less powerful and acts more slowly. It must therefore be given in large doses, and at longer intervals before the ague fit, than quinine.

8. The only malarious disease in which Quinetum cannot be employed in place of quinine, is in pernicious fever. Quinetum requires more time to act than quinine, and as rapidity of action is absolutely necessary in this disease, Quinetum cannot be used in it as a substitute for quinine.

These Pills may be obtained of Druggists, or will be sent by mail, post-paid, on receipt of price.

One Grain,	*Per 100*		*$0.75*
Two Grains,	*"*		*1.10*
Three Grains,	*"*		*1.50*

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Quote MEDICAL RECORD.

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TINCTURES OR ESSENCES.

These are prepared exclusively from fresh plants gathered when in their full vigor, thus retaining all volatile constituents usually lost in drying, and utilizing all such juices, which are partly changed or rendered to a more or less degree insoluble by drying.

Medicinal plants growing in this country we gather ourselves, while of European plants we import the ready-made essences.

These plants are divided into three classes, and the treatment accommodated to their greater or less degre of succulence.

Tinctures according to **Class I** are made by adding one part of the expressed juice of the plant, one part of Alcohol.

Tinctures according to **Class II** are made from three parts of the plant to two parts of Alcohol by weight.

Tinctures according to **Class III** are made from one part of the plant to two parts of Alcohol by weight.

To distinguish these Tinctures from those of the U. S. Pharm., the Greek letter θ (theta) is written after their names on the label, and *appended to each bottle is a label giving the proportion of the plant in the tincture.*

These fresh plant tinctures are sold at the following rates, with few exceptions:

1 oz. 25 cts.; 2 oz. 45 cts.; 4 oz. 85 cts.; 8 oz. $1.60; 1 lb. $3.00.

List of American Fresh Plant Tinctures.

Abies Canad.
Aesculus hipp.
Allanthus gland.
Aletris farin.
Ampelopsis quinq.
Apocynum cann.
Arum tryphil.
Asarum Can.
Asclepias tub.
Baptisia tinct.
Canchalagua †
Cannabis sativa.
Castanea vesca.
Cimlophyllum thal.
Cesnothus Amer.
Chelidonium maj.
Chimaphila umb.
Cimicifuga racem.
Cistus Canad.
Clematis virg.
Collinsonia Can.
Cornus florida.
Cypripedium pub.
Dioscorea vill.
Equisetum hyem.
Erigeron Can.
Eryngium aq.
Eucalyptus glob.
Euonimus atrop.
Eupatorium arom.
Eupatorium perfol.
Eupatorium purp.
Frasera carol.
Fucus vesiculosis.
Galium aparine.
Gelseminum nitid.
Grenium mac.
Gossypium.
Grindelia rob.
Hamamelis virg.
Hedeoma pul.
Hydrastis Can.
Hypericum perfor.
Iberis amara.
Inula.
Iris versicolor.
Juglans cin.
Juniperus com.
Kalmia lat.
Lachnanthes tinct.
Leptandra virg.
Lilium tigr.
Lobelia infl.
Lycopus vigr.
Mentha pip.
Menispermum can.
Millefolium.
Mitchella repens.
Myosotis symph.
Nepeta cat.
Nymphaea odor.
Origanum vulg.
Ostrya virg.
Passiflora inc.
Phytolacca dec.
Plantago maj.
Pinus sylvestris.
Podophyllum pelt.
Polygonum punct.
Ptelea trif.
Pulsatilla nut.
Rhus. glaboop.
Rhus radicans.
Rhus toxicod.
Rhus venen.
Ricinus comm. tol.
Rumex crispus.
Ruta graveoleus.
Sambucus eb.
Sanguinaria
Sarracenia purp.
Scrofularia nod.
Scutellaria later.
Senecio aureus.
Silphium lacin.
Sticta pulm.
Stillingia syl.
Tanacetum vulg.
Taraxacum.
Thuja occid.
Trifolium prat.
Trillium pend.
Triosteum perf.
Urtica dioica.
Veratrum viride.
Verbena hast.
Viburnum opul.
Viburnum prunif.
Xanthoxyl. frax.
Yucca.

List of Imported Fresh Plant Tinctures.

Aconit. lycoct.
Aconit. nap.
Aconit. rad.
Asthusa cynap.
Agaricus emet.
Agnus castus.
Althaea.
Anaga lis ar.
Anthoxanth. odor †
Arnica mont.
Arnica rad.
Artemisia abrot.
Artemisia absynth.
Arum mac.
Belladonna.
Bellis perennis.
Bryonia alba.
Cactus grand.*
Caladium seg.
Calendula.
Caltha pal.
Carduus bened.
Chamomilla vulg.
Chenopodium anth.
Cicuta virosa.
Clematis erecta.
Clematis vitalba.
Colchicum e rad.
Conium mac.
Cotyledon umb.†
Cyclamen Europ.
Dictamus alb.
Digitalis purp.††
Drosera rotund.
Dulcamara.
Euonymus Europ.
Euphrasia off.
Filix masc.
Gentiana lutea.
Gratiola.
Helleborus niger.
Hyoscyamus niger.
Juglans regia.
Lactuca virosa.
Lamium alb.
Laurocerasus.
Menianthes trif.
Mercurialis per.
Mezereum.
Oenanthe croc.†
Paris quadrif.
Phellandr.aq.
Pimpinella.
Prunus padus.
Prunus spinosa.
Pulsatilla nigr.
Ranunculus bulb.
Ranunculus scel.
Salvia off.
Sabina.
Salix niger.
Sambucus cortex.
Sambucus nigra.
Sedum acre.
Sempervivum tect.
Symphitum off.
Taxus bacc.
Teucrium marum verum.
Thlaspi bursa past.
Urtica uren.
Uva ursi.
Vinca minor.
Viola odor.
Viola tricolor.
Viscum alb.

N. B.—Remedies marked with an asterisk * are at double, those with a dagger †, treble the above rates.

Additions are made as other remedies come into use.

Complete lists of our Fresh Plant Tinctures, as well as of our Medicinal Triturations, furnished free on application.

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The New Russian Remedy for Dropsy.

It is said to increase both urine and perspiration with almost complete disappearance of albumen; it does not, like Spanish Fly, produce irritation of the kidneys.

Dose.—From 15 to 30 grains, in powder or infusion, 3 to 4 times a day.

Dr. BOMOGOLOFF, Surgeon-General of the Russian Army; Dr. BODKIN, Physician to Her Majesty the Empress of Russia, and a number of European Physicians, have attested its efficacy.

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MEDICINAL EXTRACTS.

The attention of physicians and pharmacists is respectfully called to the following in relation to an improvement in preparing medicinal extracts, so that they may be readily dispensed without loss, change, or inconvenience. This is readily accomplished in the *Powdered Medicinal Extracts* which are of the same medicinal strength as the solid extracts prepared in our own Laboratory; and both of these varieties are superior to similar preparations usually offered for sale.

For convenience, these powdered extracts meet the wants of the dispensing pharmacist, and for their reliability and medicinal action, they have received the unqualified approval of those physicians who have employed them. Our powdered extracts may in all cases be substituted *in equal weight* for the *Solid Medicinal Extracts.*

The following list includes our present productions, but will be increased to meet the demands of pharmacists and physicians:

	per oz
Powd. Ext. Aconite Leaf	.40
Powd. Ext. Aloes	.40
Powd. Ext. Belladonna	.50
Powd. Ext. Colocynth	.60
Powd. Ext. Colocynth Co	.40
Powd. Ext. Conium	.40
Powd. Ext. Cannabis Indicus	.75
Powd. Ext. Digitalis	.40
Powd. Ext. Guarana	1.80
Powd. Ext. Gentian	.40
Powd. Ext. Hop	.50
Powd. Ext. Hyoscyamus	.50
Powd. Ext. Ipecac	.90
Powd. Ext. Jalap	.40
Powd. Ext. Lobelia	.40
Powd. Ext. Lettuce	.50
Powd. Ext. Mandrake	.40
Powd. Ext. Nux Vomica	.50
Powd. Ext. Opium	1.50
Powd. Insp. Ox-Gall	.50
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A pure neutral solution of Ferric Oxychloride (Fe_2Cl_6 23 Fe_2O_3), which will keep without change.

CITRATE OF IRON AND CINCHONIDIA,

A new Scale Salt of value, and which is asserted to equal in medicinal value, Citrate of Iron and Quinine. It is freely soluble, and adapted for use either in solution or pill.

Nearly every one of the "Officinal" preparations of the U. S. Pharmacopœia, 1873, can be supplied of our own manufacture, besides most of the non-officinal remedies in use.

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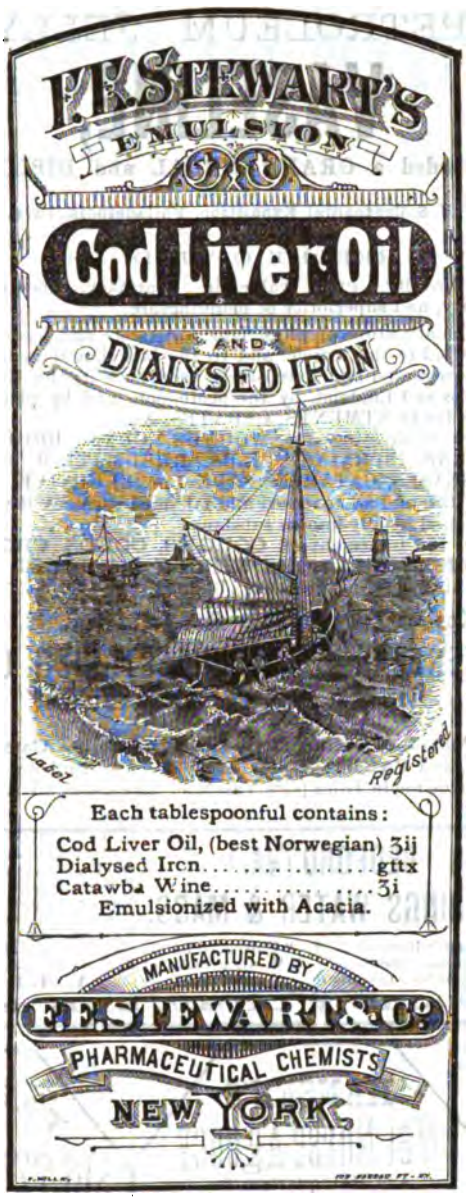

NOTICE.

To obviate, as far as possible, dispenser becoming prescriber, only formulæ will be given or labels.

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A Daily Clinic is held at this Hospital for diseases of the Eye, Ear, and Throat, at 2 o'clock P.M. Nervous diseases are also treated at 4 o'clock P.M., on Mondays, Wednesdays, and Fridays. These Clinics are free to the Profession and Students of Medicine.

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A course of Private Instruction in the use of the Ophthalmoscope and Otoscope, Errors of Refraction and Accommodation, Selection of Spectacles, etc., is carried on by Drs. Pomeroy, Webster, and Ely. Fee for this course of six weeks, $20.

Drs. Smith and Robinson will give a course in Laryngoscopy and Rhinoscopy to those who desire it.

For further particulars apply to Drs. Pomeroy, Smith, Robinson, Webster, or Ely, at the Hospital.

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Standard Natural Remedies endorsed by Medical profession for Throat, Skin, Stomach, Blood and Uterine Diseases. Efficiency attested by results in thousands of cases during the last 25 years. Full proof, with analysis and directions, sent with each package. Prices: Water, $4.00 case: Mass, $1.00 package, or $10.00 a dozen. Liberal terms to the trade. Special rates to physicians. "Successfully used for Dyspepsia, Diarrhœa and Female Complaints."—Prof. Sam'l Jackson, M.D., Univ. of Penn. "Invaluable for Neuralgia and Nervous Diseases."—Geo. T. Harrison, M.D., Woman's Hospital, N.Y. "Unequaled for diseases peculiar to females."—John P. Metteser, M.D., LL.D., of Va. "Specific for Scrofulous and Cutaneous Affections."—J. M. Allen, M.D., of N. C. "Excellent Tonic Alterative and Diuretic—one of Nature's greatest remedies."—Medical Asso. of Va., Lynchburg. Address, **A. M. DAVIES, Prest. of the B. A. & I. S. Co., Lynchburg, Va.**

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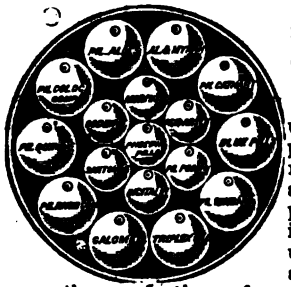

These new pills and granules are the only real improvement made in pills for many years. While they are a novelty, their principal claim to superiority lies in the fact that they have undoubted advantages over all other pills, and are at once the perfection of accuracy, and a safeguard against mistakes or substitution. Their claim to the confidence of the medical profession and pharmacists rests on the entire purity of the ingredients used; perfect accuracy of composition and uniformity of size; ready solubility; tastelessness and harmlessness of the coating, which is vegetable; perfect preservation in all climates; entire security against mistakes or substitution, every pill or granule having printed upon its surface either its common name or its composition, as Pil. Cath. comp., or Pil. Quin, 1 grain.

We now offer the following assortment:

Granules, containing 1 milligramme, or 1-64th gr.: Arsenious Acid; Arseniate of Soda; Aconitine; Atropine; Digitaline; Bi-chloride of Mercury; Sulph. of Morphia; Phosphorus; Strychnia.

" containing 4 milligrammes, or 1-16th gr.: Sulph. of Morphia.

" containing 8 milligrammes, or 1-8th gr.: Sulph. of Morphia.

" containing 1 centigramme, or 1-6th gr.: Codeine; Calomel; Proto-iodide of Mercury; Podophyllin.

Pills, prepared according to the U. S. Ph. when officinal: Aloes; Aloes and Assafœtida; Aloes and Mastich; Aloes and Myrrh; Assafœtida; Comp. Cathartic; Comp. Calomel; Comp. Colocynth; Iron, Carbonate; do. Citrate, 2 grains; do. Citrate of, and Quin., 2 grains; do. Pyrophosphate, 2 grains; Blue Pills, 3 grains; Calomel, 5 centigrammes, or 3-4th grain; Podophyllin, 1-6th. 3-4th and 1 grain; Proto-iodide of Mercury, with Opium, Ricord's formula; Quin. Sulph., 3-4th, 1, 1½, 2 and 3 grains; Rhubarb; Comp. Rhubarb; Santonine. 3-4th gr.; Triplex; Valer. Zinc., 3-4th gr.

These pills are sold in bottles of 100 and 500. Other pills will be added, and special formulæ made to order. Descriptive lists, giving assortment and prices, also samples, sent on application.

E. FOUGERA & CO., Importing Pharmacists,
30 North William st., New York.
SOLE AGENTS FOR THE UNITED STATES.

CONCERNING BELLADONNA PLASTER

A Few Words to Physicians and Surgeons.

BY A PHYSICIAN.

Until quite recently Manufacturing Chemists, in offering new combinations and improvements in Pharmacy to the Medical Profession, have found the Faculty very hospitable to the introduction of improvements adapted to their use.

But within a short time, conscientious Physicians have begun to discuss among themselves, very seriously, the propriety of welcoming the newer products of Pharmacy.

Why is this?

Because it is found that certain manufacturers, appealing to the convenience and profit of the apothecary, have been sacrificing merit and therapeutic value to elegance of appearance, and have employed officinal forms and professional nomenclature to foist upon the physician, by aid of the druggist, compounds of little or no value, and altogether unworthy of the high claims made for them.

Thus, the manufacture of medicinal agents for the use of Physicians is rapidly degenerating into empiricism, and is becoming almost as objectionable as the ordinary clap-trap of the "patent medicine" business.

Notably is this true with reference to that important and useful agent, *Belladonna Plaster*.

Dr. J. M. GROSVENOR, graduate of Dartmouth, was the first to appreciate and turn to practical account, an improvement in compounding Belladonna Plaster by using purified rubber as a basis of combination.

His experiments in affecting the combination in therapeutic and mechanical perfection were long continued, exhaustive and expensive.

But he finally succeeded perfectly, and his improved Belladonna Plaster was everywhere welcomed by the Faculty, as being the best form of this agent yet presented. It was universally adopted as the standard Belladonna Plaster.

Why?

Because it proved to be an entirely reliable preparation — presenting the drug uniformly, accurately, and with the most precise and skilful attention to convenience and activity.

The widespread popularity of Dr. Grosvenor's Improved Belladonna Plaster at once attracted the cupidity of empiricism, and the drug market was soon flooded with so-called "Belladonna" Plasters, branded "U.S.P.," and offered to Druggists upon one recommendation, *namely:* "It is 50 per cent. cheaper than Grosvenor's!"

A good many gudgeon like dealers promptly took the bait, and before long physicians began to express surprise and chagrin because Belladonna Plaster did not respond to their expectations in its effects as formerly.

Dr. Grosvenor found himself in receipt of numberless indignant communications upon the subject.

Belladonna Plaster is sold to the druggist in yard rolls, enclosed in a tin case. He cuts it into strips for dispensing as the physician may order.

The mechanical appearance and characteristic odor of Dr. Grosvenor's Improved Belladonna Plaster were closely simulated in the empirical articles; and if the druggist saw fit, for his own profit, to deceive the physician, the latter had no means of detecting the imposition except by noting the effect, and thus it happened that for a long time Dr. Grosvenor's legitimate and always reliable product had to bear the odium belonging justly to the empirics who had assailed him by simulating his article.

Finally he adopted, for the protection of the profession, the expedient of stamping his name at short intervals across the back of his "Belladonna Plaster" in violet ink, but omitting the words "Belladonna Plaster," for reasons which practitioners will understand.

Thus the fraud was checked, wherever the Faculty were informed of the precautionary measure; and the object of this article is to ask physicians everywhere to observe this test of genuineness, and in prescribing, to write for "*Emp. Belladonna Grosvenori.*

The true Belladonna Plaster in rubber combination will always bear this guarantee of genuineness—J. M. GROSVENOR, M.D., (accompanied by a "trade-mark," consisting of a Belladonna Leaf, with the letters B and P upon it in monogram), printed in *fac simile*, at intervals of three inches across the back of the plaster in violet ink.

The profession are reminded that a true Belladonna Plaster, accurately prepared, *cannot* be a *cheap* product. Dr. Grosvenor originally sold his Plaster at the lowest practicable price, and that price has never been changed. Any plaster professing to contain the same elements that is sold at any price considerably lower, stamps itself at once as being the work of quackery.

Dr. Grosvenor has prepared a brief treatise upon Belladonna Plaster, which will be mailed (with sample of plaster) to any physician desiring it.

Physicians, if unable to obtain Dr. Grosvenor's improved Belladonna Plaster at their drug stores, will be supplied direct from the laboratory, by mail, upon receipt of one dollar. This concession is made to physicians only, and to those who cannot obtain the veritable article at home.

Address,

J. M. GROSVENOR, M.D., 22 Park Place, NEW YORK. or **GROSVENOR & RICHARDS, 97 Oliver Street, BOSTON.**

HÆMOGLOBIN,

A dry preparation of blood, which, while being perfectly soluble, will contain in a natural state all the constituents by which it differs from other fluids and tissues, has long been a desideratum among physicians.

The drinking of blood at the Abbatoirs, although the best mode of administration, is, except to a few persons, impracticable—the distance, the expense (always something), the interference of bad weather, and at times the uncertainty of obtaining the blood itself—all render this mode of treatment unsatisfactory to the patient.

Desirous of using the blood-cure for a patient some miles away from an Abbatoir, Dr. J. T. O'Connor, of this city, devised means of making from blood a *dry powder* which is *soluble*, which contains all the constituents of blood, except the serum and fibrin, and especially all the Hæmoglobin in its natural state. The success attending some months' use of this preparation has made a demand for it on the part of his professional friends; and to supply them and others who may desire to test this mode of administering blood, he has given to us the results of his investigation, and is now preparing an article for publication on this subject.

In the mean time, it is offered to the profession as a *nutrient* in simple Anæmia;—in states of exhaustion;—in all cases where Iron seemingly indicated has failed;—and as a means of presenting Iron to the organism in an *organic* state of combination;—*i. e.*, *physiological iron.* A *true* pabulum should be, in his opinion, the result of organic process, and not merely an inorganic substance.

That this preparation is what it is stated to be, is shown by the Spectroscope—*the well-known bands of Hæmoglobin appearing in a solution of the powder so weak that it is barely tinted.*

Where liquid blood in its natural condition is preferred, we have succeeded in preserving it unchanged, and can supply it in any quantity. Yours respectfully,

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This Salt of Quinine has been very much used in some of our extreme malarial districts during the past two years. Those who have tested it very carefully, claim that it possesses a most positive specific action in the treatment of fever and ague, and has proved itself eminently superior to the Sulphate of Quinine in all malarial fevers.

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See NEW REMEDIES of Parke, Davis & Co., page 9.

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See Page 3 for Advertisement of

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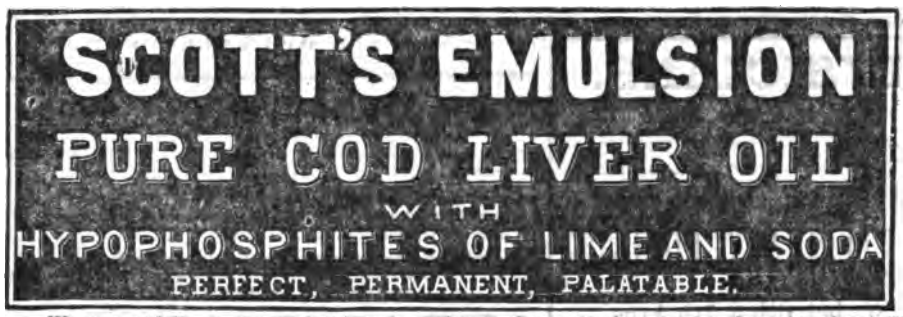

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These Pearls supply a long felt want in the administration of this powerful remedial agent. A finely blown glass bulb is filled with a given quantity of the Amyl, each 2, 3, 5 and 8 drops, the glass is then drawn out and hermetically sealed. The patient who shall inhale it carries the Pearls in a little box, and at the approach of premonitory symptoms crushes one in a handkerchief and inhales the medicine: the glass is so very thin that the patient runs no danger whatever of wounding himself. The great advantage of this new contrivance is in the rapidity with which a correct dose of the Nitrite of Amyl can be administered by the patient himself, and in all cases of Asthma, Angina Pectoris, Epilepsy, or other diseases where this is essential, these glass Pearls form as yet the best known method of applying it.

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This is a tapering rubber stopple, closing the mouth of the vial tighter than ordinary corks, much more durable, impervious to Acid, Iodine, etc., and on account of its length and taper fitting equally well in bottles varying in size from ¼ to 6 ounces.

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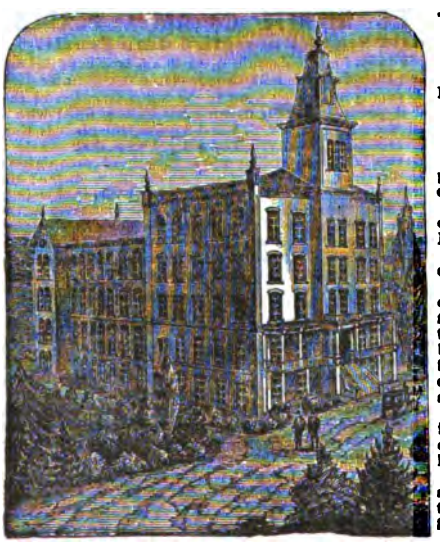

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THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and order as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

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The Spring Session consist chiefly of Recitations from Text-Books. This term continues from the first of March until the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
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Demonstrator's ticket (including material for dissection)	10 00
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FEES FOR THE SPRING SESSION.

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SESSIONS OF 1878-79.

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E. A. CHAPOTON, M.D.,
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PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

THE REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine* and *Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

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The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can, will avail themselves of their manifest advantages in supplementing the regular winter course.

Three Hospitals—Harper's, St. Mary's and St. Luke's—with two large free dispensaries, afford an abundance of clinical material for illustrative and practical teaching.

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BUFFALO, N. Y.

Session of 1878-79.

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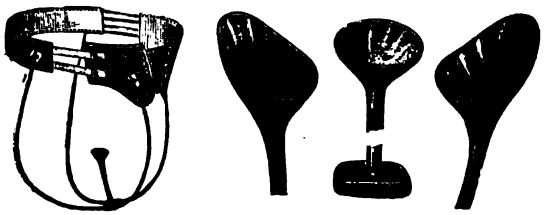

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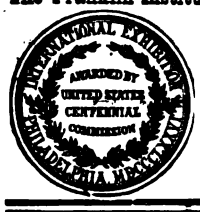

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LECTURES ON THE LOCALIZATION OF SPINAL AND CEREBRAL DISEASES.*

By E. C. SEGUIN, M.D.,

CLINICAL PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM IN THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

LECTURE IV.

2. NON-SYSTEMATIC OR FOCAL LESIONS OF THE SPINAL CORD CONTINUED; LESIONS INVOLVING ONE LATERAL HALF OF THE SPINAL CORD, IN ITS LOWER AND UPPER REGIONS; DIAGNOSIS OF SPINAL HEMIPLEGIA. ANATOMY AND DISEASES OF THE MEDULLA OBLONGATA.

GENTLEMEN:—When a focal lesion, caused by spontaneous disease, or by traumatism, involves one lateral half of the spinal cord more or less exactly, we observe striking and characteristic symptoms in the patient. Some of these are in relation to the height of the lesion in the organ as pointed out in the preceding lecture, but the most important ones are dependent upon the fact that one lateral half of the cord is injured in its kinesodic and æsthesodic tracts. A reference to Figures 2 and 4 in preceding lectures will facilitate the comprehension of what I shall have to say upon these lesions.

According as the lateral focal lesion is placed low down or high up in the spinal cord, we denominate the symptom-groups as hemi-paraplegia in the first case, spinal hemiplegia in the second.

a. Hemi-paraplegia. A tumor compressing one lateral half of the spinal cord in its dorsal (case by Charcot) or lumbar regions, a knife-cut, a contusion by a piece of broken vertebra, or a patch of hemorrhage or softening, will give rise to this symptom-group. Let us suppose the lesion to be situated in the right half of the spinal cord. As a result (see Fig. 2) the motor paths from the brain and upper spinal cord to the right lower extremity are cut off, together with the sensory paths which, crossing the median line below the lesion, supply the left lower extremity with sensibility.

In the living human subject we observe motor paralysis, more or less complete in the right lower extremity, and the sensibility of this member is preserved or increased. If the lesion be traumatic and quite complete, hyperæsthesia and increased temperature are present. In the left lower extremity, on the contrary, we find no paralysis, but more or less complete anæsthesia. It is noteworthy that the so-called muscular sense is not abolished in that anæsthetic limb. The bladder and rectum may be paralyzed. In some cases the distribution of symptoms in the two extremities is not as typical and clear as above stated, some paresis appearing on the side opposite the lesion, and slight loss of sensibility existing on the paralyzed side. This, I need hardly say, is owing to the fact that the lesion crosses the median line.

As regards constriction bands, increased reflex, nutrition of muscles, and visceral paralysis, regard must be had to the exact height of the lesion in the cord, as determined in sections 1, 2, 3 of the preceding lecture.

This form of paraplegia can be exactly reproduced in animals. It is now nearly thirty years since Brown-Séquard showed to the Biological Society of Paris, animals (Guinea-pigs, etc.), in whom hemi-paraplegia had been produced by cutting one lateral half of the cord in the dorsal region. The operation is not very difficult, and the results are always striking.

b. Spinal hemiplegia. A lateral focal lesion in the cervical enlargement, or above it, will give rise to the following symptoms, more or less exactly distributed. If the right half of the organ is the seat of the lesion, we observe that the arm and leg on the same side are paralyzed, the intercostals usually escaping, while on the opposite side there is no paralysis, but more or less perfect anæsthesia exists to the median line of the body, and as high as the limit of distribution of sensory nerves coming from the spinal cord just below the lesion. The absolute height of the lesion is to be determined as in sections 4 and 5 of Lecture III. In these cases we nearly always find, on the same side as the injury, contraction of the pupil, redness, and increased temperature of the face and ears. These symptoms are due to paralysis of the vaso-motor and ciliary centres in the spinal cord. Often the paralyzed limbs are hotter than the anæsthetic.

In some cases, owing to incomplete destruction of one lateral half of the cord, the arms, thorax, and face alone exhibit symptoms, the legs remaining normal. In other cases various degrees of abnormal reflex action are present in the affected lower limbs; sometimes more on the anæsthetic side.

We owe a clear conception of these interesting forms of spinal paralysis to Brown-Séquard, although some cases of spinal hemiplegia had been placed on record before him (Sir Chas. Bell, Ollivier, Oré, and others). This distinguished physiologist and physician produced spinal hemiplegia and hemi-paraplegia in animals from 1849 on, and in 1863–5 published elaborate memoirs, in which he collected all the cases then known, and critically studied their semeiology. In 1868 and 1869 the same author published other cases and remarks which have placed our knowledge of this subject upon a firm foundation. Some doubt exists as to the absolute correctness of Brown-Séquard's law of the course of motor and sensory paths in the spinal cord in animals, but in man it would seem, from the study of many cases, that the law holds good.

ANATOMY AND DISEASES OF THE MEDULLA OBLONGATA.

Leaving the diseases of the spinal cord to proceed to the consideration of those of the medulla oblongata, I must again refresh your memories upon the physiological anatomy of the parts concerned; mentioning only such data as will be of use to us in our diagnosis of location of disease. The first, and perhaps the most important point I wish to call your attention to is the decussation of the anterior pyramids at the junction of the spinal cord and medulla. This decussation is made up of bundles of nerve-fibres coming from the anterior pyramids of the medulla, crossing the median line, and continuing their way down the cord in each of its halves, constituting that part of the lateral column known as the crossed pyramidal column. Another bundle extends downward, without crossing the median line, into the inner part of the anterior columns, the so-called direct pyramidal column (compare Fig. 1., Lecture I.). According to the books, the uncrossed portion of the pyramidal fasciculus, the direct pyramidal column, is much smaller and less important than the other bundle of fibres which cross the median line.

Of immense importance for the study of localizations in the brain, and particularly for the estimation of the symptom hemiplegia, is a knowledge of the

* Delivered at the College of Physicians and Surgeons during the months of December, 1877, and January, 1878.

exact extent and regularity of this decussation, or more strictly speaking, semi-decussation. If we are to follow text-books we shall be led to believe that the semi decussation always occurs in about the same proportion on the two sides: a view which Brown-Séquard and others admit while trying to demonstrate that a lesion of the brain may produce paralysis on the same side of the body. Still, in past times a few facts had been recorded against the constancy of the pyramidal decussation, but it was not until Flechsig published his embryological researches in 1876, that it was known how *very variable* is this decussation. Examining the spinal cord of sixty fœtuses, this investigator found that the proportion in the size of the crossed and direct pyramidal columns varied almost infinitely between the following figures: in one case the direct pyramidal column was equal to 90, the crossed column to 10. In another case at the other extreme the proportion was 0 to 100; in other words all the pyramidal fibres had crossed the median line. There was no case in which there was absolutely no decussation, but Flechsig correctly remarks that there is no reason why such a specimen should not be met with. The majority of the fœtuses had an ordinary semi-decussation, the crossed bundle predominating over the direct. The above variations in the pyramidal decussation are diagrammatically represented in Fig. 5.

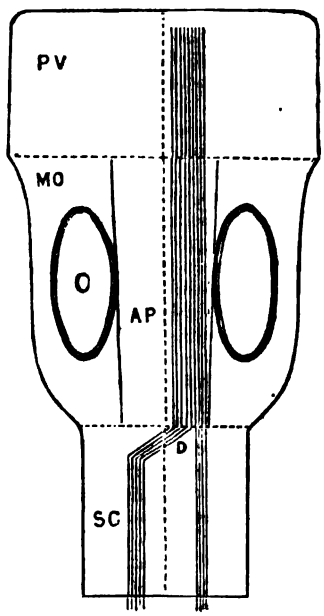

FIG. 5.

Diagram explicative of pyramidal decussation: P V, pons Varolii; M O, medulla oblongata; O, olivary body; A P, anterior pyramid; D, decussation; S C, spinal cord. The direct and crossed bundles vary very much in size, as shown in the following ratios of crossed and direct: 100:0, 92:8, 84:16, 70:30, 52:48, 35:65, 10:90.—(*Flechsig.*)

Besides, Flechsig determined that there were other irregularities in the proportionate size of the four columns (two crossed pyramidal columns, two direct) which result from the breaking up of the pyramids, but this is not essential to our present study.

The practical bearing of this discovery is very great, for it will be readily understood that in the exceptional cases in which the pyramidal decussation is nearly wanting, an unilateral lesion of the medulla, pons, or brain must give rise to symptoms of paralysis on the same side as the lesion.

Again, in those few cases in which the semi-decussation is nearly equal, an unilateral lesion above the spinal cord will produce weakness on both sides of the body. Lastly, in the immense majority of cases, those in which most of the pyramidal fibres cross the median line, we obtain the classical crossed hemiplegia. It is ignorance of these researches of Flechsig which makes that distinguished physiologist, Dr. Brown-Séquard, invert the reasoning and draw chaotic and iconoclastic conclusions respecting the mode of production of hemiplegia (and other symptoms of brain disease). Starting with the generally received doctrine (never proven in a scientific way) that the pyramidal decussation is invariable and nearly total, and finding scattered in medical literature more than three hundred cases in which paralytic symptoms appeared on the same site as the lesion, he concludes that we are all wrong in considering hemiplegia to be due to destruction of or pressure upon motor tracts in the brain and basis cerebri.

Bearing in mind Flechsig's demonstration, the erroneous logic of the above is evident. Besides, these exceptional cases, so laboriously collated, should be looked at in another way. Most of them are old cases, *i.e.*, cases reported before modern cerebral anatomy was understood; many of them are related by men utterly or relatively unknown. Furthermore, any one who has worked much in the post-mortem room will appreciate how easily right is wrongly written, when left is meant, as a brain is turned over and around for examination. Consequently, we might claim the right to reject as worthless many of these three hundred or more cases. Suppose, however, that they are accepted as *bona fide* examples of palsy on the same side as an encephalic lesion, and that we compare them with the thousands of cases of classical hemiplegia on the side opposite the cerebral lesion, do we obtain a proportion greater than that observed in Flechsig's series of fœtuses, one to sixty? I think not.

I have thus digressed from proper medulla diseases in order to treat the subject of pyramidal decussation fully, *i.e.*, anatomically and clinically, in one lecture. Having done this will save much repetition in treating of lesions above this point.

The pyramids whose decussation we have studied are the direct motor tracts which connect the cerebral cortex with the spinal cord. They are externally visible on the anterior (inferior) surface of the medulla, can be traced in the pons and crura, and thence into the internal capsule in the white centre of the hemispheres to those parts of the cerebral cortex which are now considered as in some way motor. In subsequent lectures I shall describe this great motor tract more fully, and give you the reasons for believing it to be continuous from the cortex to the end of the spinal cord. The remainder of the kinesodic system of the medulla embraces longitudinal bundles of fibres which lie between the two olivary bodies (supposed to be in connection with the ganglia at the base of the cerebrum) and the various nuclei of motor nerves in the floor of the fourth ventricle. These nuclei, or groups of motor (and trophic?) cells, represent the anterior horn-cells of the spinal cord, strangely thrown backward and toward the median line. They differ from the cell-groups of the anterior horns also in being more differentiated in relation to the nerves which arise from them. Reckoning from below upward, we find the nuclei of origin of the spinal accessory (11th), hypoglossal (12th), facial (7th), and abducens (6th) nerves. The last two lie on the confines of the medulla and pons. These nerves and their nuclei must, I think, be looked upon as active in three ways; 1, by their own (trophic?) neurility; 2, by reflex action

set up through the adjacent and correlated sensory nerves; 3, by impulses coming from supra-bulbar parts, great basal ganglia, cortex of the brain. This last connection is undoubtedly a crossed one, *i.e.*, the fibres or paths which transmit the motor impulse down to these nuclei cross the median line at some unknown distance above them. There is therefore another motor decussation besides the great one described above.

The æsthesodic system of the medulla oblongata occupies its lateral portions chiefly, and a part of the gray matter under the floor of the fourth ventricle, outside of the series of motor nuclei. In this gray matter we find, from below upward, the nuclei of origin of the pneumogastric (10th), glosso-pharyngeal (9th), and acoustic (8th) nerves. All through the lateral region of the medulla posterior to the olivary bodies lies the great descending root of the trigeminus (5th) nerve, which meets with groups of cells throughout this region down to the uppermost parts of the spinal cord.

These various nuclei and nerves, kinesodic and æsthesodic, make up arcs for reflex actions of the most important kind, as breathing, swallowing, and (with gray matter in the pons) the state of vascular tonus. The respiratory centre (so-called) is in the nuclei of the pneumogastrics, the vaso-motor centre lies near the median line at the junction of the medulla and pons, and there are various subordinate foci or centres for important morbid actions, as the diabetic centres, the albuminuric centre, etc. Besides, the hypoglossal nuclei and nerves preside over the movements of the chief organ of speech.

I should add that the medulla oblongata has intimate though ill-understood connections with the cerebellum, by means of the restiform bodies and olivary bodies.

As regards the localization of disease in the medulla, I shall have but little to say, for the reason that, in accordance with the terms of the course, I am bound to speak of only well-determined clinical forms whose lesions can be diagnosticated. Consequently, I will say nothing of systematic lesions in the bulbar æsthesodic system, nothing of bulbar lesions in diabetes mellitus, almost nothing of focal lesions of the organ.

a. Systematic lesions of the kinesodic tract are represented by only one typical symptom-group, viz.: the so-called labio-glosso-laryngeal paralysis, or bulbar paralysis. The lesion in this disease consists of granular degeneration of the ganglion cells of the nuclei of origin of the hypoglossus, spinal accessory, and of part of the facial nerves. The alteration is very like that present in progressive muscular atrophy (systematic lesions of the spinal cord, No. 5, Lecture III.), a molecular death, by degeneration, of ganglion cells.

The symptoms of typical labio-glosso-laryngeal paralysis are strictly motor, and consist in fibrillary contractions in and atrophic paralysis of the orbicularis oris, muscles of the tongue and throat, and some muscles of the larynx. Labial sounds are interfered with, saliva dribbles from the mouth, forcible blowing or whistling becomes impossible, the tongue plays heavily in the mouth as shown by thickness of speech and by difficult mastication, the voice becomes nasal through palatal paresis, and hoarseness, almost aphonia, is produced by palsy of the laryngeal muscles. At the same time, in extreme cases, the lower facial muscles become inert, the lower jaw hangs down, and an abundance of tenacious saliva runs from the patient's mouth; speech is quite unintelligible, and swallowing performed with extreme difficulty. At the close of life, if that be not cut short by the lodgment of food in the larynx, there are symptoms of injury to the pneumogastric nucleus, such as exceedingly rapid pulse and sudden stoppage of respiration.

In certain non-typical cases the lips, tongue and throat are affected in very various degrees; in others the pneumogastrics suffer early; and in others still the symptoms of progressive muscular atrophy, or of amyotrophic lateral sclerosis (Lecture II.) set in simultaneously or subsequently. I am disposed to believe that we may have many forms of "bulbar paralysis," and consequently would use the term as a generic one, to embrace certain varieties, only one of which is now well known.

[It will be asked why I do not speak at length of descending degeneration through the medulla. This lesion is the continuation downward of a degenerative change in the motor tract beginning in the cerebral cortex, the internal capsule, the nuclei of the corpus striatum, or in the basis cerebri.

It usually affects only one anterior pyramid, and is continued downward into the cord, in its direct and crossed pyramidal columns. No symptoms indicate this alteration in the medulla, and we infer its existence from the diagnosis of descending degeneration in the spinal cord (Section 3, Lecture II.). I do not formally treat of this systematic bulbar lesion for the reason that it has no semeiology.]

b. With respect to focal lesions. A lesion involving one lateral half of the medulla will produce, first, symptoms of injury to the kinesodic and æsthesodic systems in that half of the medulla, the symptoms being on the same side as the lesion; and second, hemiplegia of motion (and sensation, if the injury be deep enough) in the opposite side of the body. Again, a superficial focal lesion involving the anterior (inferior) face of the medulla may produce symptoms closely resembling those of bulbar paralysis of the type labio-glosso-laryngeal paralysis; and perhaps the only way of reaching a correct diagnosis is by determining the presence of the degeneration-reaction in the paralyzed facial and lingual muscles, and by demonstrating weakness or positive palsy of the extremities.

An exceedingly atypical form of bulbar paralysis is the one caused by ischæmia of the medulla, owing to arrest of circulation in the vertebral and anterior spinal arteries. The symptoms are mixed motor and sensory (deglutition and articulation impaired, breathing of the Cheyne-Stokes type, rapid pulse, tottering gait or marked general paralysis) and death rapidly ensues.

NATURE AND TREATMENT OF YELLOW FEVER.—The classical essay of Dr. Charles Belot, director of the hospital at Havana (Paris, 1865), will be remembered by many medical readers as a condensed experience of one who practised for years in one of the great yellow fever centres of this continent, and the translation just issued in Savannah of that remarkable paper will consequently find many subscribers. Dr. Belot regards the disease as having three distinct and well-marked stages, in the first of which the vomiting, at first clear, then greenish-yellow and loaded with mucous membrane, finally black and composed of clotted blood, makes its appearance at the expiration of a few hours. The urine is yellow or brown, and highly albuminous. The second period commences with the definite localization of the disease, and is marked by gastric pains, dyspnœa, swelling of the gums, and highly albuminous urine. The third or typhoid stage shows altered blood, diminution of heat, alteration of the nervous system, suppression of the urine, dyspnœa, and delirium.

Original Communications.

TREATMENT OF THE VOMITING OF PREGNANCY.

By FREDERICK D. LENTE, M.D.,

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I HAVE just met with an article published by Dr. Sims in a recent number of the London *Lancet*, and republished in the April number of the Richmond and Louisville *Journal*, entitled the "Vomiting of Pregnancy and its Treatment," by M. O. Jones, M.D., of Chicago, on which I desire to make a few remarks.

In the first place, this affection is so distressing and generally so intractable, as the doctor justly remarks, that the profession ought to be grateful to him and to Doctor Sims for calling general attention to a mode of treatment, which, for a certain and rather large class of cases, is of signal service, acting generally as promptly as a full dose of quinine in ague. Dr. Jones refers to various opinions as to the pathology of this affection—"distention and development of the dense uterine structure," "flexions" (G. Hewitt and M. Brian), etc. He then refers to the long list of remedies which have been tried and found wanting. He mentions perhaps all remedies but the only one which has proved of any real service—electricity. In the first number of Beard's *Archives of Neurology and Electrology*, the writer published an article on the relief of vomiting by electricity, vomiting from various causes; but in several of the cases it was caused by uterine irritation, either during pregnancy or menstruation, for the latter sometimes produces as dangerous irritation of the stomach as the former. Other physicians have since tried this remedy with great success, notably Prof. Thomas, and I think it well to ask the attention of the profession anew to this matter, since the paper was published in a journal which had then but few readers. However, the subject was revived by a letter from Dr. Phillippo, of Kingston, Jamaica, to the writer, and published in THE MEDICAL RECORD two years ago. The case was that of a lady who had nearly lost her life from vomiting in two previous pregnancies, large quantities of blood having been evacuated from the stomach; the same symptoms were progressing when the doctor, having read my paper, concluded to try electricity. After the first application she could eat and relish chicken soup, and on the following day, chicken.

Dr. Jones believes that the irritation proceeds from the cervix uteri, and that the scientific treatment would therefore be to apply our remedies to that point. He says: "I thought, by exciting an irritation or superficial inflammation of the os and cervix uteri, the reflex nervous phenomena would be concentrated at the point of irritation, and thereby relieve the stomach." A very reasonable conclusion. He states that, immediately on the conception of this idea, he determined to put it into practice, which he soon did. This was six years ago. His method for producing the desired irritation is to apply the solid nitrate of silver to the os, and sometimes to the cervix also. The relief was prompt, almost immediate. All of his five cases but one were primiparæ. In two, there was "slight erosion around the mucous lining of the os," in the others no perceptible disease.

Dr. Sims relates, as a sequel to Dr. Jones's paper, a similar case which lately occurred in his practice abroad. The lady had had one child after going through a fearful amount of suffering and danger from vomiting. She had had three miscarriages from the effects of gastric irritation, although attended by the best medical skill. She was now only a few days advanced in pregnancy, and Dr. Sims tried various remedies, including bismuth and potassium bromide, the latter in large doses. She rapidly grew worse, and on examination he found "right lateral acute flexion, both lips of the *os tincæ* granular, and covered with a profuse gelatinous leucorrhœal secretion. The os had been lacerated bilaterally, the anterior lip was everted as well as eroded, and the finger could easily have been carried into the canal." "I cleared away the leucorrhœal secretion, and applied a solution of nitrate of silver (℥ ij. a ℈ i.) freely over the whole surface of the os until it was well whitened. On the next day I found M. de C. sitting up in bed, and as bright and cheerful as possible. The change in her voice and general appearance was marvellous; she had taken a liberal breakfast, the first in two weeks. At the end of five or six days there was some nausea, and I pencilled the neck of the womb with pure carbolic acid. On the next day, she said she was perfectly well." This was all the treatment that was necessary.

I have always considered this idea of the pathology of the affection, enunciated by Dr. Jones, as the correct one, and it is, I believe, the opinion of the majority of the profession. If the opinion of G. Hewitt and M. Brian were correct, the vomiting would not persist after the fifth month; but we know that, in many if not in all these desperate cases which we are now considering, it does persist to death, which has occurred in several cases, or to the evacuation of the uterus. There is no doubt, however, that the irritation of flexion does, like any other source of irritation, cause the phenomena in the earlier months of gestation. Unfortunately, and singularly, Dr. Jones fails to give us the date of conception and the date at which the treatment effected the cure. In his cases, there was apparently not enough disease to cause such symptoms; but, in Dr. Sims's case and in my own there was chronic disease, and I have always had the idea that it was the effect of the application on this disease, blunting the sensitiveness of the irritated nerve filiments, which gave the relief. I have been struck with the prompt relief of hemorrhage, and occasionally of severe vomiting, and of nervous symptoms, by one or two thorough applications of the solid nitrate of silver to the whole lining of the uterine mucous membrane; by means of my *porte caustique*, and also of the same symptoms by a single application of the *curette* to the same surface, although almost nothing was scraped away. Some writers contend that, in the latter case, it is the induction of a new action, a new irritation or inflammation, which produces the prompt effect. But it is sufficient for our present purpose to know that the nitrate and the curette have this power, without knowing precisely how it is exerted.

The first case in which I applied Dr. Jones's treatment occurred thirteen or fourteen years ago, and I think it may have been published in one of my papers, but cannot recall the name of the journal nor the date. The patient was the wife of a non-commissioned officer at West Point. She had arrived, if my memory does not fail me, at the seventh month of gestation, when the vomiting, which had persisted for months, became alarming. No nourishment or stimulant of any kind, or in the smallest quantity, could be retained on the stomach. She had suffered from leucorrhœa for a long time, and vaginal examination revealed granular erosion and dilatation of the os, with a purulent discharge from it. The os and cer-

vical canal were freely touched with the solid nitrate. It happened that I could not visit the patient for several days, and when I did, I found her, to my great surprise, whitewashing the room. She had been almost immediately relieved of her bad symptoms, and her ability to take food returned at once. I have an indistinct recollection of a case published a year or so ago, in which the vomiting was so severe and dangerous, that a sponge-tent was introduced with a view to produce abortion. It failed in its object, but the sickness did not recur, and the patient went on to full term. The physician accordingly recommended this form of irritation in similar cases. Prof. Thomas recalled my attention to this case, but neither of us could remember the name of the reporter of the case. Such treatment would, as he remarked, induce abortion in a large majority of cases.

Since the application of *electricity* to these cases, I have never found it necessary to resort to uterine applications. But they do not occur frequently in the practice of most men, and I have had but very few opportunities to test it myself; but my friend Prof. T. G. Thomas, who commenced its use immediately after the publication of my paper in November, 1874, has had a fair field for trial in his extensive personal and consultation practice, and writes to me on the subject as follows:

"In reply to your question as to my experience in the use of the electric current in the relief of nausea and vomiting, I would state that I have, ever since the appearance of your paper calling attention to its efficacy, employed it very extensively. In that distressing and very obstinate gastric disturbance which so often shows itself after ovariotomy, I have found it especially advantageous.

"I employ it in a manner somewhat different from yours. Fixing one broad, flat electrode by means of broad strips of adhesive plaster on the epigastrium, and placing a similar one under the spine (the patient lying on the back), I pass a current so gentle that the patient is just conscious of its passage. This I continue steadily for ten, twelve, or even twenty-four hours without intermission, renewing the fluid in the battery whenever this becomes exhausted.

"This plan I have pursued with great advantage in a dozen cases or more, and have seen no evil result from it thus far. I know of no other therapeutic agent which I esteem so highly for the relief of nausea and vomiting as I do the electric current.

"I was led to adopt the prolonged gentle current from the fact that I have for a long time employed it in my own person for relief of muscular rheumatism, from which, you know, I suffer a great deal. Fixing the electrodes as I have described, upon retiring at night, at the attachments of the affected muscle, I allow a gentle current to pass until the next morning."

Dr. Thomas makes a very convenient electrode for the above purpose by stitching a flat sponge to sheet rubber.

Dr. Semmola * has lately recommended the *constant* current for "nervous vomiting," and reports excellent results for some years. He also finds it a valuable means of diagnosis in chronic vomiting. "In cases where the vomiting is not exclusively and primarily nervous, its application fails in enabling the stomach to retain food."

I find in the January, 1878, number of the *Am. Jour. Med. Sci.*, a number of cases reported by Dr. Busey, of Washington, where the most obstinate vomiting in pregnancy was cured promptly, after failure of other means, by the injection, *per rectum*, of large doses of bromide of potassium. Dr. Sims tried large doses in his case by the mouth ineffectually. In those less severe cases, where life is not threatened, but where it is rendered miserable by almost constant nausea, I have found the bromide very valuable, but have usually employed it, *per orem*, in moderate doses, and in combination with small doses of chloroform, and also with bismuth, repeating the dose every two, four, or six hours, according to the urgency of the trouble. The bromide is valuable both as a prophylactic against vomiting and as a cure. By getting the system under its full influence before anæsthesia by ether, and before going to sea, the distressing consequences of these disagreeable necessities are, in a great measure, avoided.

SARATOGA SPRINGS, June 1, 1878.

* Gazetta Medica Ital., Lombarda, 1878. London Medical Record, April.

THE INFANTILE DIARRHŒA OF SUMMER.

BY C. G. COMEGYS, M.D.,

LECTURER ON CLINICAL MEDICINE, CINCINNATI HOSPITAL.

THE presentation of this subject by Dr. J. Lewis Smith, and its discussion in the New York Academy of Medicine, on the 16th of April, as reported in the RECORD in a previous number, greatly interested me, for the readers of the RECORD will please recall that in the issue for July 29, 1876, I published an article on "Cool Bathing in Inflammatory Bowel Affections."

Considering the season upon which we are now entering, and the very large destruction of life by bowel affections that ordinarily occurs during its infantile period, I think we must all admit that no medical topic possesses an equal interest to that which Dr. Smith has introduced.

I also published an article on my method of treatment in the *Philadelphia Medical Times*, July 19, 1875. I shall therefore merely reproduce in a condensed form what I have said in both of my articles.

It is only barely necessary to call attention to the difference between cholera infantum, and the more common forms of infantile diarrhœa comprehended under the common name of "summer complaint." In the former we have those profuse discharges of serous matter, by vomiting and purging, that bring on a collapse as rapidly as is seen in true Asiatic cholera; but the latter is slower in its progress, and commonly there is fever, due to a congestive or an inflammatory process in the small and large intestine.

I will in a general way put summer complaint in three classes. First, a condition of loose bowels—semi-fluid, greenish, watery, with some fæcal and half-digested matters and with slight elevation of temperature. In this stage the physician is rarely called, for every one attempts to treat it with some kind of diarrhœa mixture. We are only called when the case presents more dangerous aspects. 2. It may change suddenly to the clear, copious discharge of rice-water, and assume all the traits of cholera infantum; or 3, an inflammatory process is set up—enterocolitis, in which the discharges are more frequent, retaining, however, more or less the traits of the "loose bowels" described above, with the addition of a high fever—102.5° to 106°. The pulse is much more frequent—130–150; the mouth is dry, the thirst intense; eyes staring, contracted pupils; insomnia, vomiting, rolling of the head, and distressing cries due to hyper-

æmia of the cerebral vessels and the unappeased thirst. The frequent vomiting and diarrhœa inhibit digestion or absorption of nutritious substances, and the brain is imperilled, for an effusion is impending, and general collapse. In this alarming condition the greatest relief may be found in immersions of the body in cool or even cold water, from twelve to fifteen minutes, every three hours until the fierce symptoms are relieved, and relief will positively be obtained. It has now been five years since I have adopted this method of treating enterocolitis, and I have not lost a patient. This may seem to be a strong statement, but it is literally true.

I fell upon this method of treatment by accident in this wise: I was treating a child of eighteen months, with a high grade of fever. The case had progressed for some time with no amendment. I asked a consultation, and our united counsels did not change the case for the better. The fever continued, the brain had become involved, and there seemed to be no hope. With a feeling of anger at the unmitigated fever, I determined to subdue it at all hazards. I placed the patient slowly (for the contact of cold aroused distressing cries) in a tub of hydrant water (75°), and immersed him up to his neck, holding his head in the hollow of my hand, while I poured from a small pitcher cistern water (65°) continuously over the scalp. I kept him in the water twelve minutes, giving freely cool water for his intense thirst. Upon his withdrawal he was bluish, shivering, and nearly pulseless; the jaws trembled with the cold. He was wrapped unwiped in a woollen shawl, and soon fell into a most peaceful sleep; the skin had lost its burning heat, and a reaction soon set in; a healthy warmth and gentle perspiration were established, and the diarrhœa was arrested. The baths were repeated several times after this. In the meanwhile quinine and whiskey were given freely, also beef-tea and cool milk, with addition of lime-water. Subnitrate of bismuth and pepsin mixed in powders were administered during convalescence to restrain diarrhœa, and to assist digestion, until the suffering mucous coat of the alimentary tract should be entirely relieved. The recovery was complete.

From my experience in a large number of cases, I have the utmost confidence in recommending the plan of cold baths to the profession. I beg gentlemen to try it.

Not only will it be found invaluable in "summer complaint," but in pneumonia, capillary bronchitis, and scarlet fever, remitting and typhoid fevers; in short, whatever may be the disease (sun-stroke, *par excellence*), where a high fever exists.

If the limits of an article like this would allow it, I could give numerous cases, in all the febrile forms of disease enumerated above, where the most satisfactory results have followed baths.

The immersion plan is much better than the wet pack, because the radiation of the febrile heat is more rapid and equable from the surface of the body. I have used the pack about the chest and abdomen for many years in private and hospital practice, and I know well what I say when I repeat that it is not only more troublesome to apply, but of greatly inferior value to the immersion method. I have also in high grades of fever often enveloped the whole body in a wet sheet wrung out of cold—even ice water, but it does not answer an antipyretic purpose anything like as well as immersion.

In regard to the internal treatment, generally I employ blue-mass in powder with sugar, or rubbed up with the aromatic syrup of rhubarb, in order to establish the healthy yellow alvine dejection; afterwards bismuth and pepsin. I generally succeed with these in the apyretic or non-inflammatory cases, but give the bath always in enterocolitis.

In cholera infantum, I at once employ a suitable dose of morphia hypodermically, and at the same time give small and repeated doses of calomel or blue-mass to excite a biliary flux. The morphine will promptly arrest the vomiting and diarrhœa, but they will return with fatal effects unless the biliary dejections are established.

Lastly, children who have had an attack of summer diarrhœa and have recovered should be removed to places of better air and fresher diet, for they are exceedingly liable to a relapse.

I beg further space, in order to encourage practitioners to try the plan of cool baths, to quote from an editorial of Prof. H. C. Wood, in *Philadelphia Med. Times*, August 5, 1876, on the subject. Referring to my original article published in 1875, he says: "Any one who has seen, as I have this summer, the child on whom drugs had ceased to act, and who was seemingly doomed to die, relieved in twelve hours by enforced cold bathing every three or four hours, will grant to Dr. Comegys the credit of having introduced one of the most life-saving improvements in modern therapeutics. The sudden sweet sleep, replacing, after the bath, the fretful nights and days of unrest, is a thing never to be forgotten when once seen; and the arrest of the diarrhœa is certainly no less remarkable."

Dr. Fothergill, in his work, refers to my treatment, but seems to apprehend that it is only applicable to a form of enterocolitis. He is in error—it applies to all forms.

This summer I have tried salicylate of soda in the height of the fever, and I think it is of value. I also employ it in pneumonia very favorably.

CINCINNATI, O., June 4th.

Progress of Medical Science.

HERNIA TREATED BY HEATON'S METHOD.—Dr. Langmaid recently presented before the Boston Society for Medical Improvement two children on whom he had operated for hernia by the injection method of Heaton. Case I., Leo, aged four years, suffered from acquired scrotal hernia. Was operated on twice at intervals of about three weeks, but the hernia returned, it is believed, from the impossibility of keeping the bandage in place. A third operation was performed, three hours after which the hernia again returned and could not be reduced. Three days later it was found to have disappeared of itself, and there is now (six weeks after the operation) a dense, firm plug of plastic lymph, (?) filling the inguinal canal, and apparently keeping back the hernia. Case II., aged three years, was operated on for double congenital inguinal hernia. There was in this case considerable inflammation, and a severe epididymitis of the right side, due to the needle having been passed through the invaginated scrotum. In this, as in the previous case, the inguinal canals are filled by plugs, on the right side accompanying the cord nearly to the bottom of the scrotum. The herniæ have not returned. In answer to Dr. Bigelow, Dr. Langmaid said that the nature of the fluid injected governs the amount of inflammation. There had been but a single occasion when the inflammation had been at all great. Dr. Bradford

said that Englisch, of Vienna, injects alcohol, a still greater irritant than white-oak bark. His experiments had been carried on quite independently of those of Heaton.—*The Boston Medical and Surgical Journal*, May 2, 1878.

URINARY CASTS, AND THE MINUTE ANATOMY OF THE KIDNEY.—At a meeting of the Royal Medical and Chirurgical Society, Dr. Reginald Southey read a paper on some minute points in the anatomy of the kidney and their relation to the pathological feature of urinary casts. Reviewing the continuous system of urinary tubules, which was first described by himself, he called attention to the position and size of the looped tubes of Henle. These, the smallest of all the urinary tubes, are situated between the secreting and collecting systems, and are the sole means of communication between them. If this were borne in mind, it would be obvious that anything like a desquamative shedding of epithelium from the secreting tubes could not pass into the collecting tubes. Further, the shape and size of all casts were found to correspond with the excretory system of renal tubuli. Their most fertile source Dr. Southey believed to be the collecting tubes or the ascending straight tubes of the third subdivision; the largest old fatty granular casts were doubtless moulded in the gathering mains close to the orifices of the papillæ. After many years' vain search, nothing like a desquamative shedding of the epithelium lining a tortuous tube had ever been observed by the author; and actual linings of the straight collecting tubes with their low sessile columnar epithelium had, as such, never been recognized by him. In discussing the subject, Dr. George Johnson differed from Dr. Southey on a number of points. He considered that the evidence of the formation of casts in the convoluted tubes was indisputable. As for our knowledge of the minute anatomy of the kidney, it had not been proved that all the convoluted tubes passed into Henle's loops, and Dr. Johnson thought this was a matter of some doubt.—*The British Medical Journal*, April 27, 1878.

CLUB-FOOT.—Mr. Swan, of Dublin, has tabulated and analyzed forty cases of club-foot; twenty-six were equino-varus, the form most commonly met with, and of these, eighteen had been unsuccessfully treated before falling into his hands. The causes which led to this want of success, he places under three heads: 1. Removal of forces producing deformity in improper order. 2. Transfixion of tendons, or omission to divide a tendon which should have been divided. 3. Improper application of extension. Deficient time allotted to the subsequent treatment. The application of improper retaining apparatus. In six cases of the eighteen the tendo Achillis, and tibialis anticus were divided in conjunction; in three the tendo Achillis and plantar fascia; in four the tendo Achillis alone. Transfixion of a tendon may be inferred when—1. Point-pressure below site of attempted division produces spasmodic contraction of muscle. 2. Extension is performed slowly and with difficulty; the deformed position is resumed with a spring on suddenly withdrawing extension by hand. The posterior tibial tendon was divided in but two cases, although all of them required it. Extension may cause slough from pressure, or paralysis from too rapid extension of a muscle. The apparatus employed is sometimes deceptively efficacious, as when inversion of the toes is overcome by rotation outward of the entire limb. Plaster-of-Paris forms an excellent dressing to maintain the foot in position; but whatever retaining apparatus may be used it should be removed daily for the purpose of manipulation. Acquired valgus is common among those who are obliged to stand much: it is characterized by pain, either gnawing and dull, or lancinating and occasionally violent. There is a remarkable connection between acquired valgus and lateral spinal curvature, especially in young females. This may be due to the formation of a series of compensatory curves, or the existence of a peculiar diathesis as a predisposing cause.—*The Medical Press and Circular*, April 24, 1878.

DISEASE OF THE LENTICULAR GANGLION.—In a paper on this subject, Dr. J. Hutchinson stated that the destruction of this ganglion by disease might properly be followed by paralysis of three distinct muscular structures, the dilator of the pupil, the constrictor of the pupil, and the ciliary muscle. For this condition, involving paralysis of all the muscular structures within the eyeball, the term ophthalmoplegia interna was suggested, while that of ophthalmoplegia externa was proposed in contradistinction for cases in which all or most of the muscles moving the eyeball were involved. His conjecture was that when opthalmoplegia interna alone existed, the disease was in all probability in the lenticular ganglion itself. If the nucleus or any part of the trunk of the third nerve were diseased, and this paralyzing the constrictor of the pupil, there must necessarily be defect in some of the external muscles of the eyeball. The details of eight cases were then related. It appeared highly probable that, in most, syphilis was the remote cause. Attention was especially asked to the fact that in many cases the paralysis of the iris preceded that of the ciliary muscle, and almost always in excess of it; and further that, under treatment, the ciliary muscle might regain its power whilst the iridoplegia persisted. In no case was failure of accommodation the first symptom. A suggestion was made as to the possible association of this group of symptoms with the early stage of locomotor ataxy, especially with that form of it which appears to be connected with syphilis. —*The British Medical Journal*, April 27, 1878.

VEGETABLE PARASITES OF THE SKIN.—Dr. Edward Wigglesworth has studied the characteristics of the vegetable parasites of the skin by a series of inoculations upon himself, giving special attention to the question of their identity or non-identity. The following are the results he has obtained: I. All vegetable parasites of the skin are not inoculable at all times and upon all persons. II. Varying degrees of intensity, or duration of application, are needed for successful inoculation of different parasites upon the same skin; the severer cases requiring more thorough inoculation. III. A healthy skin may resist the action of the less severe but more widely-spread mycoses, but yields to the more thorough inoculation of the more severe and rare forms, showing that the resistant power of the soil furnished is a factor to be regarded. IV. Extension and intension are in inverse ratio to each other. The milder mycoses are the more common, and point to an origin upon skins below par in vigor. V. The various mycoses of the human integument possess each its own distinguishing characteristics, although a transitory stage of growth of one of them may, in rare cases, as in the "ringworm stage" of favus, simulate in appearance one of the forms, temporary or more permanent, of an apparently different species. VI. While botanical and clinical observations are so at variance in reference to the identity or non-identity of the mycoses, this question must be regarded as still undecided.—*Archives of Dermatology*, January, 1878.

THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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LEGAL REGULATIONS FOR THE PRACTICE OF MEDICINE.

I.

THE necessity for regulating the practice of medicine by law has been so frequently discussed that we feel almost like apologizing for again bringing up the subject. We are convinced, however, that, notwithstanding repeated failures in accomplishing the desired result, some real progress has been made; and that, consequently, there is some hope for the future. With this conviction we propose to offer a few remarks upon the general topic, taking as the text thereof the present laws regulating the practice of physic in this State and county, and endeavoring to suggest such improvements to them as may be of practical service, not only to such as are more directly interested, but to the profession at large. We do not pretend to offer any excuse for selecting New York laws in this connection, inasmuch as, theoretically and practically speaking, they may be considered as a fair expression of the present state of popular feeling upon the subject, after much hard and persistent fighting on the part of the profession. Indeed, this statement would appear to be unnecessary, except for the suspicion that might arise in the minds of many of our readers that the discussion is merely of local interest.

The physicians and surgeons of the city and county of New York are subject to the laws of the State referring to medical matters; to the rules and regulations granted by the Legislature to the State and county medical societies; and to some of the provisions of the sanitary code of the Board of Health of this city.

No one can legally practise physic or surgery unless he or she shall have a diploma from some incorporated college of medicine of this State, or the degree of Doctor of Medicine from the Regents of the University, or a license or diploma, or certificate of membership, or of qualification, from one of the incorporated State, district, or county medical societies in this State.

No person coming from another State or county shall practise physic or surgery in this State or county until he shall have exhibited to the medical society of the county in which he resides satisfactory evidence that he has regularly studied physic and surgery, and shall have been duly authorized to practise by the laws of some other State or county, and have a diploma from some incorporated college of medicine, or legally incorporated medical society in such State or county.

According to Section 5 of the Sanitary Code of the Board of Health of this city, which we presume is authoritative, we learn that "the word physician shall include every person who practises about the cure of the sick or injured, or who has charge of, or professionally prescribes for any person sick, injured, or diseased, and any person who pursues the business of, *or acts as midwife.* Every physician in this city shall at all times cause his or her name, office and residence, and also his or her kind or class of practice to be registered within the Bureau of Vital Statistics and in a manner according to the regulations prescribed by this Board.

Every physician of temperate habits, good moral character and legally acknowledged right to practise physic and surgery in this State, is entitled to and must become a member of the medical society of the county in which he resides and practises.

When there was only one incorporated county medical society in each county of this State, all legally qualified practitioners of good moral character were entitled to, and obliged to become members of it; but as there are now both State and county homœopathic and eclectic medical societies, all physicians who practise avowedly according to those systems or methods are no longer entitled to, nor can they obtain membership in the medical societies of the State or counties of New York; nor should they in the homœopathic or eclectic societies, unless legally qualified and of good moral character.

If any county medical society shall neglect to perform all such acts as may be required to be done by it, by the law incorporating medical societies, or any other law of the State relative to the science of medicine, or shall do acts which may be considered derogatory to the honor of the medical profession, or shall oppose or neglect to comply with the by-laws of the Medical Society of the State of New York, it shall be admonished touching any such proceedings; and if it is deemed necessary for the public good that, from the improper conduct of any such county medical society, its corporate rights should be suspended, then in that case it shall be lawful and just for the State Medical Society to make application to the honorable the Legislature for such purposes.

The president of every county medical society shall give notice to every legally qualified and honorable physician and surgeon not already admitted into such society, requiring him or her within sixty days after the service of such notice, to apply for a certificate of admission as a member of such society.

The law of 1874, which is now in force, also says:

"Every practitioner of medicine or surgery in this State, excepting licentiates or graduates of some incorporated medical society or chartered medical school [of this State?] shall be required, and they are hereby commanded to obtain a certificate from the censors of some one of the several county, district or State medical societies [of this State], which certificate shall set forth that said censors have found the person to whom it is issued qualified to practise all the branches of the medical art mentioned in it [viz., physic, surgery, or midwifery].

"If a person apply to a county medical society for a certificate, and it be refused [on account of the ignorance, incompetence, or immorality of the applicant], he cannot apply to any other county medical society, not even to the homœopathic or eclectic, but has the right to appeal from the censors of such society to the medical society of the State in which such county medical society is represented.

"If a person applies to the Medical Society of the State for a certificate, and is refused, he is prohibited from applying afterwards to any county [or other State?] medical society; though, if he should subsequently and legally procure a diploma from any incorporated medical school or college, he would be allowed to practise.

"The homœopathic and eclectic medical colleges cannot legally issue a diploma to any one who has not studied medicine three years, and taken two full courses of medical lectures, and who is not of good moral character. The law of 1874, against diplomas illegally obtained, applies to all in which these requirements have not been fulfilled.

"And further be it enacted: That no physician or surgeon who may have received his license from any other State or county, shall be permitted to practise physic or surgery in the State, unless he shall exhibit satisfactory testimony to three of the censors of the State Medical Society, that the course of medical instruction which he has pursued has been as full and complete as that which is required by either of the medical colleges [existing in 1825] of this State.

"And if not, he shall submit himself to an examination before the Censors of the State Medical Society, and shall be licensed to practise physic in this State, if found competent, and not otherwise.

"The censors of each medical society shall notify all practitioners of medicine and surgery of the terms and requirements of this act, and require such practitioners to appear and comply with this statute within thirty days. Upon failure to appear, such persons shall be deemed to be practising without authority, and guilty of a misdemeanor, subject to a fine of from $50 to $200 for the first offence, and to a fine of not less than $100, nor more than $500, or by imprisonment for not less than thirty days, or by both imprisonment and fine, for the second offence."

The president of the society giving the notification for examination is required to commence the proceedings authorized by the act—that is, to lay the charges before the District Attorney of the county in which his society is situated.

The censors must proceed to examine all physicians [surgeons and midwives?] who present themselves. If found proficient, they shall be entitled to a certificate, which is not a license, but merely a certificate of qualification allowing the holder to practise; and much less does such a certificate make the holder a member of the county medical society granting it, for it does not even qualify him or her to apply for membership in it.

A diploma illegally obtained will not entitle a person to practise, and it would seem, according to Ordronaux, from the authority given to the censors of the society by this act, that they alone are to determine the legality of such diplomas.

The censors may also call upon physicians having diplomas from regularly chartered medical schools or colleges, and may compel the production of such diplomas.

ARTIFICIAL BUTTER—ITS UNWHOLESOMENESS.

In a recent article in the *American Dairyman*, Mr. John Michels gives an account of the manufacture of artificial butter, which will not be very assuring to consumers of this so-called wholesome article. He very properly maintains that it is important, in estimating the dietetic value of oleomargarine as a substitute for butter, to take into account that it is manufactured from the fat of animals, and that during the whole process, from first to last, this fat is *never submitted to a higher temperature than* 120 *degrees Fahrenheit.* The fat oils are, therefore, merely liquefied or set free, and manipulated to have the general appearance of butter, but they are virtually still in a raw state when thus offered for human consumption. It would appear to follow, according to his view of the case, that germs of disease (or their equivalent), morbid secretions and embryos of parasites, are thus liable to be transferred in a living condition into the systems of those who make use of this substance. But, bad as this is, it is by no means the worst side of the picture which is presented to the oleomargaric devotees, for, added to other objections, is that of adulteration. The descent in the scale of this adulteration from pure butter to the commonest kinds of compressed fat is as easy as it is natural. Hence, we are not surprised at the following statement bearing upon the point:

"The prospectus of the companies states that the

caul fat of the ox only is used for making oleomargarine, but I have reason to believe that the refuse fat of at least one pork-packing establishment is used. Thus already a departure is made from the programme, and as the trade increases, fat of every description will probably be offered for sale, and even that from the carcases of diseased animals may be purchased without guilty knowledge by the managers."

Mr. Michels is willing, however, to enter into some compromise with the ambitious manufacturers and speaks as follows on the real utility of the compound:

"For cooking purposes oleomargarine appears to be an excellent substitute for any fat previously used, but I consider considerable risk is attached to its use in a raw state as table butter, and as such it should be rejected."

THE MICROPHONE IN DIAGNOSIS AND OTHER MATTERS.

INTELLIGENCE comes to us that Dr. Richardson, of London, has been experimenting with Prof. Hughes, the distinguished discoverer of the microphone, or sound-magnifier, in order to ascertain whether the apparatus can be applied to diagnostic purposes in auscultation of the lungs and heart. So far the results have not been very satisfactory, inasmuch as there is considerable difficulty in making the sounds, which are heard through the stethoscope, pass, in the form of electrical vibrations, to the ear. It is reasonable to expect, however, that a large number of the present difficulties may be overcome, and that we shall arrive at a point where the sounds, normal and abnormal, can not only be distinctly heard, and made more intense, but new ones raised to the level of accurate audition. If such be the case, auscultation may be studied from an entirely new standpoint, and a chance may be given to the younger auscultators for making brilliant reputations.

In fact, in this age of astounding discoveries, it is hardly unreasonable to expect any possibility from instruments. With an attachment of the microphone, telephone, and phonograph to the telegraph, students within reach of the stations might be furnished with lessons in practical auscultation, the character of which would shame the best-directed efforts of Clark, Flint, or Loomis, and the utility of which would transcend anything ever before attempted. When this shall have been accomplished, we will no longer be astonished at the possibility of looking through the skull for a congestion of the brain, of hunting with a crowbar for a urethral stricture, of demonstrating a spinal centre in the clitoris, of proving that antiseptic spray kills bacteria, or of discovering the real syphilitic corpuscle. But let us be patient.

THE REPORT OF THE SECTIONS.

IN consequence of the press of other material we are unable to complete in our present issue the reports of all the Sections of the American Medical Association. As it is, we have done our best to give the usual variety to our readers, and will strive to complete our report in our next.

Reviews and Notices of Books.

MEDICAL REGISTER FOR NEW YORK, NEW JERSEY, AND CONNECTICUT, 1878, 1879. W. T. WHITE, M.D., Editor. 12mo, pp. 212.

THIS annual, which commences the year from June 15th, again makes its welcome appearance, and again invites a favorable word of comment upon its general plan and make-up.

The volume is somewhat smaller than its predecessor, which is a recommendation in its favor. All the old features which have made the book so popular have been preserved, and there is the usual evidence of accuracy of lists of names and of items of information regarding medical societies and institutions. It would be impossible to detail the different matters which are treated of in the little volume, except in a general way to say that for the purposes for which it is intended it is scarcely susceptible of improvement. This statement carries with it well-deserved commendations for the editor, Dr. W. T. White. The work was issued promptly on the date promised, which is a circumstance sufficiently unusual with those of its class to deserve a passing allusion.

Reports of Societies.

AMERICAN MEDICAL ASSOCIATION.

REPORT OF SECTIONS.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

DR. E. W. JENKS, of Detroit, Mich., Chairman.
DR. H. O. MARCY, of Cambridge, Mass., Secretary.

TUESDAY, JUNE 4TH—FIRST DAY.

The Section was called to order at 8 P.M., by the Chairman.

The first paper read was by DR. THEOPHILUS PARVIN, of Indiana, on

OVOTOMY.

Dr. Parvin applied the term ovotomy to any cutting operation for the removal of the ovum.

He recognized *six* varieties of ovotomy:—1. Abdominal. 2. Vaginal. 3. Uterine. 4. Abdomino-Cystic. 5. Abdomino-Uterine. 6. Abdomino-Vaginal.

To the last two varieties Dr. Parvin made special reference; the first four varieties being mentioned in order to make the classification complete.

Attention was first directed to the history of abdomino-uterine ovotomy, or Cæsarean section, and the opinions of standard authors were quoted with reference to the indications for the performance of the operation.

Reference was then made to the history of abdomino-vaginal ovotomy, or the operation which, by Dr. T. G. Thomas, of New York, had been named laparo-elytrotomy.

With reference to those operations and the opera-

tion of embryotomy, the following important questions were to be considered:

How far should abdomino-vaginal ovotomy supplant abdomino-uterine ovotomy, and how far should either take the place of embryotomy? The chief dangers attending the last two varieties of ovotomy were then considered, and the conclusion reached that, taking into consideration shock, hemorrhage, peritonitis, etc., the abdomino-vaginal operation would not be performed where the diameter of the pelvis was two and one-half inches. His closing words were as follows:

"Qualifying, therefore, as possibly must be done, some of the advantages claimed for abdomino-vaginal ovotomy, it still remains, and must remain until facts are adduced contradicting those of Drs. Thomas and Skene, one of the most important advances in obstetric surgery. But certainly the future will not see it performed, as Baudelocque did in a case where the antero-posterior diameter of the superior strait was about four inches; nor until the confirmation of fortunate results obtained by Thomas and Skene will it be generally resorted to when that diameter is two and one-half inches."

Dr. De L. Miller, of Chicago, concurred in the conclusions reached by Dr. Parvin.

Dr. J. C. Reeve, of Dayton, O., referred to the danger of wounding the bladder, and directed especial attention to such liability under the management of the *ordinary operator;* in the hands of *skilled* operators that liability might be very much reduced.

Dr. E. S. Dunster, of Ann Arbor, Mich., thought that the time had not yet arrived at which the status of abdomino-vaginal ovotomy, or Thomas's operation, could be determined. It was impossible to generalize from so small a series of cases as had been reported; but a sufficient number of successful cases had been gathered to warrant us in pursuing the subject still further.

As compared with Cæsarean section he was of the opinion that Dr. Thomas put somewhat a false estimate upon it. For, peeling up the peritoneum instead of cutting it, did not rid it of the danger of inflammation. Dr. Dunster thought that the danger of inflammation in Dr. Thomas's operation was entirely underestimated, but when it was coupled with the danger of cellulitis, the dangers of the operation were quite as great as those which followed Cæsarean section. It was possible that the future might place the operation upon nearly the same platform as that now occupied by ovariotomy, although we could never, as a matter of course, have the same amount of experience in its performance. Dr. Dunster believed that it would be prudent to reserve our decision in making an estimate of the value of the operation, and simply say that experience so far was encouraging, and was sufficient to warrant us in pursuing the investigation. He thought it had been proved that the dangers of the Cæsarean section had been overestimated, and that if the operation was performed earlier than it had usually been, probably better results than have been reported would be obtained.

Dr. Horatio R. Storer, of Newport, R. I., thought that the profession was not prepared, in want of farther evidence, to accept as a measure and indiscriminately follow the revival of an operation long ago known. So far, however, as directing attention to, or making new suggestions with reference to an old operation, very great service had been rendered to the profession by the report of cases such as had been given us by Dr. Thomas and Dr. Skene.

With reference to the Cæsarean section, the history of the cases in which it had hitherto been performed had been extremely faulty in many particulars. Not only had the operation been postponed until the woman was practically moribund, but sufficiently minute data had not been furnished with reference—

1. To the simple opening of the abdomen.

2. With reference to the treatment of the uterus after the incision had been made.

There was a great diversity of opinion among writers upon that point.

3. Operators had, in many instances, failed to properly auscultate the abdomen with the view of determining the seat of the placenta.

4. There was a material difference of opinion with reference to what method should be employed for securing subsequent drainage.

In addition, Dr. Storer believed that there were many instances in which the question of ovotomy was distinctly presented:

First. After supposed death of the mother, and with the hope of removing and saving the child.

Second. In cases of rupture of the uterus; and

Third. In cases of extra-uterine pregnancy.

Dr. Jenks, of Detroit, did not disapprove of the operation of laparo-elytrotomy, or abdomino-vaginal ovotomy, but he thought we were not yet in a position to adopt it as a substitute for Cæsarean section. Perhaps in the hands of expert operators the operation could be resorted to with advantage, but for the ordinary operator he regarded it as a much less available operation.

Dr. Albert H. Smith, of Philadelphia, remarked that he felt compelled to endorse the view taken by Dr. Parvin with reference to the operation under consideration. He was of the opinion that Dr. Thomas had not established any immunity from peritonitis by his operation. There was no guaranty that the operation could be performed without involving the peritoneum except in the hands of experts like Dr. Thomas. In quite a number of the cases which had been operated upon the bladder was lacerated. The amount of outrage committed upon the os uteri and the tissues surrounding it was very great, and exposed the woman to disastrous results. We were obliged to operate and draw a child through an undilated os, and to do that with the haste which had seemed necessary, laceration was liable to occur, and the peritoneum to become involved. He was not able to grant that Dr. Thomas had given any good reason why the operation of laparo-elytrotomy should take the place of the Cæsarean section, which, if performed earlier, might be successful in a vast majority of cases.

On motion made by Dr. James P. White, of Buffalo, the paper was referred to the Committee on Publication.

The Section then adjourned, to meet on Wednesday at 3 P.M.

Wednesday, June 5th—Second Day.

The Section was called to order at 3 P.M. by the Chairman.

HOUR-GLASS CONTRACTION OF THE UTERUS PRIOR TO EXPULSION OF CHILD.

Dr. Thad. A. Reamy, of Ohio, read a paper upon the above subject, and related the history of a case which occurred in the practice of Dr. J. B. Edwards, of Xenia, Ohio.

The points of interest in the case related were:

1. The perfect coaptation of the abdominal wall to the external shape of the uterus.

2. The extraordinary fact that the direction of the contraction in one case was not circular, but oblique.

3. The singular fact that regular contraction and relaxation occurred above the point of constriction, with complete paralysis below that point.

4. The marvellous power exerted by the muscular fibres causing constriction.

5. The influence in one case of prolonged anæsthesia in overcoming spasm, which was, at first, but little affected thereby.

This complication of labor was regarded as rare, and the causes of the irregular contraction were regarded as conjectural.

Dr. H. O. Marcy, of Cambridge, Mass., referred to cases reported by Alfred Hosmer in the *Boston Medical and Surgical Journal*, in which a condition similar to that alluded to by Dr. Reamy had been found in the cervix.

Reference was farther made to Wm. Hunter's plates, showing the physiological condition of the cervix at full term; the cervix was much larger than was generally described, or by us estimated. Perhaps it was at the cervix that those contractions existed, the cervix being one-fourth or one-sixth the entire organ.

Dr. Miller, of Chicago, referred to a case in which irregular contraction of the uterus was produced by the fœtus on account of a diminished quantity of liquor amnii. That explanation, however, might not be applicable to the cases reported by Dr. Reamy.

Dr. Dunster regarded cases of irregular contraction of the uterus as among our physiological puzzles.

Dr. W. W. Porter, of the University of Syracuse, N. Y., referred to a case in which relaxation of such contraction was effected by an emetic.

Dr. Storer regarded the suggestion made by Dr. Porter as a valuable one.

Dr. Trenholme, of Montreal, speculated with reference to the causation of irregular contraction of the uterus.

Dr. Parvin referred to the question of treatment when such irregular contractions were present. The treatment adopted by Dr. Edwards, in the case reported by Dr. Reamy, had been to force the hand through the constriction, and within an hour the woman died, and was said to have died of shock. Was not death hastened by persistent effort to overcome the resistance by manual interference? Would it not have been better practice to have waited a little for relaxation, inasmuch as there was no special reason why the placenta should be immediately removed?

Dr. Baker, of Whitesboro, suggested the use of atropia instead of emetics to produce relaxation of rigid os.

Dr. Bontecue, of Troy, favored the use of atropia in that class of cases.

Dr. Reamy remarked that the constriction in his case was not at the os internum; it did not correspond to the circular fibres of the os internum. He regarded all the explanations concerning the condition in this class of cases as unsatisfactory. He doubted extremely the propriety of Dr. Edwards's treatment so far as manual interference was concerned, and also the use of one-quarter-grain doses of morphine; his object, however, had been not to speak of treatment or causation, but to direct attention to features specially interesting in the condition found.

SUB-COMMITTEE TO WHICH PAPERS WERE REFERRED.

On motion, a committee of five was formed, to which all papers presented to the Section should be referred. The committee consisted of the Chairman, the Secretary, and Drs. E. S. Dunster, of Mich., De L. Miller, of Ill., and Albert H. Smith, of Pa.

Dr. Horatio R. Storer, of Rhode Island, then read a paper on

THE FREQUENTLY GYNECOLOGICAL ORIGIN OF INHERITED FORMS OF STRUMOUS DISEASE, AND THE CONSEQUENT INDICATIONS FOR TREATMENT.

"The prevention of disease," said Dr. Storer, "is more important than its cure," and he then proceeded to discuss the relation which struma and syphilis had to each other. Much could be done in removing syphilis by the firm tread of the law, but there were *five* points with reference to the main question which were within our province:

1. Syphilis, like other toxæmia, was more prone to become constitutional in the strumous than in the perfectly healthy subject.

2. Struma, the result of syphilis, was comparatively seldom recognized during life, and still more infrequently received appropriate treatment.

3. Syphilitic struma, personal or by heredity, was in no sense self-limited.

4. Predisposition to syphilis by heredity, both of itself and as affected by struma, was much more frequently intense than generally supposed.

5. Transference of primary syphilis, sometimes by perfectly healthy women who were entirely free from specific disease, was an element not to be overlooked in discussing syphilitic struma.

Dr. Storer believed that a sufficient number of perfectly healthy women could transfer the contagion to keep up the disease indefinitely. He also maintained that consumption was caused by syphilis; that the contagiousness of phthisis was established; that syphilis was never entirely eradicated from the individual; and that it was possible to diagnosticate between syphilis and struma by means of the microscope.

The *five* propositions being admitted, it followed:

1. That the more completely we prevented [by wise sanitation], controlled [by intelligent supervision], and perhaps, cured [in certain cases by specific treatment] phthisis and other forms of strumous disease, to such an extent did we limit the probable infection, propagation, and intensity of syphilis.

2. Similarly, that the more actively we endeavored, by public and private measures other than those now indicated, to absolutely eradicate syphilis from any community, to such an extent did we limit the occurrence, personally and by inheritance, of the various forms of strumous disease; and that

3. *A fortiori*, and even to a greater extent than had as yet been or could be effected by governmental or private attempts to control venereal, by examining for, or by treating its primary lesions by themselves, and thus remove from our midst a large moiety of the material upon which the disease has thus far subsisted, we might hope eventually to get its upper hand. It would be an added triumph for gynæcology, for the most real practical steps towards that great end would prove, upon the large and effectual scale, to have initiated from ourselves.

The paper was referred to the Sub-Committee.

NEW CLAMP FOR PERINEORRHAPHY.

Dr. W. W. Munson, of Otisco, N. Y., exhibited a new clamp as a substitute for Baker Brown's quills. It consisted of an ordinary hard rubber quill, with buttons attached to prevent it from rolling. The wire passed through, and was fastened around the button. The advantages claimed for it were:

1. Ease of application;

2. Only one wire passed through the tissue; and,

3. The wire could be loosened or tightened without cutting.

The instrument received favorable mention from Dr. Albert H. Smith, of Philadelphia, and Dr. E. S. Dunster, of Mich.

NEW METHOD OF DENUDING TISSUES IN THE RESTORATIVE SURGERY OF THE FEMALE PELVIS.

DR. ALBERT H. SMITH, of Philadelphia, described a new method of denuding tissues, which was regarded as especially valuable when it was desirable to secure fresh tissue without much loss of substance. For that purpose he recommended the use of a burr, considerably larger than the dental burr, which could be brought in contact with the surface while in rapid rotation by means of a dental engine. It was especially applicable in Emmet's operation, after the surface to be denuded had been marked out with a sharp-pointed bistoury.

DR. WM. B. ATKINSON, of Philadelphia, exhibited a

NEW CEPHALOTRIBE,

devised by Dr. Wallace, of Philadelphia, after which the Section adjourned, to meet on Thursday at 3 P.M.

THURSDAY, JUNE 6TH—THIRD DAY.

The Section was called to order at 3 P.M. by the Chairman.

On motion, the Chairman's address was referred to the Committee on Publication.

CONNECTION OF THE HEPATIC FUNCTIONS WITH UTERINE HYPERÆMIAS, FLUXIONS, CONGESTIONS, AND INFLAMMATIONS.

DR. LEVI F. WARNER, of Boston, presented a paper upon the above subject, which was a substantial plea in favor of constitutional treatment for pelvic disease occurring in the female.

Dr. Warner believed that much harm had been done by the argument that, because we knew but little about the action of medicines, we should be very sparing in their use; and also by the doctrine of self-limitation of disease. Disease, instead of being self-limited, might in many cases be limited by a judicious course of treatment. The presumption of self-limitation of disease in a physiological sense was a misnomer. Dr. Warner believed that there was an intimate connection between uterine and hepatic disease, and *vice versa*. His conclusion was, that the successful treatment of uterine hyperæmias, congestions, fluxions, and inflammations depended as often upon measures which were constitutional as upon those which were strictly local, and that sometimes without such constitutional measures cure was impossible.

DR. STORER regarded the paper as a step in the right direction. For, while he considered the pelvic organs second to none in economy, he did not regard the uterus and the ovaries as the only organs in the economy; and he believed that the practitioner who treated the uterus and ovaries, forgetting the liver, the brain, the stomach, the spleen, and other organs, was acting unscientifically, unprofessionally, and, in many cases, unsuccessfully.

DR. BARTLETT, of Wisconsin, remarked that the older he grew the more he found it necessary to attend to general conditions, and the less reliance he placed upon purely local treatment in the entire class of pelvic affections. He spoke approvingly of the paper.

DR. MARCY thought that the danger of to-day was that young men were graduated into specialties which they went out to practise, thinking that they knew more than any one else. The character of *all* the symptoms should be carefully noted before prescribing for any individual case.

The paper was referred to the Sub-Committee.

INDICATING UTERINE SOUND.

DR. MARCY exhibited an indicating uterine sound which had been devised by Charles R. Jennison, of the firm of Codman & Shurtleff, Boston. It was so constructed that pressure upon one end caused the other end to curve in the opposite direction.

THE SURGICAL TREATMENT OF UTERINE FIBROIDS.

DR. JOHN C. IRISH, of Lowell, Mass., presented a paper upon the above subject, in which he recommended removal of the uterus in the treatment of fibroids whenever they would certainly eventuate in the death of the patient at no distant period. Under such circumstances it was most emphatically our duty to give the woman the last remaining chance for life that the operation offered. It could not have so extended a range of usefulness, nor would it furnish so brilliant results as ovariotomy, yet he believed that it would render good service in the saving of human life.

The paper was discussed by Drs. A. H. Smith, of Philadelphia, and E. S. Dunster, of Ann Arbor.

UTERINE FIBROIDS TREATED BY ELECTROLYSIS.

DR. EPHRAIM CUTTER, of Boston, Mass., gave a brief *résumé* of the treatment of fifty-eight cases of uterine fibroids by electrolysis, as practised by Dr. Gilman Kimball, of Lowell, Mass., and himself.

Reference was first made to those cases in which electrolysis was applied without anæsthesia.

The difficulty which was first experienced in introducing the needle into the dense fibroid without having it twist in the hand of the operator was referred to, and such difficulty had led to the use of a needle having very much the shape of a surgeon's grooved director.

The results obtained in a little over fifty cases, as given from memory, were as follows: There were four deaths. There were seven cases in which no relief had been obtained.

In three cases relief from symptoms had been obtained, but the size of the tumor remained unchanged.

Four cases were entirely cured.

In thirty-two cases the tumors had been diminished in size, and relief of symptoms had followed the operation. In these cases the operation was simply undertaken to arrest the growth of the tumor. In the great majority of them the growth was arrested, and the average reduction in the size of the tumor was one-third in cases in which any diminution in size occurred. The peritoneal inflammation which had followed the operation had been very slight, and of brief duration.

In one case abscess was formed. The puncture was about one and a half inches deep, and the abscess was about four inches deep. In one case fistulous openings were created by the improper protection of the needle where it passed through the skin.

They continued to use the same kind of battery as at first, namely, one with large plates. It was their impression that what was needed for the operation was quantity and not intensity of the electrical current.

It was their opinion also that it was not advisable to prolong the operation over fifteen minutes; from

five to ten minutes was an average length of time. In no case should the operation be performed at the office of the physician. The first operation should not be continued longer than three minutes.

In a majority of the cases the needle was introduced into the tumor through the abdominal wall, but there was no rule with reference to that point. In one case both electrodes were introduced through the rectum. Of the two outlets, they preferred the rectum to the vagina.

The manner of introducing the needle was regarded as important; it should be introduced with a single thrust. The manner of its withdrawal was also important; firm compression of the tissues surrounding the needle should be made, in order to prevent separation of the various layers, and then the needle withdrawn quickly. Since they had used anæsthetics no alarming symptoms had been developed in the way of shock, etc., and Dr. Cutter believed it to be unwise to attempt to perform the operation without the aid of an anæsthetic.

Dr George M. Beard, of New York, remarked that he began to experiment with reference to the electrolytic treatment of fibroids of the uterus in 1870, and used a long, spear-shaped electrode, something like that described by Dr. Cutter. He then used only one pole, the negative, and through the vagina. Afterwards, he carried on the same line of investigation with reference to other tumors, and had noticed with reference to electrolytic treatment of fibrous tumors about the neck, that some of them went down rapidly under treatment, and never returned, while others were reduced perhaps twenty-five per cent. in size, and then remained permanent. He agreed with Dr. Cutter with reference to the use of a mild current, and the time to be occupied at each application.

Safety was an important element in the operation, and to that end Dr. Beard recommended that the negative pole should be first used, and perhaps afterwards both poles might be employed. In some cases good results could be obtained by the use of the negative pole alone. He had sometimes used the faradic current without the needle. The accessory symptoms connected with uterine fibroids, such as excessive hemorrhage, anæsthesia, neuralgia, and the various effects upon the general nervous system, were almost always greatly and quickly relieved by either method.

With regard to the battery, he thought it made no difference what kind was used, provided we had any of those now manufactured. The battery with large plates, such as used by Dr. Cutter, gave no more electricity than one with smaller plates, as could be mathematically demonstrated by Ohm's law. The important point was to begin with small currents.

He believed introduction of the needle into any part of the abdomen could be done without any injury whatever.

Dr. Mussey, of Ohio, referred to cases in which he had afforded relief from the symptoms attending uterine fibroids by the use of the electric current applied externally. It was his opinion that most of the thirty-two cases mentioned by Dr. Cutter would have done as well by the use of the electric current applied externally as by the use of the needles.

Dr. J. J. Caldwell, of Baltimore, believed that uterine fibroids could be benefited by the external application of electricity. He preferred galvanism to the faradic current.

BATTEY'S OPERATION FOR EXTIRPATION OF THE OVARIES.

A paper upon the above subject was presented by Dr. George J. Engelmann, of St. Louis, Mo.

In it were considered the dangers and the difficulties of the operation, and, although one of its advocates, yet Dr. Engelmann believed its dangers were greater than had been supposed. In average cases the dangers were greater than in ovariotomy; and its dangers were greater than Battey's own cases would lead us to conclude. It was more dangerous than ovariotomy because: 1. It was a more delicate and difficult operation; 2. Because the pedicle could not be fastened in the abdominal incision except in a few exceptional cases; and 3. The pedicle in the abdominal cavity was in a most favorable condition to respond to irritation.

After a few remarks by Dr. Trenholme, of Montreal, the paper was referred to the Sub-Committee.

On motion by Dr. Smith, of Philadelphia, the thanks of the Section were tendered to Dr. Jenks, Chairman, for his able address.

Thanks were returned to the Secretary, and the Section adjourned.

SECTION ON SURGERY AND ANATOMY.

Dr. Henry H. Smith, of Philadelphia, Chairman.
Dr. E. T. Easley, of Little Rock, Ark., Secretary.

Tuesday, June 4th—First Day.

The Section was called to order at 3 P. M. by the Chairman.

A sub-committee of five, consisting of Dr. A. C. Post, of New York City, Dr. Watson, of Jersey City, Dr. F. Hyde, of Cortland, N. Y., and the Chairman and Secretary of the Section was appointed, to which all the papers read before the Section should be referred.

Dr. Lucien Howe, of Buffalo, presented a patient upon whom plastic operations had been performed for the formation of a new eyelid.

EXCISION OF THE DIAPHYSIS OF THE TIBIA.

Dr. C. C. F. Gay, of Buffalo, read a paper upon the above subject, and it received the usual reference.

SEPTICÆMIA FOLLOWING RESECTION OF BONES

was the title of a paper read by Dr. S. H. Weeks, of Portland, Me.

The paper was discussed by Drs. Keller, Woodward, Waterhouse, and Weeks, and referred to the Sub-Committee.

TRACHEOTOMY WITHOUT TUBES.

Dr. Henry A. Martin, of Boston, read a paper upon the above subject, in which he claimed that it was the office of the physician not only to attempt to restore to health but to mitigate pain, and to mitigate pain not only when such mitigation might conduce to recovery, but when it might serve to assuage the pains and agonies of death. He was an advocate of tracheotomy in croup. His method of performing the operation was to make the ordinary incision into the trachea, introduce silver wires into the edges of the wound and secure them behind by means of an elastic band. By keeping the opening patent in that manner the danger from obstruction of the tubes was avoided, and the patient could be left in the care of the nurse with comparative safety. Dr. Martin first performed the operation in that manner thirty-five years ago.

The paper was referred without discussion.

NEW METHOD OF CUTTING BANDAGES.

Dr. Martin exhibited roller bandages which had

been cut in an ordinary turning lathe. They were made from cross-barred wiggin in the following manner: A piece of the material, of any desired length, was tightly wound upon a stick like a window-curtain roller, then put into a turning lathe and cut into bandages of any width by means of the workman's pointed chisel.

IDENTITY OF HOSPITAL GANGRENE WITH DIPHTHERIA

was the title of a paper read by DR. JOHN D. CARPENTER, of Pottsville, Penn.

Dr. Carpenter's conclusions were based on observations made in 100 cases of hospital gangrene occurring in an army hospital at Cincinnati in 1361, and subsequent observations. He was persuaded that the disease depended upon a specific cause, diphtheria, which by attacking a wounded surface produced a condition known as hospital gangrene, which could be communicated to persons in private life as well as to those congregated in hospitals. His conclusions were as follows:

Hospital gangrene and diphtheria were identical in the following particulars,

1. In their causation—by an atmospheric contagion, becoming epidemic under suitable circumstances.
2. In the interchangeableness of their miasm—either disease was capable of propagating the other.
3. In their pathological features—exudations, ulcerations, mortifications, hemorrhage, erysipelas and general blood-poisoning.
4. In the double form of each disease—simple, catarrhal or pulpy and malignant ulceration or phagedenic.
5. In the local infection as being preliminary to the general disease.
6. In the parallel methods of cure, and in the identical remedies used with success in both diseases.
7. In the similar modes of death, and particularly the comparative frequency of heart-clot in both diseases.

In absence of Dr. D. M. Clay, of Shreveport, La., his paper on

PERITYPHLITIC ABSCESS

was read by title, and referred to the Sub-Committee.

SUPPLEMENTARY REPORT ON POTT'S DISEASE.

DR. LEWIS A. SAYRE, of New York, made a supplementary report on Pott's disease. He declined to submit it to the committee, as he wished to present it in a more complete form at the next meeting of the Association. One object in view, in calling the attention of the Section to the subject, was to secure the aid of the members in collecting cases which had been under treatment by means of the plaster-of-Paris jacket; what their condition was when treatment was commenced; how long treatment was continued; the results obtained; and, if cured, how long the treatment had been discontinued. Dr. Sayre gave the following synopsis of his supplementary report:

It embraced the complete history of 125 cases of spondylitis. More than double that number had been treated; but their histories were yet incomplete, and, therefore, they were not embraced in the report.

The ages of the cases reported varied from 4 to 53 years.

The condition of the spine varied from the slightest curvature, of few months' standing, to the most aggravated deformity, complicated with abscesses and paralysis.

All the cases had been treated by suspension and the plaster-of-Paris jacket.

Many of them had been treated by the use of various braces from two to fourteen years, and in each instance the disease was progressive when treatment by suspension and the plaster bandage was commenced. In every case relief was given by suspension, and in many the relief from pain was complete. In several cases, the paralysis was so far relieved that they were able to move their limbs as soon as the plaster dressing had "set." In some instances the patients were able to walk within twenty-four hours. Special mention was made of the following case: A male, æt. 53. had suffered from spondylitis of dorsal vertebræ since 11 years old. He had worn braces of various kinds continuously for over twenty years. He had had complete paralysis of both lower extremities for three years and eight months, and had suffered such pain as required the continued use of hypodermic injections of morphine and opium suppositories. He was *immediately* relieved of all pain the moment he was suspended. He was able to move his legs with ease forty-eight hours after the application of the plaster jacket. At the end of five days he was able to walk. His improvement had continued, and he was able to attend to his regular business as an artist. The first jacket was worn three months. The second was worn three weeks, when it was cut down, properly bound with leather, supplied with straps and buckles, and then worn as a corset. His health was excellent.

Among all the cases treated, only two deaths had occurred. One patient, 33 years of age, died of aneurism of the aorta. Another, a boy 11 years old, was thrown from the upper berth of a sleeping-car, and died within a few hours. No post-mortem of the last case could be obtained.

PLASTIC SURGERY

was the title of a paper read by DR. A. C. POST, of New York. Two cases of blepharoplasty were reported, with remarks. One was a case in which the lower eyelid had been removed for epithelioma. The other was a case of ectropion of both eyelids. Both were severe cases. In the first case the operation was very successful. In the second case the eversion was overcome by a series of operations, so that in the course of one year slight inversion was produced. In the progress of the second case it was demonstrated that wounds of recently transplanted tissue underwent more rapid, more perfect healing, and with less scar than wounds of the skin in its normal relation.

SENSIBILITY OF THE TRANSPLANTED FLAPS.

The sensibility of the two flaps in the second operation differed in this respect: in the flap removed from the temporal region the sensibility was referred to the part from which the flap was taken; while in the flap taken from the cheek the sensibility was referred to the position occupied by the flap after its transplantation.

FORMATION OF EYEBROWS.

New eyebrows were formed from the cutaneous flaps taken from the temples. That fact was regarded, as almost unique. Dr. Pancoast, of Philadelphia, had in one case had the same result, but it had not been reported.

PREVENTION OF SEPTICÆMIA IN SURGERY—NEW PRINCIPLE IN THE USE OF DRAINAGE TUBES — PROPHYLAXIS BY MEANS OF CARBONIC ACID GAS.

DR. E. M. MOORE, of Rochester, read an interesting paper upon the above subject, of which the following is an abstract:

Dr. Moore opened his remarks by calling attention to the effect of outflow of blood in the act of dressing a wound, being a preventive of septicæmia, by excluding the contact of air, and when the deep parts were compressed the union by adhesion was rendered more likely. That comported with surgical experience. But when suppuration was inevitable, the drainage-tube should be used *at once* before exudates had occurred, and those should be removed as fast as thrown out. The principle was illustrated by a case of gunshot wound of the knee, which was penetrated at the upper part by a charge of shot and slugs, crushing the patella, and opening the joint freely. The joint was cut open for three inches, and a counter-opening made, through which a drainage-tube of rubber, with holes in the sides, was drawn. That was connected with a fountain-syringe, which was filled with water at 105° Fahrenheit every half hour. That was continued for a week. Afterwards the water was not used as often. The knee was enveloped in cotton, surrounded by sheet-rubber. That was kept wet with water at the same temperature. The patient, a youth of seventeen, made a good recovery with anchylosis. The pulse never rose above 110, and continued at that point for a few days only. At no time did any alarming symptoms appear. The plan of putting in a drainage-tube *before inflammatory symptoms appeared*, and thus removing the secretion at once, was thought to be uncommon practice, though that of using them *after* suppuration was common enough.

CARBONIC ACID GAS AS A PROPHYLACTIC OF SEPTICÆMIA.

But the plan that was claimed to be new, was a proposed prophylaxis by exclusion of air during an operation, by occupying the space with carbonic acid gas. This was poured from the large mouth of a funnel over the abdomen, before the cut was made in the linea alba, in a case of ovariotomy, and continued without a moment's pause to the end of the dressing. The gas was contained in a rubber-bag, and passed through water at the temperature of 105° Fahrenheit. No toxic effect of any kind followed. The patient recovered without the development of any severe symptoms, and very rapidly.

The paper was referred to the Sub-Committee.

The Section then adjourned, to meet on Wednesday at 3 P.M.

WEDNESDAY, JUNE 5TH—SECOND DAY.

The Section was called to order at 3 P.M. by the Chairman.

DR. MOSES GUNN, of Chicago, occupied the chair while the Chairman, DR. HENRY H. SMITH, of Philadelphia, gave

DEMONSTRATIONS FROM PREPARATIONS OF CERTAIN POINTS IN THE PATHOLOGY OF BONES, ESPECIALLY TUBERCLE.

Specimens from the elephant, the ox, and the human femur were exhibited, showing the cancellated structure of bone, and also specimens of intervertebral cartilage.

A specimen was exhibited to demonstrate that the round ligament at the hip-joint arose directly from the bone itself.

The demonstrations were to prove that tubercle was deposited in the cancellated structure of bone, and was the foundation for diseases of the joints.

Discussion followed, and was participated in by DRS. J. W. S. Gouley and Lewis A. Sayre, of New York.

DR. GOULEY believed that tubercle could not be deposited in the cancellated structure of bone, for the reason that two bodies could not occupy the same place at the same time. The bone-cells must be changed or destroyed thereby, making place for tubercle, if it was present; it was not a deposit.

DR. SAYRE referred to a case of hip-joint disease, which he saw in consultation with Sir James Paget and Wm. Adams, of London. The patient was a child, who had received an injury to the hip by a fall two years previous to the consultation. Hip-joint disease was diagnosticated by Paget, Adams, and Sayre. He was the last male descendant from an ancient family in Ireland, whose genealogy had been traced back for *eight* generations. One branch of the family had twenty-two members who lived to the average age of ninety years. Out of the entire family only seven persons had died of any scrofulous disease, and those cases could be traced directly to intermarriage with families in which scrofula existed. The case was regarded as unmistakable evidence that joint disease could be produced by external violence, independent of constitutional disease.

Dr. Smith resumed the chair.

EXTIRPATION OF THE THYROID GLAND WITH SPECIMENS.

DR. JULIUS F. MINER, of Buffalo, read a paper upon the above subject, in which he first alluded to the general condemnation of operative procedure for the removal of the gland in cases of goitre.

The operation, however, had been successfully performed, and to the successful cases already reported Dr. Miner added THREE, the histories of which he gave, and exhibited the specimens to the Section.

DR. SAYRE, of New York, mentioned a case in which the thyroid gland was successfully removed, and the woman made a good recovery.

DISEASE GERMS, THEIR ORIGIN, NATURE, AND RELATION TO WOUNDS.

DR. B. A. WATSON, of Jersey City. N. J., read a lengthy paper upon the above subject, and reached the following conclusions:

First. That there were certain germs in the air, more particularly in the atmosphere of overcrowded hospitals, which, if permitted to enter wounds, gave rise directly to living organisms, and to inflammation and suppuration; and indirectly to all septic conditions which were found as wound complications.

Second. That the successful management of wounds depended principally on the ability of the surgeon to keep the wounds under all circumstances and at all times free from germs and living organisms; and, therefore, the value of any method of wound treatment depended primarily on the degree of antisepsis which could be obtained by it.

Third. That the occasional discovery of a few bacteria in a wound which had been treated antiseptically, did not disprove the fact that those bacteria arose from germs; but might be satisfactorily explained in a variety of ways, especially by the existence of germs which had not been destroyed by the means employed.

On motion, all papers read by members of the Sub-Committee were referred to a Special Committee consisting of Dr. Hodges, of St. Louis, and Dr. Hutchinson, of Brooklyn.

Dr. Watson's paper was referred to the Special Committee.

DR. FREDERICK HYDE, of Cortland, N. Y., read a paper on

THE PROCESS OF REPAIR IN WOUNDS WITH AND WITHOUT ANTISEPTIC TREATMENT.

Dr. Hyde did not reject the antiseptic plan of treatment, but believed that the success of any plan of treatment of wounds depended very much upon the condition of the patient. If in good condition a much richer quality of healing material was afforded than when the constitution was in a depraved condition. With reference to the plan of treatment to be adopted, Dr. Hyde believed that it should first aim to protect the purity of the primary exudation, that it might become as soon as possible fibro-cellular tissue, and maintain its just relations to the sundered, injured textures, that its advancing development might not be hindered, but on the contrary, made as summary as possible.

The paper was referred to the Special Committee.

CONSERVATIVE SURGERY IN COMPOUND FRACTURES.

Dr. Robert Burns, of Frankford, Philadelphia, read the history of a case of double compound comminuted fracture of the humerus, and compound fracture of the radius and ulna in four places. The limb was saved by conservative treatment, which consisted in placing it in a rough-shaped wire splint in a bed of soft oakum, and meeting indications as they arose. It was kept wet with a lotion consisting of acetic acid, whiskey, carbolic acid, and water.

The paper was referred to the Sub-Committee.

COMMUNICATION FROM DR. BATTEY, OF ROME, GA.

The Secretary read a communication from Dr. Battey, announcing his inability to be present at the meeting of the Association. His paper on

PERMEABILITY OF THE ENTIRE ALIMENTARY CANAL BY ENEMATA

was read by title and referred to the Sub-Committee.

CARCINOMA OF THE CONJUNCTIVA.

Dr. A. N. Blodgett, of Boston, read a paper giving the history of a case of carcinoma affecting the conjunctiva, with remarks concerning the pathology of the disease.

The paper was referred to the Sub-Committee.

THE EXCISION OF PHALANGES OF THE FINGERS AND TOES.

Dr. A. C. Post, of New York, read a paper upon the above subject, and demonstrated the propriety of resorting to excision instead of amputation in certain cases of angular deformity of the fingers and toes. The paper was referred to the Special Committee.

The Section then adjourned to meet Thursday, at 8 P.M.

THURSDAY, JUNE 6TH—THIRD DAY.

The Section was called to order by the Secretary at 8 P.M., and, in absence of Dr. Smith, Dr. Hodgen, of St. Louis, was elected Chairman.

The first paper was read by Dr. Frank H. Hamilton, of New York, on

EXSECTION OF THE METATARSO-PHALANGEAL ARTICULATION IN VALGUS OF THE GREAT TOE.

On motion, the regular order of business was suspended, and Dr. Lewis A. Sayre, of New York, exhibited a child that had been treated and cured of Pott's disease by the use of the plaster-of Paris jacket. The child had taken no medicine, and the deformity remaining was not very marked.

SHORTENING IN FRACTURES.

Dr. Moses Gunn, of Chicago, offered the following preamble and resolution:

"*Whereas*, This Section having expressed an opinion upon the results of fractures of long bones; and

"*Whereas*, In general convention a member has asked and been accorded the privilege of recording his protesting vote; therefore

"*Resolved*, That this Section reaffirms its opinion that shortening in cases of fractures of the long bones is the rule in practice, regardless of any of the means of treatment now in use."

The resolution was warmly discussed, but almost unanimously adopted, Dr. Lewis A. Sayre, of New York, dissenting from the opinion expressed in the resolution, and requesting that his protest against its passage be placed on record.

The regular order of business was then resumed, and Dr. John H. Packard, of Philadelphia, read a paper on

FRACTURES NEAR THE WRIST-JOINT.

The paper was discussed at considerable length by Dr. E. M. Moore, of Rochester; after which Dr. Theodore A. McGraw, of Detroit, Mich., read a paper on

THE PATHOLOGY, DIAGNOSIS, AND TREATMENT OF CANCER.

The paper was referred to the Sub-Committee.

A NEW USE OF CARBOLIZED LIGATURES

was the title of a paper read by Dr. Henry O. Marcy, of Cambridge, Mass.

The new use to which Dr. Marcy had put the carbolized catgut ligature was for the radical cure of hernia. The plan was to cut down upon the hernia, and then close the ring with the carbolized catgut ligature. He believed that the ligatures disappeared, and were converted into new connective tissue.

The paper was referred to the Sub-Committee.

DETECTION OF MINUTE CALCULI BY AUSCULTATION WITH A NEW INSTRUMENT,

By Dr. Edward Andrews, of Chicago.

Paper read by title and referred.

CONCERNING THE NATURE OF GONORRHŒA.

By T. Clary Maddox, of Baltimore, Md. Explanation of those cases in which gonorrhœa had been succeeded by secondary syphilis, although the individual had never been infected by primary chancre.

Read by title and referred.

DISCUSSION ON FRACTURES NEAR THE WRIST-JOINT.

Dr. Moore, of Rochester, resumed the discussion of Dr. Packard's paper on fractures near the wrist-joint. He described his method of reduction and plan of treatment, and said that in 150 cases he had had no deformity or shortening.

Dr. F. H. Hamilton, of New York, followed in the discussion, and gave his experience in the study and treatment of fracture of the radius near the wrist-joint. He had been able to treat them without shortening.

Dr. Sayre, of New York, asked Dr. Hodgen if he regarded the radius as one of the long bones?

Dr. Hodgen replied in the affirmative.

Dr Sayre then suggested that Dr. Gunn should modify his resolution with reference to shortening in

fractures of the long bones so that it would read fracture of the *shaft* of long bones, otherwise the Section would stultify itself by the action it had taken upon the question.

Dr. Gunn remarked that the suggestion involved only the difference between tweedle-dum and tweedle-dee.

Dr. Hodgen asked Dr. Moore if he had treated any of his cases of fracture of the radius at its lower extremity without subsequently leaving an abnormal prominence of the styloid process?

Dr. Moore replied that formerly he saw such prominence, but that since he had learned how to reduce and treat the fracture properly he had not seen such deformity.

The Section then adjourned.

MASSACHUSETTS MEDICAL SOCIETY.

Annual Meeting held in Boston, June 11th and 12th.

(Special report for The Medical Record.)

First Day—Tuesday, June 11th.

The annual meeting of the Massachusetts Medical Society was held in the Lowell Institute hall, Boston, on Tuesday and Wednesday, June 11th and 12th.

The President, Dr. William Cogswell, called the meeting to order at noon on Tuesday, and the reading of papers was begun.

ANOMALIES IN PREGNANCY.

The first paper, on Anomalies in Pregnancy, was read by John Crowell, M.D., of Haverhill. Of such anomalies, he considered those of severe or uncontrollable vomiting and ptyalism, unconscious pregnancy, and mistaken diagnosis in pregnancy. All these exceptional phenomena were illustrated by cases which had come under the observation of the reader. In the case of uncontrollable vomiting the only remedy which afforded relief was the subcutaneous injection of morphia, which was given every three or four hours in doses of from one-eighth to one-sixth of a grain. Although the drug was used during nearly the entire period of gestation, and was dropped immediately after parturition, the patient experienced none of the distressing results which often follow the protracted use of opiates, and she was delivered at full time, after a natural labor, of a healthy child.

FLOATING SPLEENS.

F. C. Shattuck, M.D., of Boston, read the next paper, which was entitled Floating Spleens. The paper was based on a case which had come under the care of the writer. The literature of the subject shows fifty-one cases. The first recorded case was in 1581. The two chief factors in the causation of dislocation of the spleen are mechanical elongation of the ligaments by the traction of an enlarged organ, and undue congenital laxity or delicacy of the ligaments. Only eight out of the fifty-one cases occurred in males. The possible influence of pregnancy is suggested by the fact that the lesion occurs most frequently in females. Rupture of the gastro-splenic ligament is a fortunate thing for the patient, the traction on the fundus of the stomach having been known to result in gangrene of the gastric wall, and death. The diagnosis, prognosis, and treatment of the lesion were referred to. The question of treatment was considered from four points of view: according as it might seem desirable to do nothing; to attempt permanent reduction of the dislocated organ; to aim at alleviation or possible cure by reducing the size; or to excise the organ.

ABSENCE OF RESONANCE IN FIFTH RIGHT INTERCOSTAL SPACE DIAGNOSTIC OF PERICARDIAL EFFUSION

was the subject of a paper by Thomas M. Rotch, M.D., of Boston.

The paper was fully illustrated by diagrams and casts. The rules ordinarily given for the determination of pericardial effusion were stated by the writer to be somewhat erroneous. The diagnosis of the effusion is sometimes difficult; tapping has been resorted to and the heart punctured. The results obtained by the writer, from experiments made on the human cadaver, showed that any area of flatness on the left of the sternum may be that of an enlarged heart, but that extending two, three, or more centimetres beyond the sternum in the fifth right intercostal space was due to pericardial effusion. In such effusion this would be the point of election for the introduction of the trocar.

The Medico-Legal Branch.

The afternoon session was devoted to the reading of papers by the members of the Massachusetts Medico-Legal Society, a Society whose regular members are such Fellows of the Massachusetts Medical Society as have been appointed medical examiners.

Dr. A. Hosmer, President of the Medico-Legal Society, delivered an address. In it he stated the objects of the Society, as defined by its constitution, to be, to elevate the official character of the medical examiner, and to assist him in the discharge of his duties; to collect and utilize such facts as have a medico-legal value; to excite a general interest in the subject of forensic medicine, and to promote its successful cultivation. The duties of the present medico-legal examiner, as compared with those of the old coroner, were clearly set forth.

Dr. F. Winsor, the Secretary of the Society, stated that during the year there had been made by members of the Society 448 views and 116 autopsies; 21 prosecutions, and five convictions had resulted. It was suggested, in view of the frequency of deaths from drowning, that the State should furnish instruction in swimming and in the resuscitation of the drowned. Of fatal railroad accidents, one-half are due to the walking of persons, many of them intoxicated, on the track.

THE THEORY AND PRACTICE OF INQUESTS.

Theodore H. Tyndale, Esq., read a paper concerning Coroners, and the Theory and Practice of Inquests. He stated that under the old law the coroner's work was useless because it had to be done over again by other officers. The coroner was both examiner and judge. Under the new law the duties of the medical examiner are clearly defined. He is only to determine whether violence has been committed. Who committed it, if another, and under what circumstances, are not to be sought after by the examiner, but by the judge.

Dr. R. H. Fitz presented a paper on the Value of Anatomical Evidence. Such evidence is physical. The group of lesions which will be found in a case of probable suffocation were accurately described.

Dr. E. S. Wood, in a paper on the Relation which Chemistry bears to Forensic Medicine, gave practical directions as to how organs and their contents should be preserved by the examiner, in cases of death from suspected poisoning, and sent to the chemist.

Dr. F. W. Draper reported cases illustrating the

work and duties of the medical examiner. These cases illustrated the importance of the duty of the medical examiner in determining the question whether violence had been committed. In all of them foul play had been suspected, but the autopsies showed that death had resulted from natural causes.

A case of Arsenical Poisoning, with fatty degeneration of the liver, kidneys, etc., was read by DR. J. G. PINKHAM. The reader emphasized the fact that in cases of poisoning by arsenic, phosphorus, and antimony, fatty degeneration of the liver, kidneys, etc., may occur within a few hours after the ingestion of the poison; and that in cases of general fatty degeneration of the organs the possibility of poisoning by these agents should be borne in mind.

SECOND DAY—WEDNESDAY, JUNE 12TH.

The Society was called to order at 9 A.M. After the business of the Society had been transacted, the reading of papers was resumed.

STRANGULATED HERNIA.

DR. C. N. CHAMBERLAIN presented a paper on a case of strangulated hernia, with remarks. He described a case upon which he successfully operated, after ill-judged and prolonged attempts at taxis had been made by others, and cathartics had been given. The writer clearly set forth the dangers which may arise from prolonged taxis and delay in cases of strangulated hernia before herniotomy is resorted to.

EARLY SYMPTOMS OF HIP DISEASE.

DR. E. H. BRADFORD, of Boston, read a paper on Early Symptoms in Hip Disease. The paper enforced the fact that muscular irritability is a sign of more importance than the presence or absence of pain in cases of hip disease. No joint can be considered healthy which presents evidences of muscular irritation. Such irritation causes contraction, especially of the adductors.

DR. S. W. FLETCHER discussed the topic of Filth and Typhoid Fever. He took the ground that filth alone does not cause typhoid.

DR. E. WIGGLESWORTH read a paper on the Metric System in Medicine.

DR. J. R. CHADWICK gave a short statement regarding the Boston Medical Library.

THE AWARD OF THE SOCIETY'S PRIZE.

It was announced that the Society's prize had been awarded to Dr. Thomas Dwight, of Boston, for an essay entitled "The Identification of the Human Skeleton: a Medico-Legal Study."

ANNUAL ADDRESS.

The annual discourse was delivered by DR. FRANCIS MINOT, of Boston, on the Importance of the Medical Profession to the Public. He referred to the prosperous condition of the Massachusetts Medical Society; to the advance that has been made in recent years in medical education—especially by the Harvard Medical School; to the fact that ere long a course of four years' study would be required before the degree would be conferred. He referred to the question of the admission of women to the medical school and to the Society. He noticed the defects in the law which allowed any person styling himself a physician to sign a death certificate. The evils arising from the heating of houses with furnaces or with steam were alluded to. The subject of school hygiene was noticed, and the address concluded by commending to the profession the Massachusetts Medical Benevolent Society.

At the conclusion of the address a vote of thanks was extended to the orator.

After the introduction to the Society of the President-elect at 1 o'clock P.M., the Society proceeded to the Music Hall to engage in the exercises of the anniversary dinner.

The next annual meeting of the Society will be held in Boston on the second Wednesday in June, 1879.

The following are the officers for the ensuing year: *President*, Dr. G. H. Lyman, of Boston; *Vice-President*, Dr. D. P. Smith, of Springfield; *Treasurer*, Dr. F. W. Draper, of Boston; *Corresponding Secretary*, Dr. C. W. Swan, of Boston; *Recording Secretary*, Dr. F. W. Goss, of Roxbury; *Librarian*, Dr. D. H. Hayden, of Boston. Orator for 1879, Dr. G. W. Garland, of Lawrence; Anniversary Chairman, Dr. C. C. Holmes, of Milton.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from June 9 to June 15, 1878.

BAILY, J. C., Major and Surgeon. To accompany troops ordered on campaign against the Bannock Indians in Southern Idaho; and to report in person to Major Geo. B. Sanford, 1st Cavy., at Kelton Station, C. P. R. S. O. 79, Div. of the Pacific and Dept. of California, June 8. 1878.

WILLIAMS, J. W., Major and Surgeon. Assigned to duty at Fort Sill, Ind. T. S. O. 102, Dept. of the Missouri, June 5, 1878.

BROWN, H. E., Capt. and Asst. Surgeon. Assigned to duty as Post-Surgeon at San Antonio, Tex., to date from June 4. S. O. 118, Dept. of Texas, June 7, 1878.

KOERPER, E. A., Capt. and Asst.-Surgeon. Assigned to duty with troops ordered from Camp Douglas, U. T., to temporary duty at Ft. Hall, Idaho. S. O. 50, Dept. of the Platte, June 5, 1878.

VICKERY, R. S., Capt. and Asst.-Surgeon. Leave of absence extended one month. S. O. 125, A. G. O., June 10, 1878.

PATZKI, J. H., Capt. and Asst.-Surgeon. To report in person to the Army Medical Board, New York City, for examination for promotion, and upon completion of examination, to the Comdg. General, Dept. of the East, for assignment to duty. S. O. 125, C. S., A. G. O.

KILBOURNE, H. S., 1st Lieut. and Asst.-Surgeon. Assigned to duty at Fort Riley, Kan. S. O. 102, C. S., Dept. of the Missouri.

BARNETT. R., 1st Lieut. and Asst.-Surgeon. Assigned to duty at Fort McKinney, Wy. T. S. O. 53, Dept. of the Platte, June 11, 1878.

WOOD, M. W., 1st Lieut. and Asst.-Surgeon. Assigned to duty at Fort McPherson, Neb. S. O. 53, C. S., Dept. of the Platte.

TAYLOR, M. E. 1st Lieut. and Asst.-Surgeon. To proceed to Santa Fé, and report to the Comdg. officer District of New Mexico, for assignment to duty. S. O. 105, Dept. of the Missouri, June 12, 1878.

THOMAS CARR JACKSON, F.R.C.S., formerly President of the Harveian Society, died in London on April 23d, at the age of fifty-five years. Mr. Jackson was an excellent surgeon, but he wrote very little. He was a born lithotomist, and was very successful in his operations, having cut twenty-eight patients without a death.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending June 15, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
June 8, 1878.....	0	12	81	1	40	57	0
" 15. 1878....	0	7	70	2	37	35	0

CALOMEL IN THE TREATMENT OF WORMS. — Dr. Walker believes that calomel is the best worm remedy for children. He reports a case of profuse fluor albus in a three-year-old child, which resisted all remedies, but finally healed after the expulsion of a coil of small worms. The worms were expelled after a single dose of calomel, consisting of ten grains.

ENURESIS OF CHILDREN.—In the chronic enuresis of children from six to twelve years of age, due to hyperæsthesia of the bladder, Dr. Vecchitti has employed chloral hydrate with excellent success. He administered it at bed-time, in doses of from nine to eleven grains.

TREATMENT OF WHOOPING-COUGH.—Dr. Orville, of Lille, has treated twenty-five cases of whooping-cough by the inhalation of carbolic acid from a wide-mouthed bottle. The bottle was held close to the mouth of the child as soon as the whistling inspiration of the attack began, so that the fumes of the acid were strongly inhaled. The results were satisfactory. (A carbolic spray would probably be better.)

TREATMENT OF HICCOUGH.—Dr. Favier reports a case of very obstinate hiccough that had lasted without interruption for fifty days, and was finally cured by compression of the epigastrium. The patient had been treated by blisters and sprinkling of the denuded cutis with morphine, by punctiform cauterization of the epigastrium with the hot iron, by injections of morphine, by ether, bromide of potassium, chloral, etc., all of which proved utterly useless. Finally, Dr. Favier determined to try the effect of forcible compression of the epigastrium by means of J. L. Petit's tourniquet. Five minutes after the instrument was applied the hiccough had ceased. It reappeared at first whenever the compression was suspended, but finally disappeared entirely. The Doctor adds, that as he had no electric apparatus he was unable to try the effect of faradization of the phrenic nerves.— *La France Médicale*, May 1st.

DR. JAMES ELNATHAN STEEL.—The late James Elnathan Steel, M.D., of this city, who died on May 28th, was born in Kidderminster, England, in 1828. His father, William Steel, was a Fellow of Oxford College, England, and his uncle, Richard H. H. Steel, of Birkenstead, England, was a surgeon for upward of fifty years in the Royal Navy. His nephew graduated from the New York Medical College in 1861, where his "Thesis on Anatomical Preparations" took the first prize. He was afterwards appointed Demonstrator of Anatomy in the same college. At the beginning of the war he accepted a position as surgeon in the volunteer corps, and was stationed at David's Island, Long Island Sound, where he won good opinions not only for his skill in operative surgery, but for his earnest and effective advocacy of conservative measures. He was afterward appointed surgeon in charge at Willett's Point, where he organized an army hospital. Afterward he was ordered to take charge and arrange an army hospital at Fair Oaks, near Troy. On returning to private practice he was appointed visiting physician to the Demilt Dispensary, which position he held for upward of seven years. He early became interested in scientific embalming, and commanded a large patronage in that line. For many years he was connected with the Masonic fraternity of New Rochelle and afterward of this city.

AMERICAN LARYNGOLOGICAL ASSOCIATION.—In response to a summons issued on May 10, 1878, a number of laryngologists from various parts of the United States came together at Buffalo on June 3d, for the purpose of forming an association for the advancement of the special department of medicine in which they were chiefly interested. Dr. F. H. Davis, of Chicago, acted as chairman, and Dr. Geo. M Lefferts, of New York, as clerk. After the purpose of the meeting had been stated by these gentlemen a permanent organization was formed, and a constitution and by-laws were framed. In the afternoon the following officers were elected: President, Dr. Louis Elsberg, of New York; Vice-President, Dr. F. H. Davis, of Chicago; Secretary and Treasurer, Dr. George M. Lefferts, of New York; Council, Drs. Clinton Wagner, of New York, William C. Glasgow, St. Louis, E. L. Shurley, Detroit, J. H. Hartman, Baltimore. The first annual meeting will be held in New York on the second Tuesday in June, 1879.

SIR JAMES COXE.—The medical profession of Scotland has lost one of its ablest members in the person of Sir James Coxe, M.D., Commissioner in Lunacy, who died recently at Folkestone, after a very short illness. He was on the way home from a tour on the continent, where he had been spending a short holiday. Sir James was born in 1811. In 1855 he was appointed one of the members of a Royal commission "to investigate the condition of lunatic asylums in Scotland," etc. He drew up the report of the commission, which was presented to Parliament in 1857, and led to the passing of an act establishing the General Board of Lunacy for Scotland, with Dr. Coxe and Dr. Browne as Medical Commissioners. Since that time he has been a most diligent member of the board, and to him, in a great measure, are due its highly satisfactory working and valuable results. The honor of knighthood was conferred on him in 1863. He was President of the Medico-Psychological Association in 1872, when it met in Edinburgh.

LOCAL TREATMENT OF THRUSH.—A writer in the *Canada Lancet* reports excellent results from using the following lotion in connection with appropriate constitutional remedies:

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Sodæ sulphitis,
Sodæ bibor., ää . . . . . ℥ jss.
Glycerinæ . . . . . ℥ ss.
Aquæ, *ad*: . . . . . ℥ ij.

UNIVERSITY MEDICAL COLLEGE.—Dr. L. A. Stimson, of this city, has been appointed Professor of Pathological Anatomy in the University Medical College; also one of the Curators to Bellevue Hospital.

THE

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Fougera's Iodo-Ferro-Phosphated Elixir of Horse-Radish.

This Elixir contains Iodine, Pyrophosphate of Iron, the active principles of anti-scorbutic and aromatic plants, and acts as a **tonic, stimulant, emenagogue,** and a **powerful regenerator of the blood.** It is an invaluable remedy for all constitutional disorders due to the impurity and poverty of the blood. One of the advantages of this new preparation consists in combining the virtues of Iodine and Iron without the inky taste of Iodide of Iron.

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QUINETUM PILLS

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The name **Quinetum** was given by Dr. De Vry to the collective alkaloids obtained from Peruvian bark; it has been extensively used by physicians throughout Holland in cases where the salts of quinine had been habitually employed. Dr. H. J. Vinkhuysen, Physician to the Household of the King of the Netherlands, has closely observed its effects, and arrived at the following conclusions:

1. The action of Quinetum in cases of marked or larval malaria, and especially in rheumatic affections due to malarious influences, is incomparably greater than that of quinine.

2. The tonic action of Quinetum is similar to, and even greater than that of quinine.

3. The influence of Quinetum in chronic cases is greater than that of quinine.

4. Persons who are liable to suffer from the toxic effects of quinine, and who therefore cannot take it without the greatest discomfort, can take Quinetum without this unpleasant effect, and yet obtain a similar therapeutical result.

5. Quinetum never causes noises in the ears.

6. Quinetum does not produce the unpleasant and even dangerous symptoms of quinine when given during the fit, and may be taken during the fit without causing any unpleasant feeling.

7. In all forms of pure malarial intermittent fever, Quinetum has the same apyretic effect as quinine, but is less powerful and acts more slowly. It must therefore be given in large doses, and at longer intervals before the ague fit, than quinine.

8. The only malarious disease in which Quinetum cannot be employed in place of quinine, is in pernicious fever. Quinetum requires more time to act than quinine, and as rapidity of action is absolutely necessary in this disease, Quinetum cannot be used in it as a substitute for quinine.

These Pills may be obtained of Druggists, or will be sent by mail, post-paid, on receipt of price.

One Grain,	*Per 100*	-	*$0.75*
Two Grains,	*"*	-	*1.10*
Three Grains,	*"*	-	*1.50*

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These Essences consist solely of the juices of the Finest Meats, extracted by a gentle heat, without the addition of water or any substance whatever. They contain, therefore, the most stimulating and exhilarating portions of Meats, calculated to invigorate the heart and brain **immediately**; being without any gelatinous injurious elements, which require solution.

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Price $4.50, with Handle, Metal and Glass Atomizing Tube.
With Apparatus for giving Fomentations to any part of the Body, **$6.00.**

All joints are hard-soldered. Every one is tested, and they cannot be injured by exhaustion of water or any attainable pressure. It does not throw spirts of hot water. A perfect safety-valve, guaranteed to remain in thorough working order, and never to stick; and connection for steaming any part of the body locally, complete it.

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Perfect Steam Atomizer.

Perfect Croup Bottle,
For confining and conducting lime fumes and acid vapors in Croup and Diphtheria.

L is a tray with handle. O is a cup which is filled ¼ full of lime and with sufficient warm water; the lime slackens as soon as it becomes hot, and the fumes will escape through the nozzle. If acids are used, place them directly in cup P, so that the steam will pass through the fluids and evaporate them.

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This apparatus consists of a large boiler four times the size of the atomizer, a steam distributor and a cloak, **price $6.00.**

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For sulphur baths a lamp to burn the sulphur is supplied, and also a rubber cloak to which is attached a rubber tubing for the purpose of conveying the fumes out of the room, making it a perfect sulphur bath for family use and office practice.

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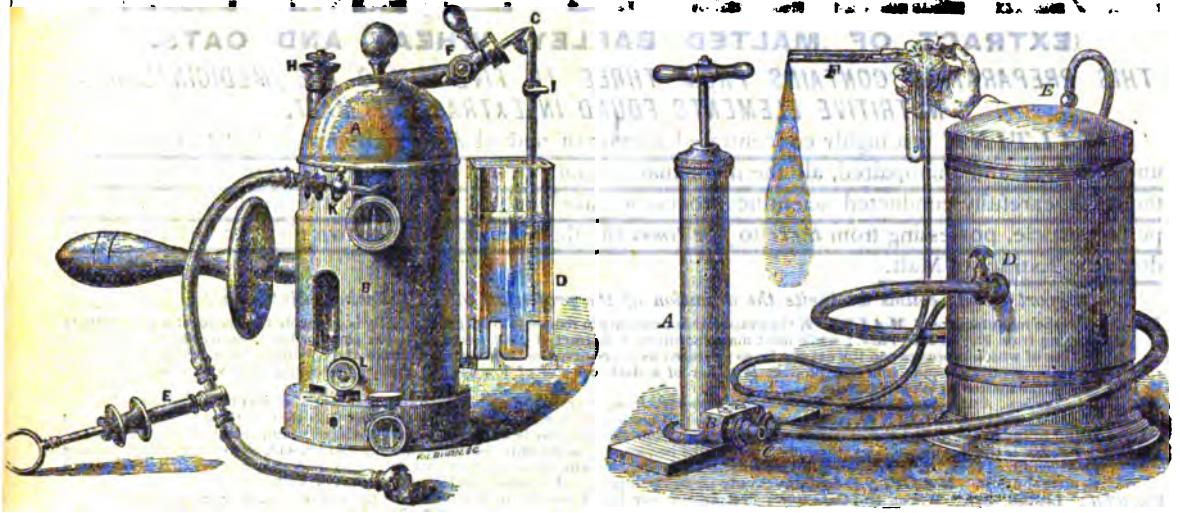

In this apparatus we have incorporated some of the best features of the Atomizing Apparatus heretofore made by us, already familiar to the profession. It is of best materials and workmanship—strong, durable, convenient, easily regulated, and by means of a new attachment of our own design, adequate without cessation of spray for any operation, or series of operations, however extended. Full description on application.

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This apparatus will be found entirely satisfactory on account of its elegance and perfect working qualities. It has a double acting Brass Pump (condensing or exhaust, at will), with valves unchangable by time or use. Strong Copper Receiver, Nickel Plated, 12 feet, light and flexible but strong; brown-colored Tubing and a self-closing cut-off (our own design, represented at I), readily connected with any tubes now in use.

PRICES REDUCED.

The Complete Atomizer	**$5.00**	**Clarke's Atomizer**	**$3.00**
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(EXTRACT OF MALTED BARLEY, WHEAT AND OATS.)

THIS PREPARATION CONTAINS FROM THREE TO FIVE TIMES THE MEDICINAL AND NUTRITIVE ELEMENTS FOUND IN EXTRACT OF MALT.

MALTINE is a highly concentrated extract of malted *Barley*, *Wheat* and *Oats*, containing, undiminished and unimpaired, all the medicinal and nutritious principles found in these cereals. By the most carefully conducted scientific process we are enabled to offer to the medical profession a perfect article, possessing from *three* to *five times* the therapeutic and nutritive merit of any foreign or domestic Extract of Malt.

In support of our claims we invite the attention of the profession to the following points, viz.:

FIRST: In the manufacture of ***MALTINE*** the evaporation necessary to reduce it to its great density is conducted in vacuo, at a temperature ranging from 100° to 120° Fahr.; while most manufacturers of Extract of Malt resort to "open pan" or low pressure steam boiling, by neither of which processes can the extract be so produced as to preserve the Diastase, Phosphates and Albuminoids on which its remedial value so greatly depends, and the product is either of a dark color or of low specific gravity possessing little virtue aside from the saccharine matter which it contains.

SECOND: *Carbon, Hydrogen, Nitrogen, Phosphorus, Sulphur, Iron, Magnesium* and *Potassium* are essential elements in the food of man; and it is only in ***MALTINE***, containing the combined properties of malted *Barley*, *Wheat* and *Oats* that all these principles can be found in the proper proportions; Extract of Malt made from *Barley alone* is wanting in some of the most important of these elements.

THIRD: *Gluten* is the most nutritious principle found in the cereals, and is the only vegetable substance which will, alone, support life for any great length of time. It is composed of three distinct nitrogenous principles, together with fatty and inorganic matters, and is analogous to animal fibrin. ***MALTINE*** contains twenty times the quantity of *Gluten* found in any Extract of Malt.

FOURTH: LIEBIG says, "Wheat and Oats stand first among our list of cereals in combining all the elements in proportions necessary to support animal life. They are especially rich in muscular and fat producing elements." The only reason we use Malted Barley in the manufacture of ***MALTINE*** is that it contains larger proportions of mineral matters (bone producers) and Diastase. It is deficient in all other essential elements.

We believe that any practitioner will readily recognize the superiority of ***MALTINE****, and would request a trial and comparison of merits with any article offered for similar uses.*

MALTINE AND ITS COMPOUNDS

Can undoubtedly be used with greater success than any other remedy now known, in cases of general and nervous Debility, Indigestion, imperfect Nutrition and deficient Lactation; Pulmonary affections, such as Phthisis, Coughs, Colds, Hoarseness, Irritation of the Mucous Membranes and difficult expectoration; Cholera Infantum and wasting diseases of children and adults; Convalescence from Fevers, and whenever it is necessary to increase the vital forces and build up the system.

WE MANUFACTURE THE FOLLOWING PREPARATIONS, THE FORMULAS AND DOSES OF WHICH ARE GIVEN IN OUR DOSE BOOKS AND ON THE LABEL ATTACHED TO EACH BOTTLE:

MALTINE WITH HOPS.

MALTINE FERRATED:
This combination is specially indicated in Anæmia and Chlorosis, and in all cases of defective nutrition where Iron is deficient in the system.

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A powerful general and nutritive tonic.

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A powerful nutritive, general and nervous tonic.

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This preparation is specially indicated in Phthisis, Rickets and deficient Ossification.

MALTINE WITH PEPSIN AND PANCREATINE:
One of the most effective combinations in Dyspepsia, Cholera Infantum and all diseases resulting from imperfect nutrition. It contains three of the all-important digestive agents, Diastase being one of the constituents of the ***MALTINE***. We believe there are few cases of Dyspepsia which will not readily yield to the medicinal properties of the above combination, while the system is invigorated by its nutritive qualities.

MALTINE WITH BEEF AND IRON:
One of the most valuable combinations in cases of general Debility, when there is deficient nutrition and a deficiency of Iron in the system.

MALTINE WITH COD LIVER OIL:
The most perfect emulsion, and most agreeable and effective mode of administering this nauseous but valuable Oil yet discovered.

MALTINE WITH COD LIVER OIL AND PHOSPHORUS:
In this combination the Phosphorus has no irritant effect upon the stomach.

MALTINE WITH COD LIVER OIL AND IODIDE OF IRON:
This is prepared with the tasteless Iodide of Iron, which undergoes no chemical change from contact with the Oil, and does not blacken the teeth.

MALTINE WITH ALTERATIVES:
In this preparation ***MALTINE*** is combined with the most valuable Alteratives known, such as Iodides, Bromides and Chlorides, and will fully meet the requirements of the practitioner in Syphilis, Scrofula, and all depraved conditions of the blood.
Each fluid ounce contains: *Chloride Calcium*, 10 grains; *Chloride Magnesium*, 10 grains; *Bromide Sodium*, 5 grains; *Iodide Potassium*, 1 grain; *Iodide Iron*, ¼ grain. DOSE, One teaspoonful to one tablespoonful.

We also manufacture a perfectly prepared EXTRACT OF MALT, from *Barley only*.

MALTINE preparations are sold at the same prices as EXTRACT OF MALT and its combinations, and are put up in amber bottles holding sixteen fluid ounces; each bottle inclosed in a folding paper box.

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A Pure Neutral Solution of Peroxide of Iron in the Colloid Form. The Result of Endosmosis and Diffusion with Distilled Water.

PREPARED SOLELY BY

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This article possesses great advantages over every other ferruginous preparation heretofore introduced, as it is a solution of Iron in as nearly as possible the form in which it exists in the blood. It is a preparation of invariable strength and purity, obtained by a process of dialysation, the Iron being separated from its combinations by endosmosis, according to the law of diffusion of liquids. It has no styptic taste, does not blacken the teeth, disturb the stomach, or constipate the bowels.

It affords, therefore, the *very best* mode of administering **IRON** in cases where the use of this remedy is indicated.

The advantages claimed for this form of Iron, are due to the absence of free acid, which is dependent upon the perfect dialysation of the solution. The samples of German, French, and American Liquor Ferri Oxidi Dialys., which we have examined, give acid reaction to test paper If the dialysation is continued sufficiently long, it should be tasteless and neutral.

Our Dialysed Iron is not a saline compound, and is easily distinguished from Salts of Iron by not giving rise to a blood-red color on the addition of an Alkaline Sulpho-Cyanide, or a blue precipitate with Ferro-Cyanide of Potassium. It does not become cloudy when boiled. When agitated with one part of Alcohol and two parts of Ether (Fortior), the Ether layer is not made yellow.

Physicians and Apothecaries will appreciate how important is the fact that, as an antidote for poisoning by Arsenic, Dialysed Iron is quite as efficient as the Hydrated Sesquioxide (hitherto known as the best remedy in such cases), and has the great advantage of being always ready for immediate use. It will now doubtless be found in every drug store to supply such an emergency.

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For Hoarseness, Bronchial Irritation, Sore Throat, Diphtheria, Croup, etc., etc.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits, characteristic of those troublesome and dangerous affections. It relieves Hoarseness; and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum, or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Tablets contains simply five grains of the Chlorate, all of which, dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as while the solution is but temporary, the tablet really acts as a continuous gargle.

FOR SORE THROAT, HOARSENESS.

DIRECTIONS.—Adults should take one every hour or two until relieved, allowing it to dissolve slowly in the mouth. Children, half of one as often.

For Offensive Breath, no remedy will give more certain relief; use one, two or three times a day.

For Diphtheria, Croup, and the more serious ailments, the physician should direct.

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Pepsin, Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatin compounds. In this form, the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so abundantly satisfactory, that we are confident, further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure PEPSIN, and one of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or Saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration. The increased benefit to the dyspeptic, being due to a full and effective dose of each, freed from the unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

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It is well known in the profession that Meat Extracts are simply "the soluble salts of flesh," and, as such, have desirable stimulative qualities, but that *the elements of nutrition are wanting.*

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From the "modus operandi" it will be seen that the preparation is no untried chemical compound, but simply animal food so treated as to secure a facility of digestion and assimilation hitherto unattainable, and this in combination with all the stimulating properties of the most approved extracts and a more acceptable flavor, The preparation is in use in the leading hospitals (being generally prescribed by the British Medical Faculty), and has been popularly accepted wherever it has been introduced.

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It is one of the most perfect foods I have ever examined.—W. HARKNESS, F.C.S.L., *Analyst to the British Government.*

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As a stimulative and recuperative agent "Johnston's Fluid Beef" has a very general adaptation, and there are few bodily ailments where it could not be prescribed with advantage. We may, however, specialize all affections of the Alimentary Canal, notably "Cholera Infantum," and general lack of vitality. It is also invaluable in convalescence, lactation, and as a substitute for alcohol.

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It is said to increase both urine and perspiration with almost complete disappearance of albumen; it does not, like Spanish Fly, produce irritation of the kidneys.

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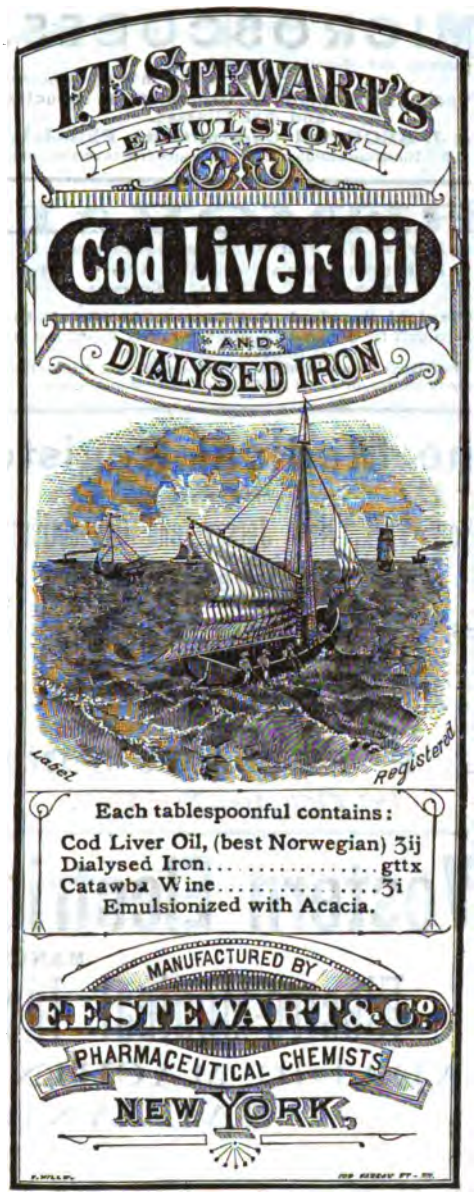

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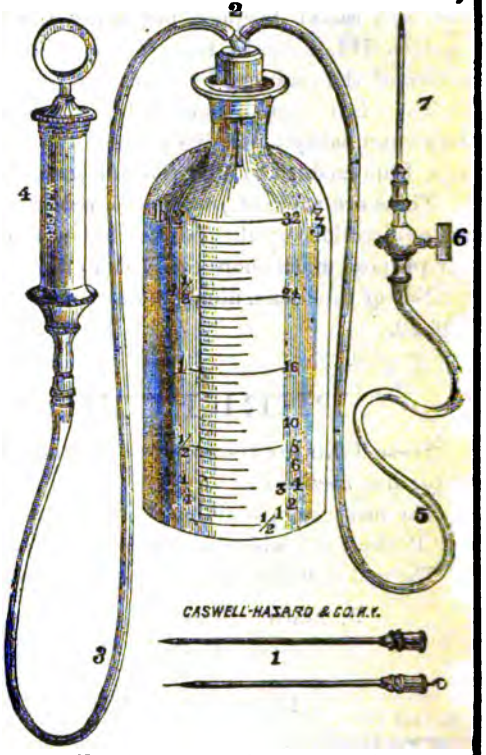

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Professor of Medical Jurisprudence.

JOSEPH W. HOWE, M.D.,
Clinical Professor of Surgery.

THE COLLEGIATE YEAR is divided into three Sessions: A Preliminary Session, a Regular Winter Session, and a Spring Session.

THE PRELIMINARY SESSION will commence September 18, 1878, and will continue until the opening of the Regular Winter Session. It will be conducted on the plan of that Session.

THE REGULAR WINTER SESSION will commence on the Second of October, 1878, and end about the 1st of March, 1879.

The location of the new College edifice being immediately opposite the gate of Bellevue Hospital, and a few steps from the ferry to Charity Hospital, Blackwell's Island, the Students of the University Medical College are enabled to enjoy the advantages afforded by these Hospitals, with the least possible loss of time. The Professors of the practical Chairs are connected with the Hospitals, and the University Students are admitted to *all the Clinics* given therein, *free of charge.*

In addition to the daily Hospital Clinics, there are eight Clinics each week in the College building. Five Didactic Lectures will be given daily in the College building, and Evening Recitations will be conducted by the Professors of Chemistry, Practice, Anatomy, Materia Medica, &c., Physiology, Surgery and Obstetrics, upon the subjects of their Lectures.

THE SPRING SESSION embraces a period of twelve weeks, beginning in the first week of March and ending the last week of May. The daily Clinics, Recitations and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by the Members of the Post-Graduate Faculty.

THE DISSECTING ROOM is open throughout the entire Collegiate year; material is abundant, and it is furnished free of charge.

STUDENTS WHO HAVE STUDIED TWO YEARS may be admitted to examination in Chemistry, Anatomy and Physiology, and if successful, will be examined at the expiration of their full course of study, on Practice, Materia Medica and Therapeutics, Surgery and Obstetrics; but those who prefer it may have all their examinations at the close of their full term.

FEES.

For Course of Lectures	$140 00
Matriculation	5 00
Practical Anatomy Fee, including material for dissection	10 00
Graduation Fee	30 00
Post-Graduate Certificate	30 00

For further particulars and circulars, address the Dean,

Prof. CHAS. INSLEE PARDEE, M.D.,

University Medical College, 410 East 26th St., New York City.

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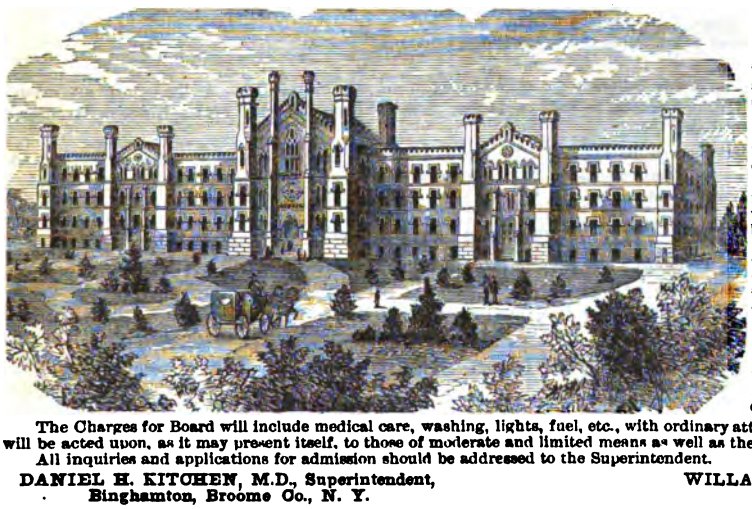

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This Asylum is admirably situated, overlooking a fine section of country, and is complete in all the appointments of a first-class home, with ample means to meet the wants of every case. It is located three miles from the city, and removed from all temptation. Its management is the same as all other State charities, under the control of a Board of Managers appointed by the Governor. The law provides for the maintenance of indigent inebriates, similar to that of the insane, but patients from other States may be admitted.

The experience of this Asylum, for the past ten years, indicates an increasing usefulness and necessity for such institutions, and the original intention of making this an Asylum Hospital, where this disorder may be thoroughly understood and treated on broad scientific principles is nearer realized than ever before. All rules are strictly enforced, and no patient permitted to go beyond the Asylum grounds without permission from the Superintendent, or in the care of an attendant.

The Charges for Board will include medical care, washing, lights, fuel, etc., with ordinary attention. The exigencies of each particular case will be acted upon, as it may present itself, to those of moderate and limited means as well as the rich.

All inquiries and applications for admission should be addressed to the Superintendent.

DANIEL H. KITCHEN, M.D., Superintendent,
Binghamton, Broome Co., N. Y.

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

CITY OF NEW YORK.

MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.

SESSIONS OF 1878-'79.

THE COLLEGIATE YEAR in this Institution embraces a Preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1878-1879 will open on Wednesday, September 18, 1878, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures upon special subjects, and daily clinical lectures, will be given, as heretofore, by the entire Faculty. Students expecting to attend the Regular Session are strongly recommended to attend the Preliminary Term, but attendance during the latter is not required. *During the Preliminary Term, clinical and didactic lectures will be given in precisely the same number and ords as in the Regular Session.*

THE REGULAR SESSION will begin on Wednesday, October 2, 1878, and end about the 1st of March, 1879.

FACULTY:

ISAAC E. TAYLOR, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of the Faculty.
JAMES R. WOOD, M.D., LL.D., Emeritus Professor of Surgery.
FORDYCE BARKER, M.D., Professor of Clinical Midwifery and Diseases of Women.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine, and Clinical Medicine.
W. H. VAN BUREN, M.D., Prof. of Principles and Practice of Surgery, Diseases of Genito-Urinary System and Clinical Surgery.
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ALEXANDER B. MOTT, M.D., Professor of clinical and Operative Surgery.
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WILLIAM M. POLK, M.D., Professor of Materia Medica and Therapeutics, and Clinical Medicine.
AUSTIN FLINT, JR., M.D., Professor of Physiology and Physiological Anatomy, and Secretary of the Faculty.
JOSEPH D. BRYANT, M.D., Professor of General, Descriptive and Surgical Anatomy.
R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology.
EDWARD G. JANEWAY, M.D., Professor of Pathological Anatomy and Histology, Diseases of the Nervous System and Clinical Medicine.

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JOHN P. GRAY, M.D., LL.D., Professor of Psychological Medicine and Medical Jurisprudence.
ERSKINE MASON, M.D., Clinical Professor of Surgery.
EDWARD L. KEYES, M.D., Professor of Dermatology, and Adjunct to the Chair of Principles of Surgery.
J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children.
LEROY MILTON YALE, M.D., Lecturer Adjunct upon Orthopedic Surgery.

A distinctive feature of the method of instruction in this College is the union of clinical and didactic teaching. All the lectures are given within the Hospital grounds. During the Regular Winter Session, in addition to four didactic lectures on every week-day, except Saturday, two or three hours are daily allotted to clinical instruction.

The Spring Session consist chiefly of Recitations from Text-Books. This term continues from the first of March until the first of June. During this Session daily recitations in all the Departments are held by a corps of examiners appointed by the Faculty. Regular clinics are also given in the Hospital and in the College Building.

FEES FOR THE REGULAR SESSION.

Fees for tickets to all the lectures during the Preliminary and Regular Term, including clinical lectures	$140 00
Matriculation fee	5 00
Demonstrator's ticket (including material for dissection)	10 00
Graduation fee	30 00

FEES FOR THE SPRING SESSION.

Matriculation (Ticket good for the following Winter)	$ 5 00
Recitations, Clinics, and Lectures	35 00
Dissection (Ticket good for the following Winter)	10 00

Students who have attended two full Winter courses of lectures may be examined at the end of their second course upon Materia Medica, Physiology, Anatomy and Chemistry, and, if successful, they will be examined at the end of their third course upon Practice of Medicine, Surgery and Obstetrics only.

☞ For the Annual Circular and Catalogue, giving Regulations for graduation and other information, address,

PROF. AUSTIN FLINT, JR.,
Secretary, Bellevue Hospital Medical College.

DETROIT MEDICAL COLLEGE.

SESSIONS OF 1878-79.

FACULTY.

PRELIMINARY AND REGULAR SESSIONS.

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Professor of Medical and Surgical Diseases of Women, and Obstetrics.

GEORGE P. ANDREWS, M.D.,
Professor of Principles and Practice of Medicine and Clinical Medicine.

ALBERT B. LYONS, M.D.,
Professor of Chemistry and Toxicology.

THEODORE A. McGRAW, M.D., Treasurer,
Professor of Principles and Practice of Surgery and Clinical Surgery.

C. B. GILBERT, M.D.,
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LEARTUS CONNOR, M.D., Secretary
Professor of Physiology and Lecturer on Diseases of the Eye and Ear.

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Lecturer on Genito-Urinary System and Rectum.

DANIEL LA FERTE, M.D.,
Demonstrator of Anatomy and Lecturer on Orthopedic Surgery and Tumors.

J. G. JOHNSON, M.D.,
Lecturer on Diseases of Mind and Nervous System.

J. H. CARSTENS, M.D.,
Lecturer on Differential Diagnosis.

E. L. SHURLY, M.D.,
Lecturer on Diseases of Throat and Lungs.

F. A. SPALDING, M.D.,
Lecturer on Diseases of Skin.

C. C. YEMANS, M.D.,
Lecturer on Chemistry.

JAS. D. MUNSON, M.D.,
Demonstrator of Practical Physiology.

E. A. CHAPOTON, M.D.,
Demonstrator of Practical Microscopy.

The Collegiate Year is divided into three sessions.

PRELIMINARY SESSION opens Wednesday, September 4th, 1878, and continues one month. The Clinics are held and the Lectures delivered by the Professors of the regular Faculty, and in the same order and frequency as during the Winter Term. Opportunity is given to dissect or work in the Chemical and Physiological Laboratories.

THE REGULAR SESSION opens Wednesday, October 2d, 1878, and continues five months. During this term all the branches of *General Medicine* and *Surgery*, both scientific and practical, are taught with care and thoroughness. All students are daily examined on the subjects of the lectures and on their dissecting and laboratory work.

Senior students have *daily practice* in the *art of examining patients*, in forming their own diagnosis, prognosis and treatment. As this is done under the direction of the professor holding each clinic, and in the presence of the class, it constitutes an invaluable course of training.

THE RECITATION SESSION begins second Wednesday in March, 1879, and continues four months. Daily during this term there will be held a lecture, recitation and one or two clinics. The lectures will be upon special subjects of medical or surgical interest.

The recitations will embrace the general subjects of the Regular Session, viz., Anatomy, Surgery, Midwifery, Diseases of Women, Physiology, Practice of Medicine, Materia Medica and Chemistry.

Though the Recitation and Preliminary Sessions are optional, it is hoped that all who can, will avail themselves of their manifest advantages in supplementing the regular winter course.

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Hospital Fees	**10 00**
Lecture Fees	**40 00**
Graduation	**25 00**
Lecture Fees to third course students	**25 00**

For the Recitation Term the Lecture Fees are $10, to those who attend the other courses. All others are required to matriculate and take out the Hospital tickets.

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OF THE
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BUFFALO, N. Y.

Session of 1878-79.

Preliminary Term begins.....Oct. 2.
Regular Term " .....Nov. 6.

FEES.—Matriculation, $5.00. Faculty, $100.00. Perpetual Ticket, $150.00. Graduation Ticket, $25.00.

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OF CINCINNATI.

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For Circulars, address, JOHN A. MURPHY, M.D., 163 W. 7th St.

STARLING MEDICAL COLLEGE,
COLUMBUS, OHIO.

The Thirty-second Session of Starling Medical College will begin October 2, 1878, and continue until March, 1879. It will be preceded by a preliminary course beginning September 4, 1878. Extensive additions have recently been made to the Museum and other teaching facilities of the College.

FACULTY.—F. Carter, M.D., Dean; H. G. Landis, M.D.; J. H. Pooley, M.D.; S. Loving, M.D.; J. M. Wheaton, M.D.; E. B. Fullerton, M.D.; W. J. Conklin, M.D. (of Dayton); Alex. Dunlap, M.D.; Otto Frankenberg, M.D.

Lecture tickets, including matriculation, $45.

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FEES.—Lecture Tickets, including Matriculation Ticket, $50.00.

WINTER SESSION.—Commences on the third Wednesday in September, and continues 24 weeks.

SUMMER SESSION.—Commences on the first Monday in April.

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IOWA CITY, IOWA.

MEDICAL DEPARTMENT.—SESSION OF 1878-'79.

The next term will commence on Wednesday, October 9th, and continue until the first Wednesday in March, 1879. No preliminary course. Six lectures daily, including clinics at Mercy Hospital, to which there is free admission. Advanced students will be entrusted with the care of cases. Candidates will be required to perform operations upon the Cadaver. Dissecting and clinical material abundant. Requirements of the Am. Ass. of Med. Colleges strictly complied with.

FEES.—For the entire Course, $20.00. Matriculation Ticket, $5.00. Demonstrator's Ticket, $5.00. Examination Fee, $25.00. For circular or further information, address

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FEES:—Matriculation, $5; Lectures, $77; Graduation, $25; Recitations, $40.

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BOSTON, MASS.

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Instruction is given by Lectures, Recitations, Clinical Teaching, and Practical Exercises throughout the Academic year. The year begins Sept. 26th, 1878, and ends the last Wednesday in June, 1879. Persons who hold no degree in arts or science must pass an *examination for admission* to this School in Latin, in the elements of Physics, and in English. French or German will be accepted instead of Latin. The admission examination will be held in June both at Boston and at Cincinnati, in September at Boston only. Examination for advanced standing Sept. 23d.

A Catalogue, containing detailed information and specimens of examination papers, will be sent on addressing

DR. R. H. FITZ, Secretary, 108 Boylston St., Boston, Mass.

MEDICAL INSTITUTION OF
YALE COLLEGE.

Spring Term begins February 14, and closes June 26, 1878.

Winter Term begins October 3, 1878; closes January 30, 1879.

FEES.—Matriculation Fee, $5.00. For the Spring Term, $60.00. Contingent Expenses of Laboratory, Spring Term, $10.00. Winter Term, Lecture Fees, $105. Demonstrator's Ticket, paid once a year by those who dissect, $5.00. Graduation Fee, $25.00.

For further information, address

CHAS. A. LINDSLEY, M.D., Dean, New Haven, Conn.

CHICAGO MEDICAL COLLEGE.
(Medical Department of the Northwestern University.)

The Winter Session will commence on the first day of October, and close on the third Tuesday in March. The Summer Session begins on the first Monday in April, and closes on the last Thursday in June. This session is *free* to all who have taken the Matriculation Ticket.

FEES.—Lecture Fees for the Winter Term, $50.00. Graduation Fee, $30.00. Matriculation Fee, $5.00. Dissecting Ticket, $5.00. Hospital Ticket, $6.00.

All Fees are payable in advance to the Registrar, Prof. HOLLISTER.

Any further information that may be desired can be promptly obtained by addressing

J. H. HOLLISTER, M.D., Secretary and Registrar of the Faculty,
No. 73 Randolph Street, Chicago, Ill.

COLLEGE OF MEDICINE
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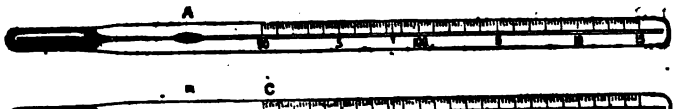

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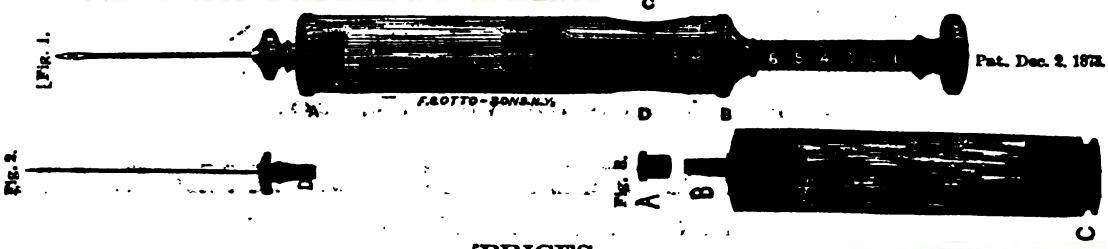
The Syringe before described has been adopted by the ***Medical Department of the United States Army.***



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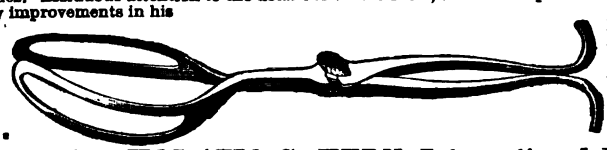

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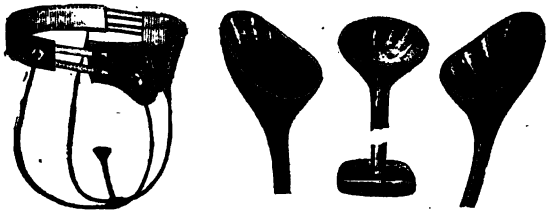

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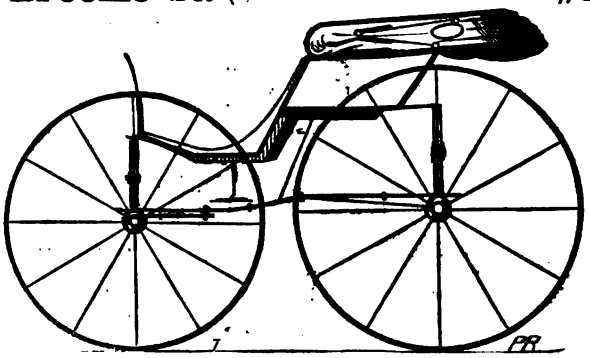

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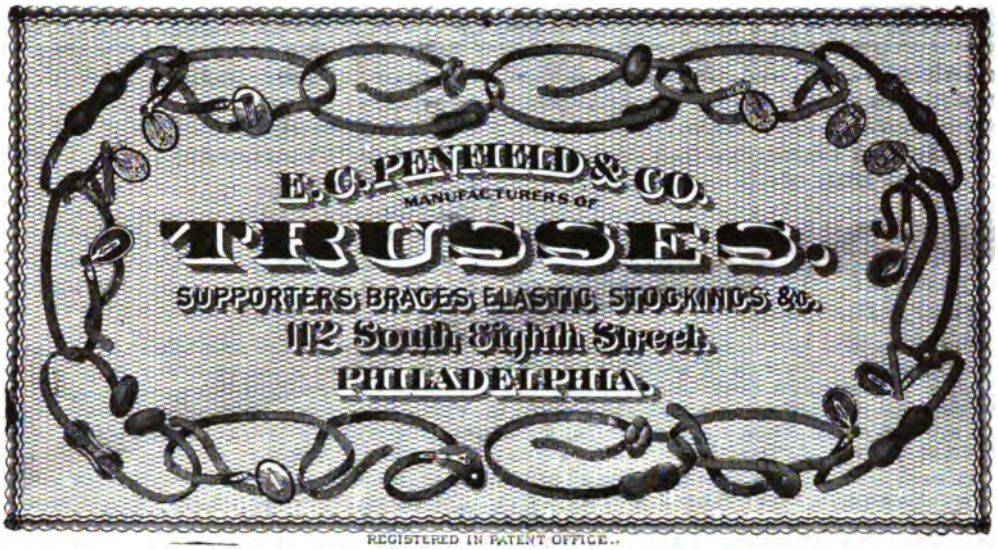

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THE MEDICAL RECORD:

A Weekly Journal of Medicine and Surgery.

GEORGE F. SHRADY, A.M., M.D., Editor.

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THE MONOPOLY OF PAPERS BY THE AMERICAN MEDICAL ASSOCIATION.

It would hardly be believed, even by the most credulous, that the American Medical Association has seen fit, in an authoritative way, to hinder the publication in medical journals of papers read at the meeting until such papers shall have appeared in the *Transactions*. This, however, is the fact, as will be seen by a reference to a proceeding at one of the meetings of the Sections. On the occasion alluded to it was moved that a paper which attracted a good deal of attention and treated of a subject in which every practitioner was more or less interested, should be published without delay in the medical journals. Naturally such a reasonable request would have been granted without debate; but when it was stated that such a course would spoil the sale of the *Transactions*, and was therefore contrary to the By-laws, there was apparently an end to all argument upon the question. The author of the paper not caring to go contrary to the wishes of the Association, abides by the decision, declines to have the article published, and the profession, or at least that small part of it which reads the *Transactions*, is compelled to wait for the information which it contains for many months. And yet we are told in the Code that it is wrong to wilfully withhold anything good from the profession, and that all personal considerations are secondary to the mitigation of human suffering and the prolongation of human life. It is also considered improper to claim proprietorship in anything calculated for the benefit of the sick, or to hinder, in any way, directly or indirectly, the widest and promptest dissemination of any knowledge which may tend to alleviate the sufferings of humanity. On the other hand, it is perhaps necessary, in view of the necessity of making the *Transactions* a success, to strain every point in its favor by forcing the members to subscribe.

But what becomes of the papers which are monopolized by the Association? Buried is a mild expression for the oblivion to which they are usually consigned. We do not mean to say that no one reads them, for this would obviously be an exaggeration. Besides the proof-reader, who is paid for it, the author himself very rarely fails to peruse his paper from beginning to end, and also possibly one out of a hundred to whom he sends his complimentary reprints. For the papers of real value in the *Transactions* there are comparatively few readers, because, aside from a very small edition, any interest which might have developed itself at the time the papers were read has passed away. Although this is one of the inevitable results of the publication of papers in volumes of Transactions, there is no reason why the Association should use its authority in preventing a proper disposal of such papers so that they may be available to the profession. The Association takes upon itself a grave responsibility in deciding the question in favor of the success of the *Transactions* against the real wants of the profession at large. When we look at this question from an author's point of view, the answer, as to the policy which should be pursued, is quite obvious. He, of course, is desirous of the widest publicity and quickest dissemination of his views. If, however, he loses this right for the mere honor of reading his paper before one or two hundred persons present at a meeting of a Section, and for the mere privilege of entombing his production in an edition of four or five hundred copies, he may not try the experiment as often as the mere success of the volume of *Transactions* may demand. We, however, take such a contrary view from that of the Association in this matter, that we have not hesitated to appropriate in our reports of the Association and of its Sections any and every item which in itself might interest the profession, and shall continue to do so despite any selfish and stupid by-laws to the contrary. The proceedings of the Association belong to the profession, and we see no good reason why their unlimited publication should be directly or indirectly hindered in the way we have shown. The profession has a direct interest in the repeal of the by-law in question.

LEGAL REGULATIONS FOR THE PRACTICE OF MEDICINE.

II.

The Presidents, other officers, and Censors of the State and County Medical Societies are pledged to faithfully carry out all the laws of the State of New York, referring to the practice of medicine, which have been or may be entrusted to them. The first requisite for this is an efficient registration of all medical men and women.

The Health Board is required to make a registration of all competent and honorable physicians, surgeons, and midwives who send in certificates of births and deaths. The Comitiæ Minoræ of the County Medical

Societies are expected to make lists of all honored and honorable, and duly graduated and licensed physicians, who are entitled to membership in their Societies, and the Presidents are required to invite all such eligible persons to join their respective Societies within sixty days. The Censors of the County Medical Societies are ordered to make a list of all unlicensed and unauthorized physicians, and summon them to obtain certificates of qualification to practise medicine, surgery, and midwifery.

The different city and business directories contain comparatively complete lists of all practising physicians and surgeons, and the editors of the *Medical Register* have done much and most faithful work in the way of registration. Hence it would seem unnecessary for the profession to apply to the Legislature for any new powers for registration until those which have already been granted have been faithfully and wisely tested, and carried out as far as practicable. The Censors of the Medical Society of the County of New York have twice notified all practitioners of medicine and surgery in the city and county to produce their credentials, but direct their Presidents to place a list of all those who did not comply with the Law of 1874 in the hands of the District Attorney for prosecution.

As several years have elapsed since the legal notifications were made, it may be desirable to issue new notices, and then proceed to prosecute the delinquents. As several judgments have already been obtained, the law officers are perhaps sufficiently cognizant of the requirements of the law to proceed promptly and effectively. With the aid of the directories, and the registers of the Board of Health, County Society, and Medico-Historical Society, this will be mere clerical work, for which the County Society should make a small appropriation, and order it carried out. To ease the Censors, who have already done much hard and not unfruitful work, the President should be directed to place the names of all who do not comply with the new notification in the hands of the District Attorney for prosecution.

Those who do apply for examination and certificates of qualification may be granted further time, not in any case to exceed ninety days, and then the names of all who fail to give satisfactory evidence of their moral character and medical acquirements should also be placed in the hands of the District Attorney for prosecution.

There are several medical associations which can materially aid the Censors of the Medical Society of the County of New York in their arduous labors. Thus the East River Medical Association can do much to sift out the worthy physicians of their district. The Medico-Chirurgical Society of German Physicians can do much more. The Harlem Medical Association may co-operate, and the North-Western Medical and Surgical Society, the Yorkville Medical Association, the Morrisania Medical Society, and the Scientific Meeting of German Physicians.

A prerequisite for admission in all these Societies should be membership in the County Medical Society. The Academy of Medicine has applied for and obtained representation in the State Medical Society, and hence all its members and officers should also be members of the County Medical Societies. All the medical colleges have obtained representation in the State Medical Society, hence they should advise, and see to it, that all their graduates living in this State, especially in this city and county, should apply for and obtain membership in their County Medical Societies.

Strangely enough, the midwives are enrolled only by the Board of Health. They are not admitted into the *Medical Register*, although nurses and apothecaries are, and the Association for the Advancement of the Medical Education of Women have paid no attention to them, nor have the County Medical Societies, nor the New York Obstetrical Society, nor the Obstetric Section of the Academy of Medicine.

It is high time that some efficient steps should be taken in this matter; but as the subject is beset with some difficulties, the first step should be the formation of a society of well-educated midwives, already licensed by some other State or country. There are many well-educated midwives here, who have already been licensed in Germany, Italy, France, England, Ireland, and Scotland; and many more utterly unworthy persons from all these countries.

The worthy ones should unite, with the advice and assistance of a sufficient number of physicians of foreign birth already members of the County Society, and form a society of licensed, authorized, competent, and honorable midwives, whose credentials should be thoroughly examined, and whose character and ability should be vouched for by the Association for the Advancement of the Medical Education of Women, or the Scientific Meeting of German Physicians, the Medico-Chirurgical Society of German Physicians, or by committees formed of English, Scotch, Irish, French, and Italian physicians, members of the County Medical Society; or by committees from the New York Obstetrical Society, or the Obstetric Section of the Academy of Medicine.

On Jan. 26, 1829, the Medical Society of the City and County of New York drew up a petition, and sent a resolution to the State Medical Society about apothecaries (see below), which led to the establishment of Colleges of Pharmacy in the State, and how much more important is now the regulation of midwives. The resolution read:

Resolved: From the increasing number of vendors of medicines, called apothecaries, in the cities and populous towns in this State, the numerous and even fatal errors which have arisen from the ignorance of very many of them, and the necessity that demands some regulation in this adjunct department of the profession, that the delegate of this Society be in-

structed to use his influence with the State Society for the procural of its active exertion in any measures which in its wisdom may be thought proper to remedy the evils arising from the present unlicensed preparing and dispensing of medical remedies.

Resolved, That the foregoing resolution be adopted as [part of] the instructions of the delegate to the State Medical Society.

Signed, STEPHEN BROWN, *Chairman.*
JOHN STEARNS.
JOHN JAMES GRAVES.

By Feb. 2, 1830, Dr. Richard Pennell, chairman, was enabled to report to the State Society: "That the apothecaries and druggists in the city of New York had organized themselves into a College of Pharmacy and adopted a constitution and by-laws. They had also appointed two professors, viz., Dr. Torrey, on Chemistry, and Dr. Stephen Brown, on Pharmacy and Materia Medica, with about one hundred students attending the former course, and about fifty the latter." A copy of their constitution was respectfully submitted first to the County Society, and next to the State Medical Society.

It should not be beneath the dignity of the New York Obstetrical Society, or of the Obstetric Section of the Academy of Medicine, or of a committee of the Medical Society of the County of New York, or of the Adjunct Professors of the Medical Colleges, or the Women's Medical College, or the Medico-Chirurgical Society of German Physicians, or all of them, to give instruction to, and examine all midwives.

A certificate of competency from individual physicians, however exalted they may be, should no longer entitle midwives to Registry even by the Board of Health.

The abuses about certificates for midwives have reached the extreme of endurance. Some physicians will give a recommendation to any and every midwife who calls them in counsel. Scoundrels who have served their term in the Penitentiary are now issuing such certificates; the makers of forged diplomas also issue forged certificates, and the holders of forged diplomas are doing the same. These men generally associate themselves in companies of three, pretend to give some instruction, and sell their certificates to midwives at from $30 to $100.

The County Society gave us the United States Pharmacopœia, the first system of Medical Ethics, the College of Pharmacy, and why not a well-regulated Society of midwives?

THE HOMŒOPATHIC QUESTION IN CONNECTICUT.

PROBABLY no question has excited as much interest in the Connecticut State Society as that referring to the propriety of consulting with homœopaths. It is not surprising that the members were unprepared to discuss it on its general merits, as the case in point was not by any means a leading one. It appears that one physician of the regular school was expelled from his County Society for consulting medically with his wife, who was a homœopath, and the case came up before the State Society on an appeal. There is something so supremely ludicrous about the whole affair, that it is easy for us to believe that the discussion was looked upon by the majority of the members more as a joke than anything else. As it is, we are pleased to learn that the Society finally voted as it did.

THE NEW HAMPSHIRE STATE SOCIETY.

THE New Hampshire State Medical Society held its annual session at Concord, commencing June 18th. The admission of two medical women to membership is worthy of note, and very clearly proves in what direction the popular medical sentiment is drifting. The usual number of scientific papers was presented, and evoked considerable discussion. The advocacy of a State Board of Health is a step in the right direction, and will doubtless be rewarded with success at the next legislative session.

OUR REPORTS OF SOCIETIES.

IN order to complete our reports of the Sections, and to find room for reports of State Societies, we have concluded to alter our usual arrangement of material. In the future issues we shall resume the publication of the original lectures and other material, which for reasons already given have been deferred.

Reports of Societies.

AMERICAN MEDICAL ASSOCIATION.

REPORT OF SECTIONS.

SECTION ON PRACTICAL MEDICINE, MATERIA MEDICA, AND PHYSIOLOGY.

DR. A. L. LOOMIS, of New York, Chairman.
DR. J. V. SHOEMAKER, of Pennsylvania, Secretary.

TUESDAY, JUNE 4TH—FIRST DAY.

The Section was called to order at 3 P.M. by the Chairman. In the absence of Dr. G. H. Etheridge, of Illinois, Dr. J. V. Shoemaker, of Pennsylvania, was elected Secretary.

RINGWORM IN PUBLIC INSTITUTIONS.

DR. J. V. SHOEMAKER, of Pennsylvania, read a paper upon the above subject, in which reference was made to 50 cases of the disease occurring in a school of 100 children. Diagnosis was made by microscopic examination. Inoculation upon unaffected children produced the same disease. Experiments were made by inoculating cats, and the disease was produced upon the animals. Further experiment demonstrated that the disease could be transmitted from animals to children by inoculation. The conclusion, therefore, was that ringworm could be transmitted from children to animals and *vice versa*. The treatment consisted in shaving the head [frequently in pulling out the hairs], frequent change of clothing, thorough ablution, the use of bitter tonics, iron, and cod-liver oil,

and the application of salicylic acid and citrine ointment.

Dr. S. S. Cutler, of Cold Water, Mich., who had charge of the only State institution in this country for abandoned children, remarked that the occurrence of ringworm in scrofulous and syphilitic children was very frequent.

Dr. W. W. Avery, of Hartford, Conn., had employed Labarraque's solution with success in the treatment of this affection.

Dr. T. C. Rich, of Philadelphia, participated in the discussion, after which the paper was referred to the Committee on Publication.

SOME FACTS IN CONNECTION WITH PULMONARY TUBERCULOSIS AND ITS HYGIENIC SURROUNDINGS.

Dr. F. H. Davis, of Chicago, read a paper upon this subject, in which he maintained that the influence of climate in the production of tuberculosis was overrated. More powerful causes were want of exercise, improper clothing of the body, and dampness.

A change from agricultural to manufacturing pursuits was regarded as an important factor in the production of phthisis. As illustrative of that view reference was made to the Swedish and Norwegian emigrants, who usually came from agricultural districts, but when they arrived in this country many of them engaged in manufacturing pursuits, their children as domestics, and among them phthisis was of frequent occurrence. Preventive measures for phthisis consisted largely in the improvement of hygienic surroundings. The use of open fire-places and the abandonment of coal stoves was urged.

Dr. Dennison, of Colorado, spoke of moisture as an element in the production of phthisis, especially moisture such as the inmates were exposed to in houses which were built upon soil more or less filled with water, as in many of our cities.

Dr. Lester, of Kansas City, Mo., did not believe that moisture had any special influence in the development of phthisis, and cited as evidence the fact that in many localities consumption was unknown while the forests remained undisturbed, but as soon as they were cleared off phthisis had appeared.

Discussion was continued by Dr. N. S. Davis, West, of New Hampshire, Scott, of Ohio, Bronson, of Massachusetts, and Caldwell, of Baltimore.

The paper was then referred to the Committee on Publication.

FIBRINOUS BRONCHITIS.

Dr. C. W. Glasgow, of St. Louis, presented a specimen of bronchial casts, with the history of the case.

Dr. Loomis referred to eight cases of the disease which had fallen under his observation. The danger in such cases was, that the disease might lead to phthisis. The only benefit which he had seen in way of treatment had been from change of climate; and a locality should be sought in which the atmosphere was free from germs.

The paper was referred back to the author, with the request that he make a full report upon the subject at the next meeting of the Association.

The Section then adjourned, to meet at 3 P.M., Wednesday, June 5th.

Wednesday, June 5th—Second Day.

The Section was called to order at 3 P. M. by the Chairman, Dr. Loomis.

The first paper was read by Dr. J. J. Caldwell, of Baltimore, on

THE NEUROSES OF THE PNEUMOGASTRIC AND SYMPATHETIC.

The anatomical distribution of the pneumogastric nerve was first considered, and the effect produced by its division. The connection of the nerve with the sympathetic was so intimate, that when the sympathetic was irritated the same symptoms might be developed as when the pneumogastric itself was irritated. The author then passed to the consideration of the diseases affecting organs which were supplied by the pneumogastric, such as epilepsy, laryngismus stridulus, whooping-cough, croup, diphtheria, aneurism, etc. Mention was also made of certain neuralgias of the pneumogastric and sympathetic, and the views of the author were illustrated by cases. The object of the paper was to call attention to the neuralgias of the sympathetic and the pneumogastric, and also to study the vaso-motor centres, especially the sweat centres of the sympathetic. The use of electricity was referred to in the treatment of the various neuralgias mentioned.

METRIC SYSTEM IN MEDICINE.

Dr. Edward Wigglesworth, of Massachusetts, read a paper upon the above subject, in which were set forth the principles of the system, and the advantages that would follow its adoption in medicine.

On motion made by Dr. N. S. Davis, the paper was referred back to the author, with the recommendation that it be published in some medical journal, including the statement that it had been read before that Section of the American Medical Association.

Dr. Davis then moved that the Section, by resolution, recommend the adoption of the metric system in medicine. Carried.

PRACTICAL POINTS IN THE ELECTRICAL TREATMENT OF IMPOTENCE AND SPERMATORRHŒA.

The above was the title of a paper read by Dr. G. M. Beard, of New York.

The points in the paper were as follows:

1. That in the electrical treatment of *seminal emissions* mild currents should be used and short applications; strong currents and long applications were liable to produce irritation.

He preferred the ordinary steel sound as an electrode instead of the "urethral electrode."

2. In the electrical treatment of *impotence* a strong current might be used, faradic or galvanic, but usually the faradic was preferable. In cases of anæsthesia of the parts, the faradic current might be used with the wire brush.

3. Where the impotence or spermatorrhœa had produced general debility, central or general galvanization, either one, might be used in connection with local treatment. The galvanic current should not be used within the urethra, as it might produce too much chemical action.

4. The cooling catheter, the so-called Winternitz sound, was an excellent adjuvant and positive addition to our methods of treatment of these affections. It was an instrument so constructed that water could be poured into one end of a tube, and running the entire length of the sound, returned and was emptied at the other. He connected the catheter with a Potter's hydrostatic bag, and used water having a temperature of 40° or 50° F. The effect of the cooling application was to contract the urethra so that the instrument was removed with some difficulty. The applications could be continued from five to seven minutes. In some cases he connected a similar arrangement for the rectum. Instead of the hydrostatic bag an ordinary

Davidson's syringe might be used for injecting the water.

5. Dr. Beard spoke of Johnson's electric self-monitor. He was not able to say how much value the device possessed. Generally all those devices had been failures, and the fear was with reference to Johnson's apparatus that it would prove to be an irritant. In brief, the monitor consisted of an electric battery and connections so arranged that a shock was given when a ring was opened by the erected penis.

6. Treatment by the alternate use of hot and cold applications, such as flannels wrung out of hot and cold water, to the perineum and upon the back where the pain was located.

7. Internal treatment consisted in the use of gelsemium, bromide of camphor, ergotin, and lupulin. Gelsemium alone was of more value than was usually supposed. A pill made up somewhat as follows might be used:

℞ Gelsemium ..... ½ gr.
Bromide camphor ..... 1½ grs.
Ergotin and lupulin ää ..... ¼ gr.

He sometimes used bromide of zinc and valerianate of zinc combined, ää gr. i., given in the form of pill, and gradually increasing the dose.

8. Hygienic treatment. Dr. Beard thought that the absolute-rest treatment was sometimes carried too far in these cases, and that a little exercise might be beneficial.

9. Prognosis in spermatorrhœa was not so good as in impotence, although in the great majority of all the cases recovery took place.

Dr. Beard's paper was discussed at some length by Drs. Caldwell, of Baltimore, Rich, of Philadelphia, Hibbard, of Indiana, Palmer, of Michigan, Bronson, of Massachusetts, Shoemaker and Woodbury, of Philadelphia.

It was finally referred to a Sub-Committee, consisting of Drs. Palmer, Hibbard, and Bronson.

THURSDAY, JUNE 6TH—THIRD DAY.

The Section was called to order at 3 P.M. by the Chairman.

DR. THOMAS F. ROCHESTER, of Buffalo, gave the history of the case and presented a specimen illustrating

SEPARATION OF THE ILEUM AND SPONTANEOUS OCCLUSION OF THE DIVIDED EXTREMITIES.

DR. MARTIN, of Mass., referred to a case in which 19½ inches of the ileum separated and were discharged. Six months subsequently the pathological specimen was obtained, when it was found that the extremities of the gut, where the slough had occurred, had been united by a narrow band which was pervious.

DR. LOOMIS said that he had seen one case similar to that reported by Dr. Rochester, except that the extremities where the gut had sloughed were agglutinated to each other.

The paper was referred to the Committee on Publication.

DR. C. N. PALMER, of Lockport, N. Y., read a paper

ON GOITRE SUCCESSFULLY TREATED BY SUBCUTANEOUS INJECTION OF FLUID EXTRACT OF ERGOT.

The paper consisted substantially of the history of two cases of goitre, which had been successfully treated as above indicated. From ten to twenty minims of Squibb's fluid extract were used at each injection. One of the patients cured was exhibited to the Section. He was twenty-five years of age; his neck measured twenty-five inches in circumference when treatment was commenced; the enlargement was double, one side cystic and the other solid.

Several methods of treatment were mentioned by members of the Section, and Dr. Davis remarked that no doubt some cases had been cured by any method which had been suggested.

On motion, Dr. Ephraim Cutter's paper on the "Morphological Changes in Syphilitic Blood" was referred to a special committee, consisting of Drs. Thomas F. Rochester, J. R. Bronson, and N. S. Davis.

On motion, the Committee of the Section, whose duty it was to report regarding the meteorological changes and the commencement of intestinal diseases, was continued.

THE CHAIRMAN'S ADDRESS.

On motion by Dr. N. S. Davis the chairman's address was taken up for discussion. Commendatory remarks were made by Drs. Davis, Rochester, Bronson, Bell, and Dennison.

On motion, the Chairman of the Section was requested to publish his address in some medical journal, in order that the profession might have opportunity for its study before it appeared in the volume of Transactions.

DR. N. S. DAVIS stated that it was in violation of the By-laws to give a paper to a medical journal for publication which had been referred to the Committee on Publication by the Section.

The *Chairman* said that he did not wish to have his paper to take any course which was not in accordance with the By-laws regulating the disposal of papers read before the Section.

The discussion terminated in sending the paper to the Committee on Publication, and also in the adoption of a resolution which was reported, and appears in the minutes for the fourth day of the General Association.

On motion made by Dr. N. S. Davis, Dr. Dennison was requested to report at the next meeting on the results of climatic treatment of phthisis in Colorado.

The Section then adjourned.

SECTION ON STATE MEDICINE AND PUBLIC HYGIENE.

DR. J. L. CABELL, of University of Virginia, Chairman.
DR. I. N. QUIMBY, of New Jersey, Secretary.

TUESDAY, JUNE 4TH—FIRST DAY.

The Section was called to order at 3 P.M. by the Chairman.

The first paper was read by DR. HENRY I. BOWDITCH, of Boston, entitled,

STUDIES OF AN EPIDEMIC OF DIPHTHERIA WHICH PREVAILED AT FERRISBURG (ADJACENT TO VERGENNES), VERMONT, DURING THE SUMMER OF 1877.

Dr. Bowditch spent three days in the investigation, and entered all the houses of the district to which the epidemic was chiefly limited. A description of the locality, and the character and number of the homesteads was given, and the gradual progress of the disease traced upon the map. It was reported that the disease attacked principally, if not wholly, those who drank water from a certain well which had been long disused; but the perfect proof that such was not the source of the disease was the fact that several persons who drank of the water did not have diphtheria,

and that others who purposely avoided it, were, by another means of communication, affected, and some were killed. In conclusion, Dr. Bowditch enumerated the salient points of the epidemic, together with a few reflections that were germane to the subject.

1. We had seen the vastly greater tendency of childhood than of adult life to be affected; but

2. The fact that two nursing babes escaped in the epidemic, while many older children were affected, was worthy of notice.

3. Some houses, though surrounded by the epidemic, and their inmates went among the sick, escaped, but they had only adults in them. Would it have been safe or proper for those adults to have done so if any children had been living with them? He should decidedly say "nay," for

4. Adults in the epidemic had, at times, apparently carried the contagion without having it themselves.

5. If the epidemic did not *prove* the value of cleanliness in warding off diphtheria, it did not oppose that idea.

6. The experience of the epidemic seemed to indicate that physicians should consider the possibility of their communicating the disease in going from one patient to another. He confessed that he should think it his duty to take extra precautions in regard to going from a diphtheritic patient to any other sick person without thoroughly washing his hands, and, as far as possible, disinfecting his clothing by an exposure to the air, etc. Especial precautions should be used when going from a diphtheritic case to the puerperal chamber or that of any peculiarly sensitive patient or delicate child. Were diphtheria prevailing, and were he attending puerperal cases, he should visit all such patients before seeing the diphtheria cases, and in giving that counsel he only gave that which every one would admit was correct, in case one had erysipelatous and puerperal cases to attend on the same day. For, if in the latter hypothesis we should go directly from dressing an erysipelatous patient to a case of labor, we would be guilty of the grossest folly; Dr. Holmes would say, crime. We would deserve the severest condemnation, because we risked the life of our patient for the sake of our own convenience or for our fee, which was a most contemptible and reprehensible act, and one to be condemned by every honorable physician.

Future sanitary legal enactments would, he doubted not, justly hold a physician who should be guilty of such acts in the cases supposed of erysipelas and labor, amenable to statute law as much as if he administered poison or were guilty of the grossest malpractice.

7. On the occurrence of a case of diphtheria in a pupil attending school, the greatest care should be taken to prevent the disease from becoming epidemic. The patient should be forthwith separated from his fellows, or kept from them, not only during his illness, but for two or three weeks afterwards, and should not be allowed again to attend school until in full health, nor until all his clothing had been thoroughly disinfected. Those who had been in more immediate contact with him just before the disease appeared should be carefully examined, and the question of excluding them also from the school should be decided by a medical examination. If it was evident that several children were about to be affected, the school should be forthwith closed. As many of the children as possible should be removed out of the place and kept away for several weeks until the contaminated homesteads had been disinfected.

8. All clothing used by a diphtheritic patient should be subjected to intense heat, either of dry air or of boiling water, and smaller rags or cloths used by such patients should be burned.

9. Each room in which a diphtheritic patient had been ill should be thoroughly ventilated during the illness of the patient, and afterwards continued for a time with thorough disinfectants.

10. Upon the death of a patient, the body should be as soon as possible placed in a box so constructed that no effluvia could escape. The funeral should be very soon after death, and attended by the fewest possible. The neighbors and friends and children of the family and all others should be excluded, except those needed to assist.

11. Finally, it was suggested by one of the attending physicians if the people of that small district had, early in the epidemic, established a temporary hospital, some lives might have been saved. A large hospital-tent upon one of the adjacent hill-tops, into which every one taken ill could have been immediately transferred, would perhaps have acted as the Botsford homestead apparently did, viz.: converted a widely prevalent and at times fatal disease into one milder, and, perchance, non-fatal. In the depths of winter-time perhaps one of these houses, or even a barn, might be fitted up for the same purpose.

The sum-total of these suggestions came to this result: An epidemic or a single case of diphtheria must be met very much as we would meet a case of small-pox or scarlatina, and we must try by every means in our power to limit its influence and prevent its spread as an epidemic. He did not mean to intimate that he thought diphtheria equally contagious as small-pox; but that there was a strong analogy between them, like means used to prevent their spread.

At the conclusion of his paper, Dr. Bowditch moved that it be referred to a committee of experts. Pending the vote on this motion, the paper was discussed by Dr. Jacobi and Dr. Bell, of New York, Dr. Hollister, of Chicago, Dr. Noyes, of Detroit, and Dr. Seguin, of New York.

Dr. Toner moved as an amendment to the motion of Dr. Bowditch, that the paper be referred to the Committee on Publication. Dr. Jones, of Toledo, in seconding the motion, took occasion to speak of contagion and infection, their causes, etc.

After further remarks by Dr. Jacobi, and Drs. Knight and Isham, of Connecticut, the vote was taken on the amendment of Dr. Toner, and it was carried.

INTERVENTION OF PHYSICIANS IN EDUCATION.

Dr. E. Seguin, of New York, read a paper upon the above subject, in which the imperfection of our American public schools were pointed out, and reference made to the part which the physician should take in the education of the children as follows:

During vacation he should inspect the school-house and grounds with reference to cleanliness and drainage, and see that they were shaded on the proper side; that the books, charts, images, and the like were duplicated in several types to suit the different conditions of vision; that the desks fitted the progressive ages, and the seats the diversity of shape of the children, particularly of the girls.

Before entering the school the pupils should be scrupulously examined, and their status minutely recorded in regard to their general appearance; condition of skin and glands; relations of age to size; relations of size to weight; of trunk to limbs; conformation and proportions of head; irregularities of both sides; spinal anomalies (carefully surveyed); breadth and thickness of the chest; circulation; respiration, etc., etc.

Before having allotted a child to a class-room and

in it to one place in relation to the teacher and teaching apparatus, the precision of his sensory organs, and particularly wherefrom he could see and hear best, should be considered. Otherwise placed, his senses might grow worse; or the erectile tension of their organs, which caused the attention of the mind, being found useless would slacken, and the desire for learning would die away in proportion to the impairment of the senses.

Dr. Seguin then directed attention to the question of myopia and other eye affections, to quarantine measures against introducing contagious diseases into the school, to noting the effect of the course of studies upon the children, to the physiological training of the senses, and to the records of vital powers.

"The true riches of the country, without which all others are like chips in the mouth of the hungry, are our children, if physiologically educated."

Dr. Seguin's paper was endorsed by Dr. Bell, of Garden City, Dr. Jones, of Toledo, Dr. F. H. Hamilton, of New York, Dr. Noyes, of Detroit, Dr. Storer, of R. I.; and, on motion, Dr. Hamilton was requested to present an outline of the paper to the general session of the Association.

The Section then adjourned, to meet on Wednesday at 3 P.M.

WEDNESDAY, JUNE 5TH—SECOND DAY.

The Section was called to order at 3 P.M. by the Chairman.

The minutes of the previous meeting were read and approved.

CROUP AND DIPHTHERIA.

Discussion upon the contagiousness of croup and diphtheria was continued by Dr. A. Jacobi, of New York; Dr. Wilcox, of Hartford; Dr. Abbott, of Hamburgh; Dr. R. J. O'Sullivan, of New York; Dr. Reeves, of Wheeling; and others.

RESOLUTION BY DR. BELL.

DR. BELL, of New York, offered the following resolution, which was adopted:

"*Resolved*, That Dr. E. Seguin's paper on the Intervention of Physicians in Education be recommended for publication in the Transactions, and that Drs. F. H. Hamilton, E. Seguin, R. J. O'Sullivan, of New York; Dr. D. B. Lincoln, of Boston; Dr. W. H. Van Bibber, of Baltimore, be appointed a committee to report to the Association at its next meeting upon the practical suggestions of the said paper.

JOHNS HOPKINS HOSPITAL.

DR. J S. BILLINGS, U.S.A., of Washington, exhibited the plans of the Johns Hopkins Hospital, to be erected in Baltimore, showing improved plans of ventilation and drainage.

DR. JONES, of Toledo, moved that Dr. Billings be requested to prepare a paper on the construction of hospitals, to be read at the next annual meeting of the Association. Carried.

On motion, the communications in reply to the circular of the Chairman of the Section, on Defective Drainage and Water Supply, by Drs. T. M. Stevens, of Indiana, John W. Trask, of Missouri, and A. M. Carrigan, of Arkansas, were referred to a committee consisting of the Chairman and Secretary of the Section.

The Section then adjourned to meet at 3 P.M. on Thursday.

THURSDAY, JUNE 7TH—THIRD DAY.

The Section was called to order at 3 P.M. by the Chairman.

DR. A. N. BELL, of New York, was elected Secretary.

The minutes of the previous meeting read and approved.

A letter from Dr. F. H. Hamilton, of New York, was read, declining, for want of time, to report at the next meeting of the Association on the subject discussed in Dr. Seguin's paper.

The address of the Chairman was taken up, discussed, and, on motion made by Dr. Bell, of New York, referred to the Committee on Publication.

THE BEARINGS OF HYGIENE ON THERAPEUTICS

was the title of a paper presented by DR. J. R. BLACK, of Newark, Ohio, and read by the Chairman of the Section.

The writer concluded his paper as follows:

TREATMENT OF CHRONIC INTERMITTENT FEVER.

"A pathological therapeutist is very apt to treat a chronic intermittent thus: a mercurial cathartic to clean out the abdominal viscera, then quinine in large doses, and if this does not succeed, then in larger and yet larger, to destroy or neutralize the hypothetical malaria in the system. Cases have I seen by the score who had received such treatment for weeks and months unavailingly, who had taken quinine and iron until they were, as they expressed it, almost blind and deaf, and yet the disease persisted, with very brief cessations. As a hygienic therapeutist, and as one who has had a large experience with chronic intermittents, I unhesitatingly affirm of this latitude, that scarcely a case of intermittent fever need ever become chronic, and that even when so, proper management will hold the symptoms under control until the tendency is wholly overcome. The outline of the method is as follows: Inquire carefully into the history of the case, and whether acclimated or not, directing special attention to each of the abdominal organs, and if much deranged administer the best active corrective at once. Then anticipate the next paroxysm with 12 grains quinine, divided into three doses, beginning its administration eighteen hours before the time of the expected chill. Repeat this amount of quinine every seventh day for four consecutive weeks, but at no other time, except when the patient's indiscretion brings on an irregular paroxysm. During the intervals administer daily gentle remedies appropriate to correct the functions that show the most derangement. These remedies should be such as will keep the organs mainly at fault up as near as possible to the standard of healthy action, and no more, never allowing the secretions or excretions of any organ to sink far below the healthy standard, nor causing them to rise much above it. The diet should be strictly hygienic, and so also of the exercise, not permitting the vital energy to be spent in toil that should be devoted to recuperation. To guard against external variations of temperature, especially in the unacclimated, flannel should be worn next the skin. The grand condition of success lies in the method and means for keeping all the abdominal organs, during every day and for several weeks, up to the standard of healthy action, and thus triumphantly raise the health above the ague-point. Quinine is invaluable for the arrest of periodicity, but nothing more. By these means my success in treatment has been immediate, and invariable even in

those cases in which improper management had led to serious derangement of the liver, with enormously enlarged spleen. An attempt to trace the course of thought that led these to therapeutical modifications leads back to the careful study of etiology and hygiene, and it is to these that I must attribute the many changes that I have been induced to make in the management of nearly all chronic diseases—changes that I have abundant evidence to consider, constitute a most important advance over old-time methods."

The paper was referred to the Committee on Publication.

The resignation of Dr. Hamilton, as Chairman of the Committee on Dr. Seguin's paper, was accepted, and Dr. R. J. O'Sullivan, of New York, appointed to fill the vacancy.

The Section then adjourned.

SECTION ON MEDICAL JURISPRUDENCE, CHEMISTRY, AND PSYCHOLOGY.

DR. WALTER KEMPSTER, of Oshkosh, Wis., Chairman.
DR. WM. COMPTON, of Holly Springs, Miss., Secretary.

WEDNESDAY, JUNE 5TH—SECOND DAY.

The Section was called to order at 3 P.M. by the Chairman.

The Chairman, Dr. Kempster, read a paper on

GENERAL PARESIS OF THE INSANE.

It was discussed by Dr. Compton, Dr. Clarke, of Toronto, Dr. Russell, of Mass., and Drs. Gray and Deecke, of Utica, N. Y. Dr. Compton remarked that he had never seen a case of paresis in the negro insane.

The paper was referred to a Sub-Committee, consisting of Dr. Darrin, of Penn., Dr. Compton, of Miss., and Dr. Hildreth, of W. Virginia.

The Section then adjourned, to meet at 3 P.M. on Thursday.

THURSDAY, JUNE 6TH—THIRD DAY.

The Section was called to order at 3 P.M. by the Chairman.

THE USE OF THE MICROSCOPE IN THE STUDY OF DISEASES OF THE BRAIN.

DR. THEODORE DEECKE, of Utica, N. Y., read a paper on the above subject, and illustrated it by means of micro-photographs, prepared by himself and Dr. Gray.

DR. KNIGHT, of Connecticut, offered a few remarks upon the same subject.

The paper was referred to the Sub-Committee, and on motion by Dr. Compton the Section adjourned.

NEW HAMPSHIRE STATE MEDICAL SOCIETY.

Eighty-eighth Annual Meeting.

DR. L. M. KNIGHT, OF FRANKLIN, N. H., PRESIDENT, IN THE CHAIR.

(Special report for THE MEDICAL RECORD.)

TUESDAY, JUNE 18TH—FIRST DAY.

THE eighty-eighth annual meeting of the New Hampshire Medical Society was held in Rumford Hall, Concord, on Tuesday, June 18th, at 11 A.M. The attendance was large. The President, Dr. L. M. Knight, of Franklin, occupied the chair.

Prayer was offered by Rev. Daniel C. Roberts, of St. Paul's Church; and thereafter the customary committees for immediate temporary purposes were appointed.

FEMALE MEMBERSHIP.

The report of the Council concerning applicants for admission to membership was read by the Secretary, and the names of thirty-one were balloted for, all of whom were admitted. Among them were two ladies, Drs. Mary Danforth, of Manchester, and Julia E. Wallace, of Concord. These are the first lady physicians ever admitted members of the Society. Two members were retired on account of age and of removal.

REPORTS OF DELEGATES.

The Committee on Credentials, etc., reported that the Connecticut River Valley Medical Association was represented by Dr. L. Sawyer, of Springfield, Vermont; the Vermont Medical Society, by Dr. D. F. Rugg, of Hartland, Vermont; the Massachusetts Medical Society, by Drs. Ira Russell, of Winchendon, Edward Wigglesworth, of Boston, and John H. Mackie, of New Bedford; and the New York Medical Society, by Dr. L. D. Bulkley, of New York. These gentlemen were invited to share in the Society's deliberations, and to participate in its hospitalities.

The Secretary, Dr. CONN, made a report on the Collation of the Early Records of the Society, which duty was unfinished; and Drs. Hill, of Dover, Crosby, of Concord, and Frost, of Hanover, were appointed to complete the work begun by Dr. Smith, and report to the Council at next annual meeting.

STATE BOARD OF HEALTH.

The Secretary also made a report concerning the efforts made by the Society to induce the State Legislature to establish a State Board of Health, which had failed, the while vastly inferior popular interests had succeeded. The report urged that nothing could be accomplished, unless through persistently knocking at the door of the Legislature, and the members be made to seriously listen to the just demands of enlightened humanity. The Society resolved to continue its efforts for the establishment of a State Board of Health, and Drs. Stackpole, Crosby, and Russell were appointed a Special Committee to take charge of the matter.

PRESIDENT KNIGHT then delivered the annual address, after which the meeting adjourned to Odd Fellows' Hall, in order to enjoy their annual dinner. Dr. L. B. How, of Manchester, presided, and the season of physical and mental enjoyment was a happy one.

At 3 in the afternoon the Society reassembled, and the following papers were read:

DR. T. J. W. PRAY, of Dover:—"The Modern Use of Stimulants in Disease; Has there been a Change in the Type of Disease?

[In the discussion which was invited it was held, substantially, that while there was just attachment to old methods of treating typhoid disease, the change of circumstances of a large portion of the people—their aggregation in large cities and towns, where confined dwelling places and vitiated air predominated—had changed the types of the disease, and had sanctioned the use of newer remedies—among them stimuli—which had thirty years ago been largely excluded in practice. There seemed a general favor towards feeding in cases of typhoid fever.]

MANAGEMENT OF THE INSANE.

By common request DR. KINGSBURY, of Lyme, was

solicited to provide a paper, to be read at next meeting, "On the Use of Stimulants in Cases of Typhoid Fever."

2. By Dr. E. E. Graves, of Boscawen (per Dr. G. P. Conn, of Concord), a paper "On some of the Risks and Responsibilities connected with the Practice of Medicine and Surgery."

3. By Dr. J. P. Bancroft, of Concord, "Concerning the Pauper Insane in New Hampshire." This paper urged the more extended study of mental diseases by the profession; the special claims the afflicted had on professional and State guardianship; the impolicy of allowing the insane paupers to be treated in common with the sane paupers—a peculiarity of New Hampshire alone.

[On motion of Prof. Frost, of Dartmouth, the Secretary was instructed to lay Dr. Bancroft's paper before the Legislature as the sentiment of the Society on its subject, and Dr. Stillings, of Concord, was appointed his coadjutor.]

4. Dr. William Child, of Bath, read a paper "On Surgery: Its Social Relations and its Status as a Science and an Art." He held that the position of a surgeon was a high and influential one, and its keynote fidelity to duty; but demands were made which invaded all just sense of his responsibility. One was that which compelled him, in testifying before courts of law, to disclose professional secrets, from which compulsion priests and lawyers were excluded. A change of law in this respect was strongly urged.

5. By Dr. G. M. Garland, of Boston: "On Thoracentesis."

The evening session of Tuesday was devoted to the reading of obituary notices, five members of the body having died during the past year.

Dr. A. H. Crosby, of Concord, made a brief report on the subject in hand, and proceeded to read a sketch of the late Dr. John E. Tyler, some time in charge of the New Hampshire Asylum for the Insane. It credited him with sound ability in the treatment of mental disease, and related his extended experience, and the fame he had attained in his specialty.

Dr. Parsons, of Portsmouth, next read a notice of Prof. A. B. Crosby, written by Dr. J. W. Barstow, of Flushing, L. I. This paper was intimately biographical.

Dr. A. H. Crosby next read a notice of the late Dr. George E. Hersey, of Manchester.

Dr. Hanks, of New York, then read an obituary of the late Prof. E. R. Peaslee, of Dartmouth.

Dr. Wight, of Gilmanton, read a well-written paper respecting the character and attainments of the late Dr. Isaac S. French, of Loudon.

An obituary of Prof. Albert Smith, of Peterborough, by Prof. Field, of Dartmouth, was read by its title, and all the obituaries were referred to the Publication Committee.

Wednesday, June 19th—Second Day.

At the opening of Wednesday morning's session Dr. D. S. Adams, of Manchester, read a paper "On Carcinoma: Its Histology and Ætiology."

Dr. Bulkley, of New York, gave an illustrative lecture on the application of rubber bandaging for the cure of ulcerated limbs, and of old ulcers.

The following officers were elected for the ensuing year:

President, Dr. A. F. Carr, of Goffstown; *Vice-President*, Dr. T. J. W. Pray, of Dover; *Secretary*, Dr. G. P. Conn, of Concord; *Assistant Secretary*, Dr. Carter, of Concord; *Treasurer*, Dr. L. B. How, of Manchester.

The reports of District Societies were severally read by their titles and referred to the Publication Committee.

It was voted to hold the next meeting of the Society at Concord, on the third Tuesday in June, 1879.

A resolution was unanimously passed urging it on legislature, municipal and town officers, to provide every necessary, legal, and local measures to prevent danger and death caused by *rabies canina*.

Dr. Hill gave a description, from a specimen, of the various uses and great value of Trussell's Universal Adjustable Splints.

The Isles of Shoals was selected as the place where the semi-annual meeting of the Society should take place.

The unanimous thanks of the Society were tendered to the past President for the able and impartial manner in which he had discharged his duties; also to Dr. Wheat, the retiring Treasurer; and thereafter the Society finally adjourned.

CONNECTICUT MEDICAL SOCIETY.

Eighty-seventh Annual Meeting, May 22d and 23d.

Dr. R. Hubbard, President, in the Chair.

(Special Report for The Medical Record.)

First Day—May 22d.

The Eighty-seventh Annual Convention was held in New Haven, May 22d and 23d, and was an unusually interesting and well-attended meeting. The eight County Societies which together compose the State Society were all well represented by their delegates in the business session, and the profession generally in the State. On the second day Drs. R. F. Weir, from New York, J. H. Bronson, from Massachusetts, and E. M. Moore, from Maine, were present as delegates, and in brief speeches presented the greetings of their respective Societies.

In accordance with custom, the President briefly addressed the Convention, calling to their attention the principal matters of business to come before them, reviewing the history of the year and the status of the profession.

Address of President.

"To-day, legitimate medicine may be said to be without an important rival; the rapid succession of discoveries relating directly or indirectly to our profession have destroyed the foundations of all opposing systems, and it only remains for us to await popular comprehension of the fact that what seems to be opposition is but a distinction without a difference. The necessity thus imposed upon us for broad culture and high attainment in entering upon a theatre of labor thus extended might well discourage the most zealous and persevering, and necessitates the distribution of the field into the various specialties for a thorough mastery of particular branches, as well as for rapid general progress in all. The burdensome and increasing duties of our professional life should incite us to renewed efforts to promote the efficiency of our organizations and in diffusing knowledge among the people. In the establishment of a State Board of Health, a new field is opened for our efforts; and let us hope that the same determined spirit that persisted through many years of discouraging labor will manifest itself in ways and means to promote its efficiency."

After the usual routine business of organization, several amendments to the By-laws were acted upon, regulating representation, and authorizing the Secretary to fill vacancies in the delegates to any Society.

The following new By-law was offered, passed as a resolution, and lies over a year by rule:

DOGMATISTS AND MEDICAL TRAMPS.

"*Resolved*, That any County Society may examine, discipline or expel any member notoriously in the practice of allopathy, homœopathy, hydropathy, or according to any exclusive system or dogma."

Dr. S. G. Hubbard, of New Haven, introduced a memorial from that city concerning medical tramps and the laws relating to the profession in the State. It was referred to a committee to report at the evening session.

THE POWER OF GRANTING LICENSES.

The subject of granting licenses, the power to license being still possessed by the Society, in the case of those not possessed of the qualifications for a degree, was warmly discussed. There is a strong sentiment in the profession in this State in favor of a better standard of medical education, and in view of the comparative ease of securing a diploma, the power of licensing is entirely unnecessary and uncalled for, and its exercise anything but honorable to the profession. Indeed, it has not been exercised for many years, and was generally supposed to be obsolete, to be retained for some possible emergency that might arise.

The degrees are granted here by a conjoint committee composed of the Professors of the Yale Medical School and as many from the State Society, and the power to license belongs to the committee from the Society. The Medical School at Yale has advanced as far in efforts to elevate the standard of medical education as charter limitations will allow, and the discussion of the subject resulted in the passage of the following resolution, which will probably eventuate in measures to either abolish the power of licensing, or render the qualifications the same as for a degree, and enable the Medical School to advance the standard of medical education unhampered by the present charter regulations:

"*Resolved*, That the Connecticut Medical Society be requested to appoint a committee of three to confer with a similar committee, representing the Medical College, to consider the propriety of making some changes in the Medical Institution of Yale College, with authority to co-operate with said committee in securing from the Legislature such alterations as may be mutually agreed upon."

The President appointed the following committee: Drs. C. W. Chamberlain, S. H. Wood, H. P. Stearns.

The Committee on Nominations made their report, and the following officers were elected:

C. M. Carleton, M.D., *President;* A. R. Goodrich, M.D., *Vice-President;* F. D. Edgerton, M.D., *Treasurer;* C. W. Chamberlain, M.D., *Secretary.*

The Treasurer's report was presented, showing an increase of $140 over the balance of last year, and presenting an encouraging prospect for the future. In three of the counties there is now no indebtedness or arrearages—Middlesex, Hartford, Tolland—and in three others but slight, and less than usual in the others.

The Society reassembled at eight P.M., Dr. C. M. Carleton in the chair, in the absence of Dr. R. Hubbard, the President.

The Committee on the New Haven Memorial presented a report in favor of efforts by this Society to secure an act to regulate the practice of medicine, and to keep medical tramps from this State. After considerable discussion a committee of one from each county was appointed to report a bill to the next Convention, and to the County Societies.

CONSULTING WITH A HOMŒOPATH.

A case of discipline, which had at the commencement of the afternoon session been referred to a committee, was then considered, two reports being presented. The case had previously been considered in the Fairfield County Society, and the doctor expelled from the Society, but the sentence required the sanction of the State Society. The charge was that of consultation with a homœopathic practitioner, said practitioner the wife of the defendant. The majority reported the charges not proven, and, as the *prima facie* evidence would not warrant acquittal, referred the matter back to the County Society, which had not been unanimous in its action. The minority report sustained the action of the County Society.

After a protracted debate, lasting until midnight, the majority report was accepted.

THURSDAY, MAY 23D—SECOND DAY.

The Society was called to order at nine A.M., Dr. R. Hubbard in the President's chair. Dr. C. W. Chamberlain at the Secretary's desk. The report of the Secretary was presented, as follows: "Sixteen members of the Society have died since our last meeting, a very large mortality, but the average age, 64, exceeds that of the general average in the profession, which is about 58. The oldest was 87, and several over 70; the youngest 29. There were 31 new members added, and after subtracting the removals a net gain of 11. The Society now numbers 395."

The annual address of the President treated of the relations of the regular profession to the public, and presented an outline of the various "isms" that opposed the progress of regular medicine, and of the benefits conferred upon humanity by the discoveries and improvements in scientific medicine.

THE MANAGEMENT OF THE INSANE.

The dissertation by Dr. A. M. Shew, of Middletown, presented the relations of insanity to law, discussing the tests for insanity, especially the knowledge of right and wrong, which was condemned as an unreliable, insufficient test, the treatment of the insane, and the pleas of insanity as a bar to legal procedures. It was a very able and scholarly paper, evidently the result of much thought and study.

MATTERS OF PROFESSIONAL INTEREST.

The report of the Committee on Matters of Professional Interest was read by the Chairman, Dr. Wainwright. The questions sent out this year involved the etiology of the zymotic diseases, especially typhoid fever and diphtheria. There are, judging from the replies, two theories held concerning the origin of zymotics here as elsewhere:

1. The theory of a specific poison, whether bacterial or chemical.

2. The sporadic origin, from unsanitary conditions, without infection from preceding cases.

Among the rural practitioners the view of sporadic origin is numerically stronger, and seems to be in accord with experience.

There has been no widespread epidemic locally. Diphtheria has prevailed extensively, causing 590 deaths in the State. The question of vaccination is also discussed. The bovine virus is used generally, with satisfaction as to results and protection. Occasionally severe results, like erysipelas, have followed.

but rarely. The percentage of successful vaccinations is encouraging, and, in fact, the people have become educated up to the point of demanding the bovine virus.

Several interesting essays were read by appointment. Dr. L. S. Paddock read an essay on Puerperal Convulsions; Dr. Swasey, on Uterine Hemorrhage; Dr. S. H. Chapman, on Therapeutics of Throat and Ear Disease.

A very instructive demonstration of the methods of antiseptic surgery was given by Dr. G. P. Davis, followed by Drs. Bronson and Weir, who gave the results of the use of the method in Boston and New York.

STATE BOARD OF HEALTH.

The report of the Committee on State Board of Health reported, through Dr. Lindsley, the success of their efforts. The committee acted in concert with one from the American Medical Association, and by persistent effort a satisfactory bill was passed. The care of the vital statistics is given to the Board, and ample powers for sanitary inspection and work. The following appointments were made by the Governor:

J. S. Butler, M.D.; C. A. Lindsley, M.D.; R. Hubbard, M.D.; A. E. Burr, Prof. Wm. H. Brewer, A. C. Lippitt.

There is one lawyer, one editor, and a Professor from Sheffield Scientific School; the others physicians.

Voluntary communications occupied the remainder of the session:

Thoracentesis in Empyema; Four Cases, with Recovery—Jas. E. Barbour, M.D.

Hemiplegia Alternans—W. C. Burke, M.D.

Stammering the Result of Railroad Injury—P. A. Jewett, M.D.; and others, principally reports of unusual cases.

The annual dinner was served at the New Haven House, and was, as usual, a very enjoyable affair, giving the opportunity for relaxation and recreation after a somewhat exciting and laborious session.

NEW YORK PATHOLOGICAL SOCIETY.

Stated Meeting, April 24, 1878.

DR. J. C. PETERS, PRESIDENT, IN THE CHAIR.

OBSCURE CASE OF CANCER OF THE LIVER.

DR. BLUMENTHAL presented a specimen taken from a lady aged sixty-six years, the mother of six children. Ten or twelve weeks ago she consulted Dr. B. for undefined pains along the lower part of the bowels, which she attributed to constipation. Slight purgatives were accordingly administered. An external examination failed to give any evidence of special trouble. No relief having been obtained, a rectal examination was made with the result of finding a large accumulation of fæcal matter in the neighborhood of the sigmoid flexure. All that could be found by careful external manipulation associated with this condition was a sense of fulness over the left inguinal region. After the bowel had been thoroughly cleansed by enemata, another rectal examination revealed the existence of a hardened growth three and one-half inches from the anus. The diagnosis made was that of cancer of the rectum. She was very comfortable from that time for about three or four weeks, when she was examined again; this time with the result of finding a hard tumor on the right side, occupying the position of the ileo-cæcal portion of the intestines, and extending to the median line and upward toward the region of the liver. It could be pressed with considerable force without exciting pain. Of course its connection with the hard body in the intestine was suspected. She was seen in consultation about this time by a medical gentleman of this city who diagnosticated accumulated fæces and recommended appropriate treatment therefor, which, as was anticipated, was not successful. It was subsequently determined that he should make a more thorough examination of the bowel, when it was ascertained that a stricture existed just above the hard tumor, and through which stricture it was almost impossible to introduce the tip of the finger. In the meantime the patient became very much demoralized, lost her appetite, and soon died.

At the autopsy the organ most prominently affected was the liver, which was very much enlarged and filled with cancerous material. It was the right extremity of this liver which was mistaken for fæcal impaction, but was not traced to the organ because the transverse colon which passed over it was much distended with gas. That fæcal accumulation was suspected to be the cause of the tumor rested in the mind of the gentleman who made such a diagnosis, upon the fact that pressure over the growth with his finger produced distinct depressions. The descending colon was at one or two points alternately enlarged and contracted, while a marked stricture was found in the rectum due to the encroachment of the tumor already mentioned. The uterus, ovaries, and bladder were involved in the disease. There was no hereditary disease in the family as far as could be ascertained. Up to within a short time of her death the disease of the liver was not recognized.

DR. LOOMIS remarked that the natural history of cancer of the liver would explain the latter statement, inasmuch as scarcely two months are sufficient to develop the disease. He mentioned one case in which only four weeks was sufficient to bring about such a result.

DR. JOHN C. PETERS presented a résumé of the cases of tumors of the cerebrum which had been presented to the Society since its organization in 1844.

TUMOR OF LUNG AND MEDIASTINUM.

DR. JANEWAY presented a tumor of the lung and mediastinum removed from a woman aged forty-seven years, who entered Bellevue Hospital the latter part of February. Seven years before she had pneumonia of left lung, from which she recovered. At the time of her admission she had a muco-purulent sputa, from which she had been suffering for two months. She suffered from dyspnœa with slight pulsation, visible to the eye, over and to the left of sternum. There was also marked dulness or flatness over the left of sternum and left upper lobe. In addition there was bronchial breathing, whose characteristic was an element of distance, such as is obtained in pleurisy with effusion. There was a little turgescence at the base of the left lung. During the two weeks succeeding her admission she had occasional attacks of dyspnœa; pulse 100–110, temperature 100–102½° F. The physical signs remained about the same. There was an increase of half an inch in the transverse diameter of the left compared with that of the right. The diagnosis was in all probability a tumor of the mediastinum.

Glandular enlargements appeared at the root of the neck on either side, with œdema of the face and upper extremities, most marked in right. Œdema was also present in the lower extremities, but much less marked. During the last three weeks evidences of obstruction in the left lower bronchus appeared, which at first was thought to be due to the accumulation in the

pleura of that side. The heart was displaced to the right. The left chest was aspirated and ten ounces of fluid withdrawn, and a few days before death a second aspiration withdrew about six ounces of thick tenacious pus. Death was the result of exhaustion.

At the autopsy there was found at the roots of the lungs on both sides enlarged lymphatic glands. A large mass existed in the anterior, and also in the posterior mediastinum. The aorta was pushed to the right and stenosed to the diameter of the little finger. The left vena innominata was also markedly stenosed by the growth around it. The growth also permeated the lung structure surrounding the vessels and bronchi. The pericardial surface was agglutinated to the lung. The trachea and left bronchus were partially occluded by the growth. The œsophagus was displaced, but not occluded to any extent. The tumor was of the nature of lympho-sarcoma.

In answer to a question concerning abnormal heart sounds, Dr. J. replied in the negative.

A point of interest in the growth was the existence of cheesy degeneration, a condition which Virchow maintains does not exist in connection with lympho-sarcoma.

The Society then went into Executive Session.

Correspondence.

SARATOGA AS A REMEDIAL WATERING-PLACE.

To the Editor of The Medical Record.

Dear Sir:—I desire through the columns of your valuable journal to call the attention of the medical profession to abuses in the use of Saratoga waters, as well as to their medical capabilities. I have been encouraged to write my views by the interest taken in the subject by many of the leading physicians of New York City and vicinity, whom I had recently the pleasure of meeting. Their cordial sympathy with the sentiments expressed and hearty indorsement of the same were mostly based on their own experience and observation, while at Saratoga, of the indiscreet use of the mineral waters by the visitors.

I think there should be a time in a physician's professional life when he might be allowed to express his views without being charged with self-interest. After a practice at Saratoga Springs of more than thirty years—having attained a stand-point so far on the road—I feel assured that a few words of a life's experience may be honestly expressed, and trust that the charge of professional ambition will be kindly withheld.

It has been apparent to me, as to others, for several years past, that Saratoga has not sustained its deserved reputation as a remedial watering-place.

The constantly increasing accommodations made here for our guests have been responded to by the country at large, until we have now some seventy-five thousand visitors annually. Among these visitors we have many invalids who seek Saratoga for the improvement or restoration of their health. Some come from sick-beds, under the advice of their physicians; others, after long years of declining health, having sought in vain by travel and change of climate for its restoration, come here as a "dernier ressort," to drink our mineral waters; others, again, suffering from the constant pursuit of business, and from over-labor, with every form and grade of dyspepsia, and nearly all the diseases "flesh is heir to," seek here the recuperative effect of our climate and mineral waters. Theirs, being mostly functional derangements, do not respond healthfully to active treatment, or to large doses, except in rare cases, but are surely benefited by alterative and judicious quantities.

With truth, this place may be called nature's great hospital. Here are the waiting wards, clean, airy, and elegant; air that is pure and vitalizing, coming down from the Adirondack Mountains, to be warmed and rendered still more salubrious by the surrounding plains; shaded walks and quiet parks, with the life-giving fountains. Surely, nothing more is wanting but the responsible care of wise and skilful advisers, to adapt and direct the use of the different remedial agents, as contained in our springs, for the best interests of the invalids and seekers after health, who are really the patients in this great hospital. Diseases of the class usually found here carry with them greater anxiety to the patients, as well as to the physician, than any others. They are really the most difficult to treat successfully.

The mineral springs of Europe are mostly under the charge and surveillance of government. Competent physicians are officially appointed to counsel and direct those seeking to regain health by the use of the waters. Patients are carefully advised, after a thorough examination of their condition and the character of their disease, and never think of assuming the responsibility of drinking or using the waters without such advice. To do so would be at the risk of losing the opportunity of regaining their health, after a long and expensive journey. They could not afford to take such a risk, even if they had free access to the springs. Such a course would be "penny wise and pound foolish" in the extreme.

All must admit the responsible nature of the diseases met with here, the necessity of great care and discretion in their treatment, and the fact that such treatment requires a qualifying experience. No one can doubt that this is a medical trust; and that the physician must first become acquainted with the nature and character of the diseased functions, be they slight or severe, before he can properly direct a remedy. Here lies the trouble. The drinker does not take judicious counsel.

Physicians sending their patients here have usually not felt sufficient responsibility in the matter of drinking, and have only, in a very general way, advised their patients with regard to the use of our waters. Having only a limited knowledge of the efficacy of these waters, they cannot, of course, give specific directions. Some, however, who better understand the desirability of adapting the use of the waters to the various symptoms and wants of their patients, send, in each case, a statement of the condition of the patient to some local physician, and the invalid is thus consigned understandingly to professional care and discretion. But very many invalid visitors, equally needing intelligent professional advice, are yet not under the immediate care of any physician.

Another large class, not really invalids, are those who run away from home and its business cares for a stay of two or three weeks, and hope to receive benefit by using the waters. They drink indiscriminately and often injuriously. Some go to one spring and some to another, and many drink impartially from all the springs they chance to pass in the course of a morning or evening walk. Some take very large quantities, some smaller, but drink at any hour or at all hours, before or after eating, when flushed by ex-

ercise or cooled and calmed by repose, and without any intelligent or sufficient appreciation of the medicinal character and effects of the waters they are thus trifling with. If they seek advice, they ask it of the hotel porters, or the waiters, or the boarding-house keepers, or boarders in the house where they chance to be. Other visitors are consulted in the street, at the springs, and at the post-office. Hall boys and hack drivers give their advice, and are considered experts, having a rare experience with regard to quantities, claiming that thirty or forty glasses are daily taken by some of the visitors. There is absolutely no end to the absurd and ridiculous ways visitors take to get advice about the use of the waters.

Invalids need to be informed which water to drink, and how much, and at what hours; what effect they need to secure, how to obtain it, and when they have secured it. Here are twenty different springs, no two are alike in their effects, several of them are cathartic, quite a number are diuretic and tonic, and others are powerfully alterative without much cathartic effect.

Patients are told by their physicians at home to leave their business and its cares, to travel, to go to Saratoga and drink the waters for two or three weeks. They come here, and, in many instances, drink as I have stated; and among so many different springs, widely dissimilar in their medical character and effects, do not hesitate to select for themselves. In many instances of this class difficulties arise, and visitors find themselves obliged to call upon some physician for advice which they ought to have sought before drinking the water at all.

Nearly one-third of those seeking advice do so after a week or two of lost time. This is expensive. The visitor is near the end of his short stay, and is no better, and for a few days has been worse. He has not done justice to himself, to Saratoga, or to the physician. These results are unnecessary, and are falsely charged to the waters. Some of these visitors consult with physicians, who, being themselves visitors, have no particular knowledge of the use of the waters, and are too apt to meet every difficulty by ordering a discontinuance of the waters. No use is better than bad use of our waters, I admit; but these ill-advised patients are disappointed and dissatisfied, and do not carry away a correct impression of the remedial powers of our springs.

These are every-day occurrences, and this injudicious use by the visitors, particularly of our cruder waters, is sure to produce unpleasant results. In a conversation with the Rev. Theodore L. Cuyler, on this subject, he said: "I am astounded every day while at Saratoga to witness the reckless manner of drinking the water by visitors. I see them at every spring, pouring it down, with no apparent object in view but to improve every opportunity to drink."

Without doubt this imprudent and excessive use of our mineral waters is the cause of the growing disrepute of Saratoga as a remedial watering-place.

It is a fact worth repeating that our so-called tonic waters, while extremely valuable in some cases, are not generally beneficial. They cannot always be safely prescribed, even where a tonic is indicated; and, as usually taken by visitors at the springs, do very little good and a great deal of harm. The effect of the iron waters is not as a tonic to many who use them. Many find a better tonic in our alterative waters. Most invalids think they need tonics to give strength, when they really need some effect to restore functional derangements of the stomach, liver, or kidneys; and then a good appetite and refreshing sleep will tone up the system and give strength and vigor.

Of course our iron waters are sometimes used with marked success, as in cases of chlorosis and other impoverished conditions of the blood, and in chronic diarrhœa and some forms of kidney disease; but, as a beverage, as now generally used, the water is simply tolerated by the system and does but little good. People, with the idea that iron will strengthen them, drink continually of our chalybeate waters, experiencing, as the result of their imprudence, headache and febrile action, with vertigo or tightness across the forehead, followed by restless nights and a loss of appetite. There is a popular notion that if a person feels weak he needs a tonic or iron. These words have become synonyms, but erroneously so. Nothing is more weakening than iron, if not needed in the system as a remedy. Speaking in reference to this popular error, Dr. Steel says, in his "Analysis," that "it would be better for the public if the iron springs were closed during a large portion of the day."

In the use of the saline waters many seek the most active effects, and are not satisfied without the most powerful catharticisms every day. It is rarely the case that these waters can be beneficially used after eating, but they may be so used at times, as when the *prima vie* is in an acid condition and needs the neutralizing effect of the water to restore normal action. If, however, the water be taken after eating, with healthy digestion, or without an acid tendency, it would cause great gastric trouble and stop the whole process of digestion, in many cases producing violent cholera-morbus.

As alterative remedies nothing can surpass certain of our mineral waters. They readily take the place of other medicines which fret and irritate the patient by daily use. They tone up the stomach, stimulate the appetite, regulate the bowels, and produce better assimilation. While these effects are produced the blood rapidly improves in quantity and quality, and the nervous system responds to the general improvement, securing tranquillity, sleep, and general health.

These are the usual results on all persons suffering from functional diseases. Organic difficulties are benefited more by our mineral waters than by any other remedial agents, for the reason that the latter tend to prevent healthy functional action, which these waters powerfully sustain and promote.

These waters are wonderfully adapted to the wants of the human constitution. They furnish it material for its wasted and wasting tissues and energies. Take all the component parts which, by chemical analysis, are found to enter into our physical organism—the iron, lime, sulphur, potassium, silicium, sodium, phosphorus, chlorine—and compare these with the chemical ingredients of our best mineral waters. Take, if you please, Congress water. You will find that it is composed of nearly the same that is found in man; and thus the very wants of our organic natures are supplied in our mineral water from nature's own laboratory.

Who can wonder at the rapid recuperation of invalids at our springs when life itself is imbibed with every glass—the very "web and woof" of the human structure in every tumbler of mineral water? The absorption is slow, but sure; and diseased functional action is here more certain of improvement than from the use of any other medicines, or medical treatment known to the profession. I speak from my own observation and experience, and believe that when the physicians of our country become acquainted more intimately with the medical capabilities and powers of our springs, they will send their patients here with the greatest confidence in their improvement and restoration.

The question is often asked me, "Do you give medicine to those who desire to use the water?" My answer is, "No, not if I can help it." More medicine was formerly given than now. In the days of blue pills, they were always given before drinking the water. I sometimes find it better to give a mild pill to hasten the cathartic effect. Patients arrive here in the afternoon or on an evening train, and need many times a little medicine to assist the morning drink in overcoming the inactive condition of the bowels caused by travelling.

It is very important that the first effect of the mineral waters should be correct, as the kidneys are easily excited by them, and are liable by excessive action, to prevent for several days, and sometimes weeks, the cathartic effect—producing pain in the back, and headache, with muscular prostration.

Sometimes other auxiliary medicine is given, but the rule should be, "nothing but mineral water." Most patients have been medicated at home. Enough medicine can be obtained anywhere, but the object in coming to Saratoga is to try the remedial effects of mineral waters. I always understand that the physician who has sent his patient here for change of air and treatment means mineral water and nothing else. The change is slow, but radical, and the treatment decidedly constitutional and effective.

There is a wide-spread impression among the people that invalids must not go to Saratoga, or drink mineral waters, if they have any pulmonary or lung difficulties. It is thought by many that the climate is unfavorable and the spring water injurious, and that gases arise from the springs which are fatal to that class of invalids. Such is not the case. Our air is peculiarly dry and pure. We have less pulmonary disease than in healthy country towns. The only gas that rises from the water is carbonic-acid gas, which is much heavier than atmospheric air, and does not rise to the top of the tube at any time; but if it did would remain close to the ground after its escape. Some of our springs are used by this class of patients with excellent effect. The skin becomes moist, the pulse less frequent, and the febrile symptoms disappear; the cough grows less troublesome, the appetite improves, and the invalid gains flesh and strength under the alterative action of the water. The improvement has been so great in many instances that the persons benefited have desired to leave a certificate of their great improvement to aid in removing the public impression that pulmonary diseases are not benefited here.

There are many forms of dyspepsia that are entirely cured by the use of some of our springs. I have known patients who were greatly worn out and debilitated by this disease, improve every day, until wholly restored. These cures are common, and great merit may justly be claimed for the medicinal power of some of our springs in these cases.

Salt-rheum and many other cutaneous diseases are surely and speedily cured by the use of our alterative waters.

I did not intend to speak of particular diseases as benefited here. It would require too much space to enter fully into this subject, but the diseases I have mentioned are so surely cured that I feel justified in speaking of them to the exclusion of others. General directions for the use of the waters have often been given, and as often failed. The popular or cathartic effects of our waters can be readily obtained by the use of several of our springs, but with such different results that ordinary professional caution requires that the application should be as personal as the examination.

A few words in regard to Saratoga air for the people of our large cities. New York and Brooklyn, with their suburban surroundings, send as many visitors to Saratoga as all the rest of the country. The change is a natural one, and congenial to their requirements. It is not so much because Saratoga is near and easy of access, but because it is, in its natural climatic influences, adapted to their wants as an alterative and tonic. These people live near the sea-shore, with a changeable, humid atmosphere. Saratoga is inland, with a dry, pure air, filled with oxygen, coming down from the forests of neighboring mountains, and pleasantly tempered by a dry soil, with shaded streets and walks. In the city they are surrounded by malarial vapors and gases, tending more or less to vitiate the air they breathe, producing diseases of a malarial type. Saratoga is anti-malarial in all its influences and tendencies, and furnishes certain relief. The air of the city and neighborhood is humid, and often irritating to the mucous membrane of the throat and lungs, producing bronchial and catarrhal troubles. Saratoga air acts as a balm on the irritated and inflamed mucous membrane of invalids from the cities and malarial localities. One feels inclined at Saratoga to take in long inspirations, so agreeable and invigorating are the sensations; but in the city, one feels like shutting out, as much as possible, the gritty air.

Boston people are usually benefited greatly by our climate and water, and many of the clergymen of that city, with those from New York and Brooklyn, are annual visitors here. I am inclined to think we have a greater number of clergymen among our visitors than all other summer resorts combined. These need something more than the mere change of climate, something more than simple rest from labor. As a class they are sedentary in their habits, and contract severe functional diseases, and must have some constitutional treatment other than climatic influences. For this treatment the mineral waters seem peculiarly fitted.

I wish to speak of Saratoga as a place of fashionable resort, rather than as a resort for fashionable people. Her fine climate and pleasant surroundings would not alone secure to her permanency of prosperity. From Cape May to Newport rival resorts would spring up. Fashion is fickle, and can send her votaries to any place her caprices or whims may dictate. But nature has been lavish of her gifts, and has placed here her great mineral laboratory, thus lifting Saratoga above any possible competition as a merely fashionable watering-place, and placing her conspicuously before the world on her local merits—her fountains of health-giving mineral water.

The future growth and prosperity of Saratoga will be stimulated more by the use of these fountains as medicinal agents than as a fashionable resort. The place was intended by nature for a quiet place. The first effect of the water, so grateful to the invalid, is to insure sleep and repose. People leave business cares at home, and come here to forget them; they learn to sit still; they do not walk, but saunter; and they sleep at all hours of the day, and all night, until they are completely and perfectly rested. Their digestion is good, and they feel quite at ease with the whole world. These are some of the primitive effects of drinking our mineral waters, and are the foundation-stones of the healthful structure to be built up here. This restored quiet means a great deal, and is difficult to attain by ordinary remedial agents. Insomnia has no dwelling place at Saratoga, and cerebral hyperæmia takes its flight.

L. E. Whiting, M.D.

Saratoga Springs, N. Y.

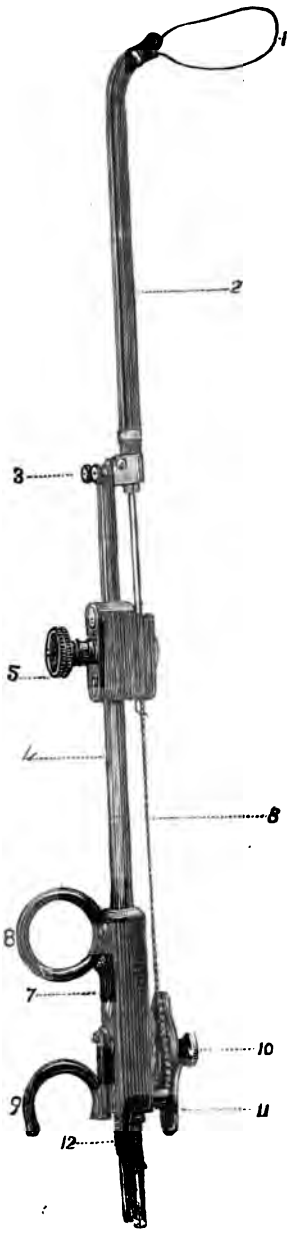
New Instruments.

A NEW GALVANO-CAUSTIC ÉCRASEUR.

By LOUIS F. SASS, M.D.,

NEW YORK CITY.

This instrument, devised by me, will, I believe, be found to possess many advantages over similar ones heretofore in use. The objects aimed at have been strength, simplicity, neatness in appearance, and applicability to the wants of general practitioners.



JOHN REYNDER & CO.

Fig. 1.

JOHN REYNDER & CO

Fig. 2.

For facility of description I shall present a front and a profile view of the same, the instrument itself being just twice the size of the accompanying cuts.

Fig. 1 shows side view. (1) is a platinum wire loop passing through the tubular bars (2), these being covered with English elastic bougies so as to insulate the metal, and to protect them from coming in contact with the flesh. (3) are two screws which firmly connect the tubular bars or anterior half of the electrode with the main part (4), and the handle (7). The bars (2) can be removed by loosening the screws (3), and the handle then used to insert any of the active cautery knives, and thus obviating the additional use of a handle for the same. (5) is a rubber sliding vise which has on its under surface a brass screw by means of which the vise can be relaxed or tightened with the greatest facility so as to grasp the free ends of the loop, and thus by a single turn of the screw the wire is securely clamped. (6) is the chain made on the principle of the écraseur chain used in surgery; one end of this chain is attached to the vise, the other end winds over the cog-wheel (10). (7) represents the handle of the instrument, made of vulcanized rubber, and presenting on its under surface a brass ring (8), through which the index-finger is introduced; also a half ring (9), for the purpose of holding the instrument and connecting or interrupting the current with the thumb of the same hand, the latter being accomplished by means of the spiral spring (12); thus when the pressure is brought to bear on the half ring (9) is relaxed, the spiral spring, acting by its elasticity, will separate the lower from the upper part of the electrode on the right side, inside of the rubber handle; the circuit is thus made and broken with the greatest facility.

Fig. 2 shows front view of the instrument. On the upper surface of the handle in this figure will be seen the cog-wheel over whose cylinder the chain winds, and thus effecting the contraction of the loop, also the finger-pieces (10) by which the wheel is rotated, the stopper or click (11) which prevents the backward rotation of the wheel, and consequently the loosening of the loop. The cog-wheel (10), or stopper (11), spring interrupter (12), the pole connections (13 and 14), the superior horizontal bars (2), and the small pulley-wheels (*a*) can be seen to better advantage in Fig. 2.

The mechanism of the instrument is exceedingly simple. The wire being passed through the tubular bars (2), its lower ends secured in the vise (5), and the loop adjusted around the part to be extirpated, the electrode is then connected with the battery, the current connection established by gently pushing with the thumb the half ring (9). The cog-wheel is then rotated with the finger of the disengaged hand until the loop has contracted sufficiently to burn through and effect the extirpation of the growth or part to be removed. A glance at the illustration will show how the winding of the chain around the cylinder of the cog-wheel pulls the vise backwards, and this in its turn the wire loop whose end it holds. The cog-wheel revolves with a clicking sound, each click denoting the contraction of the loop one-sixteenth of an inch in its diameter.

The advantages I claim for this instrument, without dwelling upon the great ease with which it is worked, or the neatness and elegance of its construction, are:

1. It is constructed in such a manner as to present on its upper surface no obstruction to the eye of the operator, a desideratum greatly to be appreciated when operating in cavities, as the vagina, uterus, rectum, etc.

2. The small pulley-wheels (*a*) Fig. 2, over which

the loop glides, greatly facilitates its retraction, thus preventing heavy friction and jagging, which naturally would result in the irregular or jerking contractions of the loop, and thereby greatly increasing the danger of hemorrhage, which may be avoided if the wire is contracted slow and gradually. As the great end which we seek to obtain in the use of the galvano-caustic écraseur, as well as with the wire écraseur, is the avoidance of hemorrhage, I claim this as one of its most valuable properties.

3. Both ends of the wire are firmly secured by one single screw, which saves a great deal of unnecessary delay in adjusting, and constitutes a safeguard against the possibility of one of the ends getting loose.

4. The mechanism of contracting the loop by the winding of the chain around the cog-wheel places the instrument always under the control of the operator, who can cut through the tissues with the heated loop as rapidly or slowly as he pleases, and as each clicking sound of the wheel indicates the exact progress made, this will enable him to allow the necessary time for coagulation of the blood, hereby effecually preventing the occurrence of hemorrhage.

In a number of extirpations of hemorrhoids, fibromas, and protruding erectile tumors, this instrument has in every respect served the purpose for which I designed it, and the security which it affords against hemorrhage will, I think, render it exceedingly valuable for extirpations of the tongue and of deep-lying tumors.

73 W. 36TH STREET.

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from June 16 to June 22, 1878.

TOWN, F. L., Major and Surgeon. Granted leave of absence for eight months, with permission to go beyond sea. S. O. 128, A. G. O., June 13, 1878.

TREMAINE, W. S., Capt. and Asst. Surgeon. Leave of absence extended one month. S. O. 47, Div. of the Missouri, June 14, 1878.

BENTLEY, E., Capt. and Asst. Surgeon. Granted leave of absence for one month. S. O. 74, Dept. of the Gulf, June 12, 1878.

TAYLOR, M. K., Capt. and Asst. Surgeon. Granted leave of absence for one month from July 1st, with permission to apply for four months' extension, and to go beyond sea. S. O. 123, Dept. of Texas, June 13, 1878.

HEIZMANN, C. L., Capt. and Asst. Surgeon. To proceed by C. P. R. on 10th inst. to Elko, Nev., and on arrival, report to Capt. Thomas Byrne, 12th Infy., for duty with his command. S. O. 82, Div. of the Pacific, and Dept. of California, June 8, 1878.

GIRARD, A. C., Capt. and Asst. Surgeon. When relieved by Asst. Surgeon Crampton, to proceed to Fort Keogh, Mont., and report to the Post Commander for duty. S. O. 72, Dept. of Dakota, June 14, 1878.

HALL, J. D., Capt. and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Stockton, Texas. S. O. 124, Dept. of Texas, June 14, 1878.

MERRILL, J. C., 1st Lieut. and Asst. Surgeon. Granted leave of absence for one month on Surgeon's certificate of disability, with permission to leave limits of Department. S. O. 126, Dept. of Texas, June 17, 1878.

HALL, W. R., 1st Lieut. and Asst. Surgeon. To accompany the troops leaving Fort Canby June 4th, for field service. S. O. 65, Dept. of the Columbia, June 3, 1878.

CRAMPTON, L. W. 1st Lieut. and Asst. Surgeon. Assigned to duty at Fort Randall, D. T. S. O. 72, C. S., Dept. of Dakota.

SPENCER, W. G., 1st. Lieut. and Asst. Surgeon. Relieved from duty at Fort Townsend, to proceed to Fort Boise or vicinity, and report to the chief Medical officer on duty with troops in the field. S. O. 65, C. S., Dept. of the Columbia.

Having passed a satisfactory examination before the Army Medical Board, in session in New York City, the following medical gentlemen have been appointed by the President Assistant Surgeons, U. S. Army, to date from June 6, 1878, and confirmed by the Senate: Victor Biart, W. W. Gray, Louis Brechemin, and Louis A. La Garde.

Medical Items and News.

CONTAGIOUS DISEASES — WEEKLY STATEMENT.— Comparative statement of cases of Contagious Diseases reported to the Sanitary Bureau, Health Department, for the two weeks ending June 22, 1878.

Week Ending	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Cerebro-spinal Meningitis.	Measles.	Diphtheria.	Small-pox.
June 15, 1878....	0	7	70	2	37	35	0
" 22, 1878....	0	3	73	1	47	39	0

DR. WILLIAM E. HALL died at the residence of his father, Gen. James F. Hall, at Tarrytown, N. Y., at the early age of 33. He was a graduate of the College of Physicians and Surgeons of the class of 1870, and served as an *interne* at Charity Hospital. He was a Curator to that institution from 1871 to 1875, when he was obliged to resign on account of failing health. He was for four years a member of the Board of Health of New York City. The conscientious painstaking and zeal with which he discharged his duties as Health Inspector, Curator to Charity Hospital, Surgeon to the Bureau of Medical and Surgical Relief for Out-door Poor, Private Instructor in Anatomy and Surgery, together with the cares of an increasing private practice, are believed to have hastened the development of the disease which terminated his life. During the war he served in the Department of the South on the respective staffs of Generals Turner, Foster, Gilmore, and Hatch, and it is a remarkable incident that at the same time his father and grandfather were in the field, making three generations represented in the Union army at the same time. As a physician he was in no ordinary degree conscientious and self-sacrificing, and his ability and acquirements seemed to promise for him a high rank among his fellows. The early closing of a career that promised so great usefulness is truly sad, but the bright example of his Christian life, and earnest devotion to his duties, cannot fail to bear much fruit, and he has left to his friends a rich legacy of precious memories.

DR. BROWN-SÉQUARD.—The *Gazette Médicale* of Paris does not favor the candidature of Dr. Brown-Séquard for the Chair of Medicine in the Collége de France, which was left vacant by the death of Claude

Bernard. It argues that M. Brown-Séquard is too much of a traveller; that he is too fond of change of place and of nationality, while stability is a first essential in a savant charged with instruction in one of the higher branches of science. It asserts that M. Charcot would be the most acceptable successor to Claude Bernard, although his appointment would necessarily involve a departure from the paths of investigation and instruction followed by the great physiologist and his predecessor, Magendie.

The Paris International Congress of Hygiene will meet in the middle of August.

Treatment of Sore Nipples.—Dr. Haussmann, of Berlin, recommends very highly the use of lotions containing five per cent. of carbolic acid, in the treatment of erosions of the nipples. He claims that the carbolic acid not only cauterizes superficially the eroded spot, but that it penetrates into the openings of the smallest lymph-vessels which have been laid bare by the erosion, and destroys at once any parasitic germs or infectious organic substances that have been conveyed to the nipple by the mouth of the child or the hands of the physician or nurse, or of the woman herself. In so doing it prevents the development of almost all inflammations of the mammary gland itself. Of course the nipple must be carefully cleansed every time the child is put to the breast.—*Centralblatt für Gynäk.*, No. 10.

Treatment of Blennorrhagic Conjunctivitis.—Prof. Gosselin, of Paris, treats his cases of blennorrhagic conjunctivitis, when seen before suppuration of the cornea has set in, by instillations of alcohol. He first cleanses the surface of the conjunctiva by injecting a stream of cold water, with moderate force, under the eyelids, and then instils into the eye a few drops of a mixture containing one part of alcohol at 90° and four parts water. This process is repeated every three hours. In the intervals the eye is kept constantly covered with compresses wrung out of cold water, and is frequently washed with the same. When the suppuration is very free the injections of cold water under the eyelids may be repeated oftener than every three hours. Prof. Gosselin believes that this treatment arrests the suppuration more rapidly than any other, and it has, at all events, proved the most successful in his hands. The power of alcohol to moderate and even prevent suppurative inflammation has been well demonstrated, and he uses it not only in cases of suppurative conjunctivitis, but also in the treatment of wounds, whenever they are sufficiently superficial to permit him to hope that they can be made to heal without suppuration. In dressing wounds of the head in particular, he always uses alcohol. After the suppurative process in the conjunctiva has ceased, the chemosis sometimes persists, and may require incision, or even excision. A prolonged course of treatment with nitrate of silver or sulphate of copper may also be necessary to prevent the formation of granulations in the conjunctiva.—*Receuil d'ophthalmologie*, April.

Treatment of Chronic Pharyngitis.—Prof. Pippingsköld, of Helsingfors, treats pharyngeal catarrh by gargling morning and evening with water at a temperature of from 59° to 68° F. About two tumblers of water must be used on each occasion, and the gargling must be continued for several months, and perhaps even for an entire year, or, if left off sooner, must be recommenced as soon as the symptoms of catarrh become troublesome. The Professor claims that the water, when used at the above temperature, lessens the hyperæmia, and restores the tone to the vessels of the soft palate; ice-cold water, on the other hand, would cool the parts more for a time, but it would excite reaction with increased hyperæmia, and might easily do more harm than good. The treatment has also proved useful in cases of granular pharyngitis.—*Allg. Med. Cent. Zeit.*, April 20th.

Color-Blindness in School-Children. — Since November of last year Prof. Cohn and Dr. Magnus have examined 5,079 school-children in Breslau, Germany, for color-blindness. Out of 2,761 boys, they found 76, or 2.7 per cent., who were undoubtedly color-blind, and out of 2,318 girls only one, or 0.04 per cent. The percentage of Jewish children, who were affected with color-blindness, was twice as great as that of Christian children. The examinations were conducted with great care and thoroughness, so that the above figures may be regarded as thoroughly reliable. Two facts, which are, at all events, worthy of note, may be deduced from them, viz., that color-blindness is exceedingly rare among girls, and that the affection is much more common among Jews than among Christians.

Secret Remedies.—It seems that even aristocratic personages are not averse to turning an honest penny by the manufacture and sale of secret remedies, the latest addition to the great army of proprietors of such remedies being no less a person than the Grand-duchess of Mecklenburg-Schwerin. That noble benefactress of her race advertises a powder which is claimed to be a sovereign remedy against the convulsions of childhood. As a convincing proof of its efficacy, the vulgar are informed that the powder once cured her Excellency's aunt of severe convulsions. One of our German contemporaries mildly suggests to the lady the propriety of having the powder analyzed, and given to physicians for trial. We hope, for the sake of our belief in educated women, that the suggestion will be acted on at once.

Treatment of Intertrigo in Children. — Dr. Wertheimber recommends the external use of a solution of corrosive sublimate (gr. i. to ʒ iijss. water) for the intertrigo of children, and asserts that it is the most effective of all the remedies recommended for that affection. The affected spots are covered with pieces of lint soaked in the solution. Sometimes it is sufficient to keep these compresses on for an hour at a time, three or four times a day. The curative action is very rapid, the redness and exudation often disappearing in 24 to 36 hours. General symptoms, due to the absorption of the drug, have never been observed by Dr. Wertheimber; the danger of absorption is not great, as the applications do not, as a rule, need to be continued more than a few days. When the improvement is pretty well advanced, dyachylon ointment may be substituted for the solution.—*Berliner klin. Wochenschrift*, No. 15.

Treatment of Intestinal Invagination by Electricity.—Dr. Bucquoy has reported three cases of intestinal invagination that were cured by electricity. This method of treatment was recommended some time ago by Lervy (d'Étoiles) and others, but it has seldom been put in practice. Dr. Bucquoy used the interrupted current in his cases; an olivary rheophore was introduced into the rectum, and a moist rheophore held on the abdomen, so that the current acted both on the intestinal and the abdominal walls—principally, perhaps, on the latter. Each séance lasted about ten minutes. The treatment is not painful, even to children, provided the currents used at first be very

weak and the abdominal rheophore be applied lightly. It must be begun, however, before inflammation has set in. The bowels do not always move immediately after the application of electricity, an enema or purgative being sometimes required to complete the treatment. Dr. Bucquoy also employs other methods of treatment, such as ice to the abdomen, simple enemas, excessive distention of the gut, etc., as adjuvants to the treatment by electricity.—*La France Médicale*, April 17th.

Vomiting in Pregnancy.—Dr. Lubelski, of Varsovia, reported a few years ago some cases of chorea that were rapidly cured by the ether-spray, and the treatment has since been tried with equal success by other physicians. Dr. Lubelski now employs the ether-spray also in the treatment of obstinate vomiting during pregnancy. He directs the spray to be applied to the epigastric region and the corresponding portion of the vertebral column; it should be continued from three to five minutes, or even longer, if well borne, and be repeated every three hours. In rebellious cases he advises an alternation of chloroform and ether-spray. He begins the treatment as soon as vomiting, or even nausea, makes its appearance. M. Dujardin-Beaumetz has recently reported a case of obstinate vomiting in the second month of pregnancy that was cured by this treatment. The patient was unable to retain anything at all on her stomach, although all the usual remedies had been tried. Finally, the ether-spray was resorted to; it was used five minutes before each repast, and was directed against the middle of the back and the middle of the stomach. Richardson's apparatus was used. The vomiting stopped almost immediately and did not return when the treatment was suspended, eight days afterwards.—*Gazette des Hôpitaux*, April 20th.

A Baby Opium-Eater.—Dr. Little, of this city, reports the case of an infant suffering from suppurative inflammation of the knee-joint, who, when under eight months of age, took on one occasion two ounces (℥ ij.) of Magendie's solution of morphine in twenty-four hours—one and a half ounce of this quantity was taken within twelve hours. The child had been an opium-eater from the time it was three weeks old; the inflammation of the knee-joint set in at that time, and the mother commenced to administer small doses of paregoric to relieve the pain. The daily dose of morphine has been gradually reduced since the day when the two ounces were taken, and at the time Dr. Little's statement of the case was written the child was getting only ten drops of Magendie's solution at bed-time. —*Am. Journal Obstet.*, April.

Treatment of Pityriasis Versicolor. — Prof. Hardy treats this affection with sulphur-baths, or frictions, several times a day, with the following ointment: ℞. Axungire, ℥ i.; sulphur, ʒ ss.; acidi nitrici, gtt. x. ℥. Internally he gives mineral waters if the case be a severe one, and follows them up with Fowler's or Pearson's solution of arsenic, in doses progressively increasing from three to ten drops. The drops are taken before each meal in a glass of wine and water.

Dr. Besnier, of the Hôpital Saint Louis, Paris, gives the preference to sublimate baths, or, where these cannot be used, to frictions with a soap containing pumice-stone, followed by lotions with a solution of corrosive sublimate, gr. iv. to ℥ iv. distilled water. Where it is not considered safe to leave so poisonous a mixture in the hands of the patient, Dr. Besnier substitutes the following simple treatment: Lotions with soft-soap, followed by three applications of an ointment containing ʒ ss. of Turpeth mineral to the ounce of lard. In one of his patients, whose entire chest and back were covered with the patches of pityriasis, a cure was produced by two lotions and only two frictions.—*Lyon Médical*, May 5th.

Two Cases of Strangulated Hernia Treated by Ergotine.—The first case was one of recent hernia in the right groin. The tumor was about as large as a chestnut, hard, and too sensitive to permit of the slightest attempt at taxis. The skin over the tumor was washed with warm water containing an alkali, to render absorption more easy, and pure ergotine was then rubbed into it every two hours. At the same time a tablespoonful of a solution consisting of grs. lxxv. of ergotine in ℥ iv. of vehicle was administered every hour. About five hours after the treatment was commenced the vomiting and colicky pains began to abate, and the tumor became less sensitive, and twelve hours later the hernia returned spontaneously.

In the second case, several unsuccessful attempts had been made to return the hernia by taxis, and leeches and the ether-spray had also been employed in vain. Finally, as the case was becoming desperate and inflammation was threatening, it was decided to try the ergotine treatment as a last resort before having recourse to operation. The treatment was carried out exactly as in the above case. It was begun at three o'clock in the afternoon, and at six o'clock on the following morning all the symptoms were relieved and the tumor was reduced with the greatest facility. —*Le Bordeaux Médical*, April 30th.

Treatment of Tinea Favosa.—Dr. Viger reports two cases of tinea favosa that were cured by external applications of the oil of cade. In both cases almost the entire head was covered with thick coats of favus. The local treatment was as follows: The head was washed morning and evening with soap and water, after which it was anointed with oil of cade, and then covered with a cap of oiled silk in such a manner as to prevent the admission of air. Internally, cod-liver oil and a nourishing diet were prescribed. Under this treatment the crusts rapidly disappeared, and both the patients were discharged cured, after two months of treatment. One of these cases was treated eighteen months ago, and the other six months ago, and neither of them have as yet shown any symptoms of a relapse.—*L'année Médicale*, April.

Phthisis in Victoria.—From a special report prepared by a committee of the Victoria (Australia) Medical Society, it appears that the mortality from phthisis in that colony is but little more than half that of England from the same cause, has grown perceptibly less of late years, and is especially low among persons under fifteen or twenty years of age. The annual mortality per 10,000 in England and Wales, from 1860 to 1864, from diseases of the respiratory system, was 34.09; from 1870 to 1874, inclusive, 36.14. From phthisis alone, from 1860 to 1864, the yearly rate per 10,000 was 25.66, while from 1870 to 1874 it was only 22.83, showing an increase in respiratory diseases, but a decrease in phthisis. In Victoria, from 1860 to 1864, respiratory diseases destroyed yearly 15.90 per 10,000; from 1870 to 1874, only 14.82. Phthisis, during the first four years of the last decade, presented an annual mortality of 13.08; during the first four years of the present decade, 12.60; showing a slight decrease in both during the ten intervening years.

HYPODERMIC INJECTIONS OF ERGOT.—Labarde says that the nearer the hypodermic injection is to the part it is desired to affect, the quicker will be the result, and Delore, for the same reason, injects ergotine in the tissues of the uterus for fibrous tumors of that orgar.

MATERIA MEDICA OF THE HINDUS.—A reviewer of Udoy Chand Dutt's "Materia Medica of the Hindus" gives, in a recent number of *The Doctor*, the following interesting summary:

"Aconite is used in fevers and other diseases; the power of this poison is highly developed in the varieties grown in hot climates. Opium, now so important a product of India, is not mentioned by the ancient Sanskrit writers, and was probably introduced by the Mussulmans, its name being derived from the Arabic. Its use seems to be more understood than that of many drugs. Ægle marmelos is widely used as a medicine, and has attracted some attention in Europe. The Bela tree is always found near the temples of Siva, to whom it is sacred, the leaves being used in the ceremonies. The unripe fruit, the dried pulp, the juice of the leaves, decoction of the root, etc., are employed, and the plant seems adapted for the treatment of disorders endemic to the climate, as is attested by Anglo-Indians. Mucuna pruriens has a peculiar reputation, and it is conjectured that the English name cowhage may be from the Hindu *Kiwach*. Cassia is indigenous, and the beautiful *cassia fistula* tree obtains in Sanskrit a name signifying 'King of Trees.' The cassia sophora is called *Kásamanda*, or destroyer of coughs, and prescribed for that purpose; but the author does not find it is much used for this at the present day. The tamarind is found throughout India, and its properties were known in early times. The Arabians derived their knowledge of it from the Hindus, and named it *Tamare-hindi*, from which our word seems to have been taken. Catechu, as an ingredient of the betel-leaf chewed by the natives, is of course well known, and its astringent action is understood and utilized in diarrhœa. It is also used in diseases of the mouth and in skin diseases. The large Indian gourd eaten in curries is also thought to be a specific for hæmoptysis, but the older books do not mention this property. There is a prickly shrub of the euphorbium kind, which is sacred to the goddess of serpents, but of which the Hindus use the milky juice, not only externally but internally, giving it with other medicines as a drastic. Externally it is rubefacient. Indian hemp is used as *bhang* and in other forms for its intoxicating effects, and sometimes as a medicine. The author tells us that some castes among the up-countrymen and some Bengalese do not use any narcotic, but that the ordinary run of orthodox Hindus, accustomed to their little excitements, use *bhang* without incurring the opprobrium that would result if they resorted to alcohol. Sugar is largely used in Hindu medicine; the cane and the manufacture were known from early times. The Sanskrit, named *Sarkara*, in Arabic became sakkar, and in Latin, the familiar saccharum; candy, too, can be traced back through the Arabic *kand* to the Sanskrit *khanda*. This part of the book closes with the products of fermentation, of which many are mentioned. The animal materia medica is less attractive. Leeches were known at a remote period. Eight sorts of honey are described by Susruta, and wax is used for ointments. Serpent-poison has only been used in recent times, but musk has long been known. The properties of the milk of various animals have been described in great detail by Sanskrit writers. All, except human milk, are advised to be taken boiled. Buttermilk, whey, butter, etc., are also described. Bile is used as a laxative. The urine of various animals, especially the cow, is minutely described, and used in anasarca, urinary diseases, colic, jaundice, leprosy, etc. The properties of the flesh of various animals are also distinguished. With regard to the prescriptions, we observe they are characterized by that complexity which has always marked medicine, save in its latest stage."

WRITERS' CRAMP.—A paper on "Writers' Cramp and Impaired Writing Power," recently read before the Royal Medical Society by Dr. Vivian Poore, supplements his important series of articles contributed to the *Practitioner* in 1878, with further observations. He classifies his cases into six groups, thus: paralytic, six cases; spasmodic, five cases; degenerative, nine cases; neuralgic or neuritic, nineteen cases; proper writers' cramp, thirty-two cases; anomalous, four. His conclusion from all the cases cited is, that writers' cramp is a disease of insufficient muscular co-ordination, but he dissents from the hypothesis of a special nervous centre controlling and co-ordinating the muscles in writing, because (1) he has never observed a case without evidences of peripheral alteration, and because there is, as a rule, no evidence of alteration in any other quarter; because (2) writers' cramp is never suddenly established as aphasia often is; because (3) if there is such a co-ordinating centre, it is the first instance on record of a nervous centre created by education in a special series of movements. Dr. Poore inclines to the opinion that the disease is essentially neuralgic. M. Gallard, on the other hand, in his just published volume, "Clinique Médicale de la Pitié," brings forward a large number of cases tending to show that the disease evades any anatomical localization whatever, that fatigue is far from being one of its essential causes, and that it is a purely functional disturbance, common to engravers, artificial flower manufacturers, pianists, violinists and telegraph operators, as well as writers. An American observer finds it most prevalent among persons who use glazed papers, such as foolscap, in writing, and, from analysis of extract of such paper, after boiling thoroughly, suggests that in many instances the disturbance probably has its origin in the local absorption of the lead or arsenic employed in the manufacture.

INSANITY IN ITS LEGAL RELATIONS.—Dr. John Charles Bucknill, in referring to Lord Coke's ancient classification of insanity, said: "Like all kinds of insanity which have any interest for lawyers, it is based upon mental qualities and conditions, and not upon the physical substratum. It is this point which, more than any other, we are bound always to bear in mind in the consideration of the diagnosis of insanity for legal purposes. In courts of law the diagnosis refers entirely, not to the existence of bodily disease which is the cause of insanity, but to the product of that disease."

He denied the statement of lawyers that medical men considered insanity a disease. He considered it the result of diseased conditions, and while he admitted that insanity, as a legal fact, was the only proper subject of legal inquiry, still, as it has been shown that a diseased condition of the body had been proved in a number of instances to be the cause and condition of the fact of insanity, the connection must be held to exist. In that case the fact of insanity could not be considered without reference, tacit or expressed, to the fact of bodily disease which underlies it.

The question of homicidal insanity is fully discussed. He doubts the existence of impulsive insanity to kill, as a specific form of insanity, in which there are no other symptoms of mental disease, and adds: "The conclusion, therefore, to which we must come is, that homicidal insanity—the impulsive insanity to kill—is either due to imperfect observation, which has failed to detect real derangement, or to a mistaken estimate of a real criminal."

CONGENITAL ABSENCE OF ONE KIDNEY.—In the current number of Virchow's *Archiv*, Dr. Beumer has collelcted from various sources forty-eight cases of this interesting malformation. In forty-four cases it was entirely absent, and in the other four rudimentary. It was as often absent on one side as the other. It was of more frequent occurrence in the male than the female. In most cases in which the kidney was absent the suprarenal body was present; in two cases it was enlarged, in five cases it was absent. In thirteen cases an arrest of development of the sexual organs was observed.

The remaining kidney was in all cases enlarged and increased in size and weight, and a corresponding development of the vessels and ureter.

This is a fresh and striking proof of the completeness with which the one kidney can carry on the functions of two without suffering degeneration in consequence of the increased work.

SALICINE IN RHEUMATIC FEVER.—Dr. John Martin, senior medical attendant of the Belfast Dispensary, reports six cases of rheumatic fever, successfully treated with ten grains of salicine every third hour. The treatment had to be continued from five to ten days, and was followed by a tonic regimen of quinine and iron in each case. He regards salicine as a potent factor in the prevention of rheumatic palsy, and of cardiac complications, and attributes its potency to a direct action upon the rheumatic poison, by which it is decomposed and eliminated from the system.

CEREBRAL LOCALIZATION AND AMPUTATION OF EXTREMITIES.—A case of amputation of the right thigh at the age of nineteen, followed by atrophy of the fold passing from the second left frontal convolution to the anterior marginal one, is reported by Drs. Le Double and Viollet, of Tours. The patient died of tubercular pleurisy thirty-one years after the operation. The general appearance of the brain upon autopsy was found to be symmetrical with equal lobes, with exception of a very evident depression of the membranes in front of the anterior marginal convolution, which became more apparent on the removal of these envelopes. The left anterior marginal convolution had the same volume as the right, but the fold passing from it to the second convolution presented all the usual phenomena of atrophy. As the case was one bearing upon the disputed issue of cerebral localization, the reporters took the trouble to collate analogous cases, of which they found seven on record. In the first, amputation of the left arm had been followed, in the course of five years, by atrophy of the superior portion of the ascending convolution of the paracental lobule. In the second, amputation of the thigh had involved atrophy of a cerebral lobe and corresponding marginal convolutions, in the course of thirty years. In the third, amputation of the thigh having been performed, the patient died nine months later of purulent infection, and no atrophy had yet taken place. M. Luys reported three cases of his own to the Academy of Medicine, France, in October, 1877, in which amputation of the leg had been followed by atrophy of the upper part of an ascending frontal convolution. The seventh case was one of arrested development of the leg, reported by M. Laudouzy, in which the atrophy involved the superior part of the ascending parietal convolution. Analysis of these cases shows that the lesion occupied a point near the motor centre proposed for leg by Curville, Duret, and Ferrier, in only one of them.

STIMULANTS IN TYPHOID FEVER.—In a recent clinical lecture, Prof. Pepper, of the University of Pennsylvania, has some observations upon the contested issue whether stimulation is valuable in cases of typhoid fever. "Stimulants," he is of the opinion, "are, as a general rule, only needed in the case of an elderly person, or to meet certain indications, such as (1) ataxic nervous disturbances, sleeplessness, muscular spasms, maniacal delirium; (2) circulatory disturbances, feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide downward off the pillow; (4) dry and brown tongue, sordes on the lips, teeth, and tongue." In using stimulants, he recommends to begin with the milder forms, such as wine whey, made in the proportion of one part sherry to three parts milk, from a gill to a half-pint to be given in the course of three hours. He prefers to give whiskey in lime-water and milk, in the proportion of one tablespoonful of each of the former to three ounces of the latter. Half an ounce of whiskey per hour he regards as the maximum dose.

HYPODERMIC INJECTIONS OF CHLOROFORM.—These injections have been highly recommended by eminent physicians as a substitute for morphine. It is claimed that they are painless, that they relieve pain rapidly and for several hours, and that they are entirely innocuous, being followed by neither local nor general symptoms. Dr. Jochheim, of Darmstadt, however, reports a case in which the injection of only ten drops of chloroform, which is only half what is frequently administered, was followed by severe local disturbances. Five hours after the injection a violent local inflammation set in, and in twenty-four hours a hard, black slough had formed, which was not cast off by suppuration until six weeks afterwards.—*Allg. Med. Cent. Zeit.*

ANNUAL MORTALITY.—The annual death-rate per 1,000 persons living, of the estimated or enumerated population, according to the most recent weekly returns of Philadelphia, was 18.15; Brooklyn, 22.8; St. Louis, 8.67; Chicago, 13.23; Baltimore, 16.70; Boston, 16.19; Cincinnati, 13.22; New Orleans, 23.77; Cleveland, 12.19; Richmond, 15.43; Charleston, 43.55; Dayton, 9.83; Lowell, 11.81; Worcester, 13.04; Cambridge, 14.31; Fall River, 20.39; Lawrence, 24.62; Lynn, 9.48; Springfield, 13.24. Monthly returns, San Francisco, 17; Detroit, Mich., 10.56; Selma, 30.43; Wilmington, Del., 17.7. Foreign cities—weekly returns: London, 22.5; Liverpool, 25.1; Birmingham, 24.1; Manchester, 20.9; Glasgow, 27.5; Edinburgh, 29.2; Dundee, 20.3; Dublin, 32.1; Belfast, 34; Cork, 20; Brussels, 23.4; Antwerp, 26.3; Ghent, 22.6; Buda-Pesth, 46.9; Paris, 25.2; Rome, 18.2; Turin, 27; Venice, 29.1; Berlin, 28.5; Munich, 38; Breslau, 37.39; Vienna, 31.5; Copenhagen, 22.59; Stockholm, 23.7; Christiana, 21.87; Amsterdam, 28.5; Rotterdam, 33.1; The Hague, 26; Calcutta, 48.5; Bombay, 44.3; Madras, 43.5; Geneva (with suburbs), 26.5; Basel, 29.3; Bern, 31.7; Warsaw, 35.3; St. Petersburg, 60.87—monthly returns—Trieste, 44.2.

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